



FILED

26 JUL 2024 PM 02:30

KENT COUNTY CLERK  
GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE  
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 01/31/2024 to 07/21/2024

1. Committee I.D. Number

**2024003**

2. Committee Name

**DEAN PACIFIC FOR CITY COMMISSION**

4. Candidate Last Name

**PACIFIC**

First Name

**DEAN**

M.I.

**F**

4a. Office Sought Including District # or Community Served (If applicable)

**CITY COMMISSIONER, WARD 1, GRAND RAPIDS**

4b. County of Residence **KENT COUNTY**

5. Committee's Mailing Address

**2528 WESTWINDE NW  
GRAND RAPIDS, MI 49504**

Area Code and Phone (616) 822-2133  
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**DEAN F PACIFIC  
2528 WESTWINDE NW  
GRAND RAPIDS, MI 49504**

Area Code & Phone (616) 822-2133

7. Treasurer's Business Address

**2528 WESTWINDE NW  
GRAND RAPIDS, MI 49504**

Area Code and Phone (616) 822-2133

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

**9. TYPE OF STATEMENT**

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary  
☐ General  
☐ Convention  
☐ Special  
☐ School  
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly  
☐ October Quarterly

9c. ☐ Annual Statement ( )  
Coverage Year

9d. ☐ Amendment to Campaign Statement  
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/06/2024

**9e. Dissolution of Candidate Committee**

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

07/26/2024

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

07/26/2024



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 2024003

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>63,809.20</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>63,809.20</u>	(18.) \$ <u>63,809.20</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>63,809.20</u>	(20.) \$ <u>63,809.20</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>400.00</u>	(21.) \$ <u>400.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>28,979.62</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>28,979.62</u>	(23.) \$ <u>28,979.62</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>63,809.20</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>63,809.20</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>28,979.62</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>34,829.58</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/12/2024</u> Name & Address: TAYLOR GREENE 1935 4 MILE RD NE GRAND RAPIDS, MI 49525		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/14/2024</u> Name & Address: TREVOR LOWING 5647 RAVENEL LN SPRINGFIELD, VA 22151		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/16/2024</u> Name & Address: JOHN HELMHOLDT 743 COLLINDALE AVE NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/16/2024</u> Name & Address: SCOTT CARVO 5764 SUGARBERRY DR SE KENTWOOD, MI 49512		\$ <u>103.48</u>	\$ <u>103.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 328.48

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/16/2024</u>	
Name & Address: <b>BALLARD YELTON</b> <b>3358 TROON CT</b> <b>PORTAGE, MI 49024</b>		\$ <u>51.99</u>	\$ <u>51.99</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/16/2024</u>	
Name & Address: <b>MADELAINE LANE</b> <b>2444 LAKE DR SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>257.94</u>	\$ <u>257.94</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS+ JUDD</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/16/2024</u>	
Name & Address: <b>SUSAN MEYERS</b> <b>405 DOGWOOD AVE NE</b> <b>ADA, MI 49301</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCORSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/16/2024</u>	
Name & Address: <b>ALLYSON TERPSMA</b> <b>27 LIBRARY ST NE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>103.48</u>	\$ <u>103.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **513.41**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/16/2024</u>	
Name & Address: DAVID SKIDMORE 350 GRAHAM RD NW GRAND RAPIDS, MI 49504		\$ <u>257.94</u>	\$ <u>257.94</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/16/2024</u>	
Name & Address: CARL DUFENDACH 3730 HONEY CREEK ADA, MI 49301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/17/2024</u>	
Name & Address: ROBERT KELLER 6164 RYAN VALLEY DR BELMONT, MI 49306		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/17/2024</u>	
Name & Address: BRUCE YOUNG PO BOX 1985 GRAND RAPIDS, MI 49501		\$ <u>103.48</u>	\$ <u>103.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 561.42

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/19/2024</u>	
Name & Address: <b>MARK WASSINK</b> <b>62 LAKESIDE DR SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>103.48</u>	\$ <u>103.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/20/2024</u>	
Name & Address: <b>MARY DIETRICH</b> <b>4270 DOWNING ST SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/20/2024</u>	
Name & Address: <b>CORINNE SPRAGUE</b> <b>2706 ELMWOOD DR SE</b> <b>EAST GRAND RAPIDS, MI 49506</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/21/2024</u>	
Name & Address: <b>JANET PACIFIC</b> <b>233 BONA VISTA DR NW</b> <b>GRAND RAPIDS, MI 49504</b>		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

**1,403.48**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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line 3a of Summary  
Page.



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1. Committee I.D. Number 2024003  
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/21/2024</u>	
Name & Address: <b>FREDERICK PACIFIC</b> <b>233 BONA VISTA DR NW</b> <b>GRAND RAPIDS, MI 49504</b>		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/24/2024</u>	
Name & Address: <b>CASEY DAUGHERTY</b> <b>7064 REFLECTION</b> <b>COMSTOCK PARK, MI 49321</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/25/2024</u>	
Name & Address: <b>CHRISTIAN MEYER</b> <b>350 MANHATTAN RD</b> <b>EAST GRAND RAPIDS, MI 49506</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/26/2024</u>	
Name & Address: <b>MARY BOURDO</b> <b>8134 TEAKWOOD DR</b> <b>GEORGETOWN TWP, MI 49428</b>		\$ <u>103.48</u>	\$ <u>103.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **2,378.48**

Grand Total of All Schedules 1A  
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: <b>ROBERT PORTER</b> <b>3220 32ND AVE</b> <b>HUDSONVILLE, MI 49426</b>		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: <b>RALPH CARLE</b> <b>4300 48TH AVE</b> <b>HUDSONVILLE, MI 49426</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: <b>SENEZ RODRIGUEZ</b> <b>1515 LANCASHIRE SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>99.00</u>	\$ <u>99.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: <b>GARY BALCOM</b> <b>2220 ELMRIDGE DR NW</b> <b>GRAND RAPIDS, MI 49504</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 234.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: TODD STUART 2740 HARBOR DR SE UNIT 202 GRAND RAPIDS, MI 49512		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>STUART LAW PLC</u> Business Address <u>540 CHERRY ST SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: DARIUS ACUNA 645 CHARLOTTE AVE NW GRAND RAPIDS, MI 49504		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: MARY RITSEMA 1064 WALKER AVE NW GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: JULIE YONKERS 3100 RIDGES BND APT 201 GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 425.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/27/2024</u> Name & Address: JENNIFER MAKSIMOWSKI 1207 CLOVER CREST NW GRAND RAPIDS, MI 49504		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/27/2024</u> Name & Address: DAVID LOWING 1500 WHITING AVE SW WYOMING, MI 49509		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/27/2024</u> Name & Address: DEBRA MARTINEZ 1517 BRYANWOOD DR NW WALKER, MI 49544		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>02/27/2024</u> Name & Address: GRAND RAPIDS POLICE OFFICERS ASSOCIATION PAC 2300 BYRON SHORES DR SW BYRON CENTER, MI 49315		\$ <u>12,250.00</u>	\$ <u>12,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 12,350.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: GERI KELLEY 1543 TAMARACK AVE NW GRAND RAPIDS, MI 49504		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR COMMUNICATIONS AND MARKETING OFFICER</u> Employer <u>MICHIGAN STATE UNIVERSITY COLLEGE OF HUMAN MEDICIN</u> Business Address <u>15 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: DAVID LAGRAN 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: MICHELE HEIBEL 2509 WESTWINDE DR NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: SHAUNA MORADI 2532 WESTWINDE DR NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 500.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: KENNETH NYSSON 1510 KENAN AVE NW GRAND RAPIDS, MI 49504		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: JENNIFER VANSTRIEN 2522 WESTWINDE DR NW GRAND RAPIDS, MI 49504		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: ANTHONY BEARINGER 51 OSWEGO ST NW GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: SARAH HOWARD 939 FRANKLIN AVE GRAND HAVEN, MI 49417		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 200.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: JOHN KRAJEWSKI 2204 DELANGE DR SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: DAN SPETOSKEY 2630 WESTBROOK DR NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/28/2024</u>	
Name & Address: DAVID APPEL 39 MARION AVE NW GRAND RAPIDS, MI 49504		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/01/2024</u>	
Name & Address: RICHELLE KRUEGER 2319 WESTWINDE DR NW GRAND RAPIDS, MI 49504		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

1,390.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/01/2024</u>	
Name & Address: <b>THOMAS KRUEGER</b> <b>2319 WESTWINDE DR NW</b> <b>GRAND RAPIDS, MI 49504</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MICROBIOLOGIST</u> Employer <u>SUMMIT LABORATORY, LLC</u> Business Address <u>900 GODFREY AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/01/2024</u>	
Name & Address: <b>MATTHEW NELSON</b> <b>5427 FOREST BEND DR SE</b> <b>ADA, MI 49301</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/01/2024</u>	
Name & Address: <b>PAUL BOEHMS</b> <b>3668 ACORN CT</b> <b>TROY, MI 48083</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/02/2024</u>	
Name & Address: <b>ILENE SKINNER</b> <b>1178 KENSINGTON ST NW</b> <b>GRAND RAPIDS, MI 49534</b>		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,815.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/03/2024</u>	
Name & Address: <b>MARIANNE PHILLIPS</b> <b>231 BONA VISTA DR NW</b> <b>GRAND RAPIDS, MI 49504</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/08/2024</u>	
Name & Address: <b>CATHLEEN DUBAULT</b> <b>1523 FOREST PARK RD</b> <b>NORTON SHORES, MI 49441</b>		\$ <u>257.94</u>	\$ <u>257.94</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/09/2024</u>	
Name & Address: <b>BRUCE COURTADE</b> <b>5220 MICHIGAN ST NE</b> <b>ADA, MI 49301</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/09/2024</u>	
Name & Address: <b>LISA RUSSELL</b> <b>3675 TETON DR</b> <b>HUDSONVILLE, MI 49426</b>		\$ <u>51.99</u>	\$ <u>51.99</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **434.93**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/13/2024</u>	
Name & Address: <b>TIMOTHY SCHOWALTER</b> <b>220 TAOS AVE NE</b> <b>ADA, MI 49301</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>PIONEER CONSTRUCTION</u> Business Address <u>550 KIRTLAND ST SW, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/13/2024</u>	
Name & Address: <b>SIDNEY JANSMA</b> <b>55 CAMPAU AVE NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>WOLVERINE GAS AND OIL CORPORATION</u> Business Address <u>55 CAMPAU AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/13/2024</u>	
Name & Address: <b>JOAN SECCHIA</b> <b>2833 BONNELL AVE SE</b> <b>EAST GRAND RAPIDS, MI 49506</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/15/2024</u>	
Name & Address: <b>MARK MURRAY</b> <b>1940 TALAMORE CT SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **4,900.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/16/2024</u>	
Name & Address: <b>TRACEY SPENCLEY</b> <b>7122 OSPREY SW</b> <b>BYRON CENTER, MI 49315</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTROLLER</u> Employer <u>BAMF HEALTH MANAGEMENT LLC</u> Business Address <u>109 MICHIGAN NW, SUITE 700, GRAND RAPIDS, MI 4950</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2024</u>	
Name & Address: <b>HAL OSTROW</b> <b>144 BAYNTON AVE NE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/23/2024</u>	
Name & Address: <b>BRIAN BERNT</b> <b>2168 VALLEY FORGE ST NW</b> <b>GRAND RAPIDS, MI 49504</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/27/2024</u>	
Name & Address: <b>MIKE VANGESSEL</b> <b>7740 CARY ST NE</b> <b>ROCKFORD, MI 49341</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>ROCKFORD CONSTRUCTION</u> Business Address <u>601 FIRST ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,675.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>03/28/2024</u> Name & Address: <b>GRAND RAPIDS FIREFIGHTERS UNION PAC</b> <b>1930 FULLER AVE NE</b> <b>GRAND RAPIDS, MI 49505</b>		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/04/2024</u> Name & Address: <b>KEVIN POLAKOVICH</b> <b>2510 WHIPPERWILL CT SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOAN OFFICER</u> Employer <u>TREADSTONE MORTGAGE</u> Business Address <u>210 FULTON ST E, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/04/2024</u> Name & Address: <b>KRISTIN POLAKOVICH</b> <b>2510 WHIPPERWILL DR SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/09/2024</u> Name & Address: <b>JIM WILLIAMS</b> <b>3706 BUTTRICK AVE SE</b> <b>ADA, MI 49301</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **5,450.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/09/2024</u>	
Name & Address: <b>DANIEL MEYERING</b> <b>4823 SPG RDG DR NE</b> <b>ADA, MI 49301</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>TRILLIUM INVESTMENTS</u> Business Address <u>55 COMMERCE AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: <b>DOUGLAS DOZEMAN</b> <b>1313 TRILLIUM TRAIL NE</b> <b>GRAND RAPIDS, MI 49525</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: <b>RUTH POSTHMUS</b> <b>26 CAMPAU CIR NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/11/2024</u>	
Name & Address: <b>MADOLYN BRYANT</b> <b>39 CAMPAU CIR NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **3,200.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/11/2024</u>	
Name & Address: <b>MARLIN FEYEN</b> <b>26 CAMPAU CIR NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/12/2024</u>	
Name & Address: <b>KAREN STOKES</b> <b>16 CAMPAU CIR NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/13/2024</u>	
Name & Address: <b>ELLEN BYLSMA</b> <b>29 CAMPAU CIR NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/14/2024</u>	
Name & Address: <b>WALLSON KNACK</b> <b>34 CAMPAU CIR NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 475.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/15/2024</u>	
Name & Address: DAVID RAY 127 CAMPAU CIR NW GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/15/2024</u>	
Name & Address: PETER STEENSMA 65 CAMPAU CIR NW NO. 2204 GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/16/2024</u>	
Name & Address: MARGARET COLEMAN 42 CAMPAU CIR NW GRAND RAPIDS, MI 49503		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/18/2024</u>	
Name & Address: ROBERT AZZI 1341 EASTLAWN RD SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 550.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/19/2024</u>	
Name & Address: <b>KARA PELTIER</b> <b>134 CAMPAU CIR NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/25/2024</u>	
Name & Address: <b>BENJAMIN GREENE</b> <b>1935 4 MILE RD NE</b> <b>GRAND RAPIDS, MI 49525</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/30/2024</u>	
Name & Address: <b>CHARLES SECCHIA</b> <b>5101 SPG RDG DR NE</b> <b>ADA, MI 49301</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SIBSCO</u> Business Address <u>220 LYON ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/02/2024</u>	
Name & Address: <b>MICHAEL CAGEN</b> <b>156 CAMPAU CIR NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,400.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/08/2024</u>	
Name & Address: <b>CHARLES BURPEE</b> <b>22 CAMPAU CIR NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>250.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: <b>GRAND RAPIDS CHAMBER PAC</b> <b>250 MONROE AVE NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/27/2024</u>	
Name & Address: <b>STEVE PESTKA</b> <b>2517 ASHWOOD CT SE</b> <b>ADA, MI 49301</b>		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/28/2024</u>	
Name & Address: <b>THOMAS BYLENGA</b> <b>1537 HAWTHORNE HILLS DR SE</b> <b>ADA, MI 49301</b>		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **6,550.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/30/2024</u></p> <p>Name &amp; Address: J.C. HUIZENGA 3755 36TH ST SE SUITE 100 GRAND RAPIDS, MI 49512</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u>      Employer <u>HUIZENGA GROUP</u> Business Address <u>3755 36TH ST SE, SUITE 100, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/04/2024</u></p> <p>Name &amp; Address: JOHN KENNEDY 4150 E PARIS AVE SE KENTWOOD, MI 49512</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u>      Employer <u>AUTOCAM MEDICAL</u> Business Address <u>4150 E PARIS AVE SE, KENTWOOD, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/04/2024</u></p> <p>Name &amp; Address: NANCY KENNEDY 4150 E PARIS AVE SE KENTWOOD, MI 49512</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u>      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/10/2024</u></p> <p>Name &amp; Address: MARK BISSELL 2840 PIONEER CLUB RD SE GRAND RAPIDS, MI 49506</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u>      Employer <u>BISSELL, INC</u> Business Address <u>2345 WALKER AVE NW, GRAND RAPIDS, MI 49544</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>

Page Subtotal 4,900.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: <b>JIM WILLIAMS</b> <b>3706 BUTTRICK AVE SE</b> <b>ADA, MI 49301</b>		\$ <u>700.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: <b>REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN</b> <b>720 N WASHINGTON AVE</b> <b>LANSING, MI 48906</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: <b>MICHAEL JANDERNOA</b> <b>171 MONROE AVE NW, SUITE 410</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/17/2024</u>	
Name & Address: <b>GAETAN GERVILLE-REACHE</b> <b>5741 MANCHESTER HILLS DR SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDDLPP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **2,625.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/2024</u>	
Name & Address: <b>LAURA JELTEMA</b> <b>2220 NEW TOWN DR</b> <b>GRAND RAPIDS, MI 49525</b>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/2024</u>	
Name & Address: <b>HEIDI LYON</b> <b>4890 WEST VILLAGE TRAIL SE</b> <b>ADA, MI 49301</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/2024</u>	
Name & Address: <b>ANDREA BERNARD</b> <b>6736 FOREST VALLEY DR SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NOCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: <b>SUSAN MEYERS</b> <b>405 DOGWOOD AVE NE</b> <b>ADA, MI 49301</b>		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCORSS + JUDD LLP</u> Business Address <u>GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

**1,000.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/24/2024</u>	
Name & Address: <b>JOHNNY BRANN</b> <b>1891 LARAWAY LAKE DR SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>KITCHEN 67</u> Business Address <u>1977 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/26/2024</u>	
Name & Address: <b>REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN</b> <b>720 N WASHINGTON AVE</b> <b>LANSING, MI 48906</b>		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/01/2024</u>	
Name & Address: <b>BLAKE KRUEGER</b> <b>1595 LARAWAY LAKE DR SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/01/2024</u>	
Name & Address: <b>MARY KRUEGER</b> <b>1595 LARAWAY LAKE DR SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **4,175.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/01/2024</u>	
Name & Address: <b>JOHN BRANN</b> 7779 TIMBER CANYON DR SE ADA, MI 49301		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BRANN'S STEAKHOUSE</u> Business Address <u>401 LEONARD ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/01/2024</u>	
Name & Address: <b>SANDRA BRANN</b> 7779 TIMBER CANYON DR SE ADA, MI 49301		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/02/2024</u>	
Name & Address: <b>GORDON TOERING</b> 1271 ASTRO CT GEORGETOWN TWP, MI 49428		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/08/2024</u>	
Name & Address: <b>PAUL HERWEYER</b> 1900 CHERRY RUN CT NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **2,800.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024003  
2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2024</u>	
Name & Address: <b>RODOLFO GUTIERREZ</b> <b>2300 RANDALL AVE NW</b> <b>GRAND RAPIDS, MI 49534</b>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUVENILE PROBATION OFFICER</u> Employer <u>KENT COUNTY</u> Business Address <u>180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/17/2024</u>	
Name & Address: <b>LOREN ANDRULIS</b> <b>9109 LAKE FIELD CT SE</b> <b>ALTO, MI 49302</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/17/2024</u>	
Name & Address: <b>MICHAEL WAWEE</b> <b>6650 THORN EDGE CT</b> <b>ROCKFORD, MI 49341</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/2024</u>	
Name & Address: <b>THOMAS BRANN</b> <b>4157 DIVISION AVE S</b> <b>GRAND RAPIDS, MI 49548</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BRANN'S STEAKHOUSE</u> Business Address <u>4157 DIVISION AVE S, GRAND RAPIDS, MI 49548</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

1,575.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

63,809.20

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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024003

## CANDIDATE COMMITTEE

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>RUDY MALMQUIST</b> <b>344 EOLA ST SE</b> <b>GRAND RAPIDS, MI 49507</b> If over \$100.00 cumulative, please provide: Occupation: <b>WEBSITE DESIGNER</b> Employer Name & Business Address: <b>MINDUTOPIA</b> <b>563 CESAR E. CHAVEZ AVE SW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PHOTOGRAPHY</u> 5. Date Of Receipt: <u>03/12/2024</u> 6. Vendor Name & Address:	\$ <u>50.00</u>	\$ <u>50.00</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>CHARLES BURPEE</b> <b>22 CAMPAU CIR NW</b> <b>GRAND RAPIDS, MI 49503</b> If over \$100.00 cumulative, please provide: Occupation: <b>ATTORNEY</b> Employer Name & Address: <b>WARNER NORCROSS + JUDD LLP</b> <b>150 OTTAWA AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FOOD AND BEVERAGE FOR MEET THE CANDIDATE EVENT</u> 5. Date Of Receipt: <u>04/10/2024</u> 6. Vendor Name & Address:	\$ <u>150.00</u>	\$ <u>150.00</u>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>RUDY MALMQUIST</b> <b>344 EOLA ST SE</b> <b>GRAND RAPIDS, MI 49507</b> If over \$100.00 cumulative, please provide: Occupation: <b>WEBSITE DESIGNER</b> Employer Name & Address: <b>MINDUTOPIA</b> <b>563 CESAR E. CHAVEZ AVE SW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PHOTOGRAPHY</u> 5. Date Of Receipt: <u>06/07/2024</u> 6. Vendor Name & Address:	\$ <u>50.00</u>	\$ <u>100.00</u>

Page Subtotal

**250.00**

**150.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

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on line 6 of Summary  
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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024003

## CANDIDATE COMMITTEE

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>RUDY MALMQUIST</b> <b>344 EOLA ST SE</b> <b>GRAND RAPIDS, MI 49507</b> If over \$100.00 cumulative, please provide: Occupation: <b>WEBSITE DESIGNER</b> Employer Name & Business Address: <b>MINDUTOPIA</b> <b>563 CESAR E. CHAVEZ AVE SW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PHOTOGRAPHY</u> 5. Date Of Receipt: <u>07/01/2024</u> 6. Vendor Name & Address:	\$ <u>50.00</u>	\$ <u>150.00</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>RUDY MALMQUIST</b> <b>344 EOLA ST SE</b> <b>GRAND RAPIDS, MI 49507</b> If over \$100.00 cumulative, please provide: Occupation: <b>WEBSITE DESIGNER</b> Employer Name & Address: <b>MINDUTOPIA</b> <b>563 CESAR E. CHAVEZ AVE SW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PHOTOGRAPHY</u> 5. Date Of Receipt: <u>07/03/2024</u> 6. Vendor Name & Address:	\$ <u>50.00</u>	\$ <u>200.00</u>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>RUDY MALMQUIST</b> <b>344 EOLA ST SE</b> <b>GRAND RAPIDS, MI 49507</b> If over \$100.00 cumulative, please provide: Occupation: <b>WEBSITE DESIGNER</b> Employer Name & Address: <b>MINDUTOPIA</b> <b>563 CESAR E. CHAVEZ AVE SW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PHOTOGRAPHY</u> 5. Date Of Receipt: <u>07/11/2024</u> 6. Vendor Name & Address:	\$ <u>50.00</u>	\$ <u>250.00</u>

Page Subtotal      **150.00**      **250.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)      **400.00**

Enter this total  
on line 6 of Summary  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/12/2024</b> Date	\$ <b>1.21</b>
Expenditure #2 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/14/2024</b> Date	\$ <b>3.38</b>
Expenditure #3 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/16/2024</b> Date	\$ <b>3.38</b>
Expenditure #4 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/16/2024</b> Date	\$ <b>7.94</b>
Expenditure #5 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/16/2024</b> Date	\$ <b>3.48</b>

Subtotal this page

**19.39**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

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on line 8a of  
Summary Page





**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/16/2024</b> Date	\$ <b>3.38</b>
Expenditure #2 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/16/2024</b> Date	\$ <b>7.94</b>
Expenditure #3 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/16/2024</b> Date	\$ <b>1.99</b>
Expenditure #4 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/16/2024</b> Date	\$ <b>3.48</b>
Expenditure #5 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/16/2024</b> Date	\$ <b>3.38</b>

Subtotal this page **20.17**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

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on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/17/2024</b> Date	\$ <b>3.48</b>
Expenditure #2 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/17/2024</b> Date	\$ <b>3.38</b>
Expenditure #3 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/19/2024</b> Date	\$ <b>3.48</b>
Expenditure #4 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/20/2024</b> Date	\$ <b>7.72</b>
Expenditure #5 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/20/2024</b> Date	\$ <b>2.24</b>

Subtotal this page **20.30**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

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on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/24/2024</b> Date	\$ <b>1.79</b>
Expenditure #2 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/25/2024</b> Date	\$ <b>35.89</b>
Expenditure #3 Name <b>SAM'S CLUB</b>  Address <b>3901 ALPINE AVE NW COMSTOCK PARK, MI 49321</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>FOOD AND BEVERAGE FOR CAMPAIGN KICKOFF EVENT</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/26/2024</b> Date	\$ <b>132.87</b>
Expenditure #4 Name <b>BILLY K CATERING</b>  Address <b>1114 ATLANTIC ST NW GRAND RAPIDS, MI 49504</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>CATERING FOR CAMPAIGN KICKOFF EVENT</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/26/2024</b> Date	\$ <b>695.00</b>
Expenditure #5 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/26/2024</b> Date	\$ <b>46.26</b>

Subtotal this page **911.81**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/26/2024</b> Date	\$ <b>3.48</b>
Expenditure #2 Name <b>KNIGHTS OF COLUMBUS/WEST LEONARD BANQUET FACILITY</b>  Address <b>1140 MUSKEGON AVE NW GRAND RAPIDS, MI 49504</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>FACILITY RENTAL FOR CAMPAIGN KICKOFF EVENT</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/27/2024</b> Date	\$ <b>400.00</b>
Expenditure #3 Name <b>BALL PARK FLORAL &amp; GIFTS</b>  Address <b>8 VALLEY AVE NW GRAND RAPIDS, MI 49504</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>FLOWERS FOR CAMPAIGN KICKOFF EVENT</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/27/2024</b> Date	\$ <b>83.74</b>
Expenditure #4 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/27/2024</b> Date	\$ <b>1.14</b>
Expenditure #5 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/27/2024</b> Date	\$ <b>1.79</b>

Subtotal this page **490.15**

Grand Total of all Schedules 1B  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/27/2024</b> Date	\$ <b>1.36</b>
Expenditure #2 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/27/2024</b> Date	\$ <b>3.08</b>
Expenditure #3 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/27/2024</b> Date	\$ <b>1.79</b>
Expenditure #4 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/27/2024</b> Date	\$ <b>1.14</b>
Expenditure #5 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/27/2024</b> Date	\$ <b>6.97</b>

Subtotal this page

**14.34**

Grand Total of all Schedules 1B  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/27/2024</b> Date	\$ <b>1.79</b>
Expenditure #2 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/27/2024</b> Date	\$ <b>3.95</b>
Expenditure #3 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/27/2024</b> Date	\$ <b>1.14</b>
Expenditure #4 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/27/2024</b> Date	\$ <b>2.04</b>
Expenditure #5 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/28/2024</b> Date	\$ <b>1.89</b>

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**10.81**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/01/2024</b> Date	\$ <b>1.94</b>
Expenditure #2 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/01/2024</b> Date	\$ <b>14.94</b>
Expenditure #3 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/01/2024</b> Date	\$ <b>73.42</b>
Expenditure #4 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/08/2024</b> Date	\$ <b>7.94</b>
Expenditure #5 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST</b> <b>SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/09/2024</b> Date	\$ <b>1.99</b>

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**100.23**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/09/2024</b> Date	\$ <b>3.38</b>
Expenditure #2 Name <b>FIFTH THIRD BANK</b>  Address <b>111 LYON ST NW GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>BANK SERVICE FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/12/2024</b> Date	\$ <b>1.00</b>
Expenditure #3 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/13/2024</b> Date	\$ <b>35.89</b>
Expenditure #4 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/16/2024</b> Date	\$ <b>7.72</b>
Expenditure #5 Name <b>SWIFT PRINTING</b>  Address <b>404 BRIDGE ST NW GRAND RAPIDS, MI 49504</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/20/2024</b> Date	\$ <b>231.30</b>

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**279.29**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/21/2024</b> Date	\$ <b>3.08</b>
Expenditure #2 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/23/2024</b> Date	\$ <b>3.08</b>
Expenditure #3 Name <b>UNITED STATES POSTAL SERVICE</b>  Address <b>1625 WALKER AVE NW GRAND RAPIDS, MI 49504</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>POSTAGE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/25/2024</b> Date	\$ <b>40.80</b>
Expenditure #4 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/26/2024</b> Date	\$ <b>0.52</b>
Expenditure #5 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/27/2024</b> Date	\$ <b>32.22</b>

Subtotal this page **79.70**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>NORTHLAND STRATEGIES</b>  Address <b>161 OTTAWA AVE NW GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CONSULTING SERVICES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/08/2024</b> Date	\$ <b>2,000.00</b>
Expenditure #2 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/09/2024</b> Date	\$ <b>32.22</b>
Expenditure #3 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/09/2024</b> Date	\$ <b>13.44</b>
Expenditure #4 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/10/2024</b> Date	\$ <b>13.44</b>
Expenditure #5 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/10/2024</b> Date	\$ <b>13.44</b>

Subtotal this page **2,072.54**

Grand Total of all Schedules 1B  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/11/2024</b> Date	\$ <b>32.22</b>
Expenditure #2 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/12/2024</b> Date	\$ <b>1.79</b>
Expenditure #3 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/13/2024</b> Date	\$ <b>1.14</b>
Expenditure #4 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/15/2024</b> Date	\$ <b>1.14</b>
Expenditure #5 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/18/2024</b> Date	\$ <b>3.08</b>

Subtotal this page **39.37**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>SWIFT PRINTING</b>  Address <b>404 BRIDGE ST NW GRAND RAPIDS, MI 49504</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/19/2024</b> Date	\$ <b>347.25</b>
Expenditure #2 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/19/2024</b> Date	\$ <b>3.08</b>
Expenditure #3 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/25/2024</b> Date	\$ <b>1.54</b>
Expenditure #4 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/30/2024</b> Date	\$ <b>43.24</b>
Expenditure #5 Name <b>NORTHLAND STRATEGIES</b>  Address <b>161 OTTAWA AVE NW GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CONSULTING SERVICES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/08/2024</b> Date	\$ <b>1,000.00</b>

Subtotal this page **1,395.11**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>NORTHLAND STRATEGIES</b>  Address <b>161 OTTAWA AVE NW GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/16/2024</b> Date	\$ <b>273.16</b>
Expenditure #2 Name <b>SWIFT PRINTING</b>  Address <b>404 BRIDGE ST NW GRAND RAPIDS, MI 49504</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/07/2024</b> Date	\$ <b>633.95</b>
Expenditure #3 Name <b>SWIFT PRINTING</b>  Address <b>404 BRIDGE ST NW GRAND RAPIDS, MI 49504</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/10/2024</b> Date	\$ <b>1,566.11</b>
Expenditure #4 Name <b>SWIFT PRINTING</b>  Address <b>404 BRIDGE ST NW GRAND RAPIDS, MI 49504</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/12/2024</b> Date	\$ <b>1,122.17</b>
Expenditure #5 Name <b>CROP MARKS PRINTING</b>  Address <b>128 COLDBROOK ST NE GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>YARD SIGNS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/17/2024</b> Date	\$ <b>954.00</b>

Subtotal this page **4,549.39**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/17/2024</b> Date	\$ <b>7.47</b>
Expenditure #2 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/18/2024</b> Date	\$ <b>13.44</b>
Expenditure #3 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/18/2024</b> Date	\$ <b>6.97</b>
Expenditure #4 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/18/2024</b> Date	\$ <b>4.38</b>
Expenditure #5 Name <b>CROP MARKS PRINTING</b>  Address <b>128 COLD BROOK ST NE GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>YARD SIGNS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/20/2024</b> Date	\$ <b>1,113.00</b>

Subtotal this page **1,145.26**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/20/2024</b> Date	\$ <b>3.08</b>
Expenditure #2 Name <b>THE JANT GROUP</b>  Address <b>8111 BELMONT AVE NE PLAINFIELD TWP, MI 49306</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>YARD SIGNS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/24/2024</b> Date	\$ <b>550.00</b>
Expenditure #3 Name <b>MEDIA PLACE PARTNERS</b>  Address <b>3351 CLAYSTONE ST SE GRAND RAPIDS, MI 49546</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>DIGITAL ADVERTISING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/25/2024</b> Date	\$ <b>5,000.00</b>
Expenditure #4 Name <b>HOME DEPOT</b>  Address <b>2727 ALPINE AVE NW WALKER, MI 49544</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>HARDWARE FOR YARD SIGNS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/30/2024</b> Date	\$ <b>147.32</b>
Expenditure #5 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/02/2024</b> Date	\$ <b>6.97</b>

Subtotal this page **5,707.37**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>OUTFRONT MEDIA</b>  Address <b>1355 CENTURY AVE SW GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>OUTDOOR ADVERTISING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/03/2024</b> Date	\$ <b>4,796.00</b>
Expenditure #2 Name <b>SWIFT PRINTING</b>  Address <b>404 BRIDGE ST NW GRAND RAPIDS, MI 49504</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/10/2024</b> Date	\$ <b>347.25</b>
Expenditure #3 Name <b>FIFTH THIRD BANK</b>  Address <b>111 LYON ST NW GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>BANK SERVICE FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/11/2024</b> Date	\$ <b>10.00</b>
Expenditure #4 Name <b>PAY PAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PAY PAL FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/17/2024</b> Date	\$ <b>3.08</b>
Expenditure #5 Name <b>NORTHLAND STRATEGIES</b>  Address <b>161 OTTAWA AVE NW GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINTING AND POSTAGE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/18/2024</b> Date	\$ <b>6,968.06</b>

Subtotal this page **12,124.39**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **28,979.62**

Enter this total  
on line 8a of  
Summary Page





**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2024003**  
2. Committee Name **DEAN PACIFIC FOR CITY COMMISSION**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <b>02/27/2024</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>125</b>	5. Type of Fund Raising Activity  <b>CAMPAIGN KICKOFF EVENT</b>	6. Address and Name (If any) of the place where the activity was held. <b>KNIGHTS OF COLUMBUS/WEST LEONARD BANQUET FACILITY 1140 MUSKEGON AVE NW GRAND RAPIDS, MI 49504</b> <input type="checkbox"/> Private Residence
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7. Total Contributions **3,724.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **3,724.00**  
10. Total Cost of Event **1,311.61**  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.