

### CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

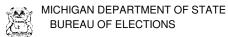
Report must be legible, type the treasurer (or designated	ed or printed in ink and s d record keeper) and can	igned by ididate.	3. This Statement covers From	n: 04/15/2024 to 07/21	/2024		
1. Committee I.D. Number			Candidate Last Name	First Name	M.I.		
2024052			HALSTED	ROBIN	L		
2021002			4a. Office Sought Including Di	strict # or Community Served (If appl	icable)		
2. Committee Name			COUNTY COMMISSIO	COUNTY COMMISSIONER, 10TH DISTRICT, KENT COUNTY			
ROBIN HALSTED FOR KE	ENT COUNTY COMMI	SSIONER	4b. County of Residence <b>KE</b>	NT COUNTY			
5. Committee's Mailing Addre	ess		6. Treasurer's Name & Residential Address				
1484 CRYSTAL VA CALEDONIA, MI 49			ROBIN L HALSTED 1484 CRYSTAL VALLEY CT. CALEDONIA, MI 49316				
Area Code and Phone (61) If the address in this box is dismailing address on the Stater be sent to this address by the	ifferent from the committed ment of Organization, ma	ee ail may	Area Code & Phone (616)	450-9987			
7. Treasurer's Business Addr	ress		Designated Record keeper     Designated Record keeper)	's Name and Mailing Address (If the	committee has a		
1484 CRYSTAL VA CALEDONIA, MI 49	=		ROBIN L HALSTED 1484 CRYSTAL VA CALEDONIA, MI 49	LLEY CT.			
Area Code and Phone (61	6) 450-9987		Area Code and Phone (61	6) 450-9987			
9. TYPE OF STATEMENT				9e. Dissolution of Candidate Co	mmittee		
9a. Pre-Election OR S  Pre-Election or Post-Election  Primary				By checking this item I/We cently the committee to the candidate by discharged and forgiven, and not the committee. The committee has owes no lates fees or has any our	or his or her spouse is here o longer collectible from s no oustanding assets,		
General Convention	L	October C	Quarterly	Further, if the dissolution cannot be considered a request for the Repor			
Special	9	ec. Annua	al Statement ()	Effective date of dissolut	tion		
School		_	Coverage Year				
Caucus	9	(Comp	dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being led.)	Note: The disposition of residual fu Schedule 1B and the Summary Pa			
Date of Election, Conventi	ion or Caucus						
08/06/2024	4						
10. Verification: I\We certify the my\our knowledge and belief				nent and attached schedules (if any)	and to the best of		
Current Treasurer or	2,			Submitted electronically, signature on file			
Designated Record keeper _	Type or Print Name		/ Signature	Date			
	. , po or i intramo		S.g. iatoro	Submitted electronically, signature on file			
Candidate			Ciamate	Date			
	Type or Print Name		Signature				

1. Committee I.D. Number 2024052

#### **SUMMARY PAGE CANDIDATE COMMITTEE**

2. Committee Name ROBIN HALSTED FOR KENT COUNTY COMMISSIONER

RECEIPTS	Column I	Column II
	This Period	Cumulative this election cycle
3. Contributions	42 476 Q1	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 42,476.91	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	40.470.04
c. Subtotal of "Contributions"	(3c.) \$ 42,476.91	(18.) \$ 42,476.91
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 42,476.91	(20.) \$ 42,476.91
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _196.00	(21.) \$ 196.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 0.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _0.00	(23.) \$ 0.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 27,559.18	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 27,559.18	(24.) \$ 27,559.18
DEBTS AND OBLIGATIONS	(11.) φ <u></u> , σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ	(24.) φ
12. Debts and Obligations	600.00	
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ 600.00	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
	BALANCE STATEMENT	
13. Ending Balance of last report filed  (Enter zero if no provings reports have been filed.)	(13.) \$ 0.00	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ <b>42,476.91</b>	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_42,476.91	
16. Amount expended during reporting period	(16.) - \$ 27,559.18	
(Add lines 9 and 11) 17. ENDING BALANCE	, ,	
(Subtract line 16 from line 15)	(17.) \$ 14,917.73 *	

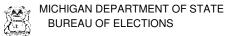


**CANDIDATE COMMITTEE** 

1. Committee I.D. Number 2024052

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/15/2024  Name & Address: JEFFREY L HALSTED  1484 CRYSTAL VALLEY CT SE CALEDONIA, MI 49316  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 600.00	<sub>\$</sub> 600.00		
Occupation PASTOR Employer CALVARY BAPTIST CHURCH				
Business Address 1200 28TH ST SE, GRAND RAPIDS, MI 49508				
Type of Contribution: Direct Loan from a person Fund Raiser				
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/02/2024				
Name & Address GRAND RAPIDS CHAMBER PAC				
250 MONROE AVE NW STE 150	, 2,000.00	<sub>\$</sub> 2,000.00		
GRAND RAPIDS, MI 49503	φ	ф <u>) , </u>		
5. If over \$100.00 cumulative, please provide:				
Occupation Employer				
Business Address				
Type of Contribution: Direct Loan from a person Fund Raiser				
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/09/2024  Name & Address:  NATE VRIESMAN 3399 S STIRRUP CT  CALEDONIA, MI 49316	<sub>\$</sub> 1,200.00	<sub>\$</sub> 1,200.00		
5. If over \$100.00 cumulative, please provide:				
Occupation CIVIL ENGINEER Employer VK CIVIL				
Business Address 7885 BYRON CENTER AVE SW STE A, BYRON CENTER, MI 49315				
Type of Contribution: Direct Loan from a person Fund Raiser				
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/09/2024  Name & Address				
HEIDI VRIESMAN 3399 STIRRUP CT SE CALEDONIA, MI 49316	<sub>\$</sub> 1,200.00	<sub>\$</sub> 1,200.00		
5. If over \$100.00 cumulative, please provide:				
Occupation HOME MAKER Employer SELF EMPLOYED				
Business Address 3399 S STIRRUP CT, CALEDONIA, MI 49316				
Type of Contribution: Direct Loan from a person Fund Raiser				
Page Subtotal	5,000.00			
Grand Total of All Schedules 1A		-[		
(Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page.	-		



**CANDIDATE COMMITTEE** 

2024052 1. Committee I.D. Number

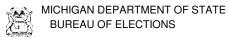
2. Committee Name

ROBIN HALSTED FOR KENT COUNTY COMMISSIONER

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? YES 4. Date of Receipt 05/13/2024  Name & Address: GARY WAINWRIGHT 2345 MISSION HILLS DR SE GRAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer N/A	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
Business Address 2345 MISSION HILLS DRIVE SE, GRAND RAPIDS, MI 49546  Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/16/2024  Name & Address  JULIE VANDERKOOI 6115 WILD CURRANT WAY SE CALEDONIA, MI 49316	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution:		
Type of Contribution: Loan from a person Loan from	<sub>\$</sub> 1,000.00	<sub>\$</sub> 1,000.00
5. If over \$100.00 cumulative, please provide:  Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/28/2024  Name & Address  DARLA STERK 624 SHERI COURT  EAST WENATCHEE, WA 98802	<sub>\$</sub> 100.00	<sub>\$_</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation HOMEMAKER Employer N/A  Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,700.00  Enter this total on line 3a of Summary	

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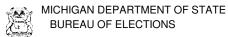
1. Committee I.D. Number

2024052

**CANDIDATE COMMITTEE** 

2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/28/2024  Name & Address: TOM/KAY BYLENGA 1537 HAWTHORNE HILLS DR SE ADA, MI 49301	<sub>\$</sub> 1,000.00	<sub>\$</sub> 1,000.00
5. If over \$100.00 cumulative, please provide:  Occupation PRESIDENT Employer STAR TRUCK RENTALS		
Business Address 3940 EASTERN AVE SE, WYOMING, MI 49508  Type of Contribution:  Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/30/2024		
Name & Address SIDNEY J JANSMA ONE RIVERFRONT PLAZA 55 CAMPAU AVE NW GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
Occupation CHAIRMAN OF THE BOARD Employer WOLVERINE GAS AND OIL CORP		
Business Address 55 CAMPAU AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/30/2024  Name & Address:  DAN HIBMA 1701 PORTER ST SW  WYOMING, MI 49519	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer LAND & COMPANY		
Business Address 1701 PORTER ST SW, WYOMING, MI 49519		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/30/2024  Name & Address  JC HUIZENGA  3755 36TH STREET SE STE 100  GRAND RAPIDS, MI 49512	<sub>\$</sub> 1,225.00	<sub>\$1,225.00</sub>
5. If over \$100.00 cumulative, please provide:		
Occupation CHAIRMAN Employer HUIZENGA GROUP		
Business Address 3755 36TH ST SE, GRAND RAPIDS, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	4,675.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 3 of 13	line 3a of Summary Page.	



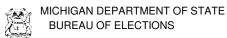
**CANDIDATE COMMITTEE** 

1. Committee I.D. Number 2024052

\_\_\_\_

2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/04/2024  Name & Address: JOHN/NANCY KENNEDY  4150 EAST PARIS SE GRAND RAPIDS, MI 49512  5. If over \$100.00 cumulative, please provide: Occupation CHIEF TECHNOLOGY OFFICER Employer AUTOCAM MEDICAL	<sub>\$</sub> 2,450.00	<sub>\$</sub> 2,450.00
Business Address 4152 E PARIS AVE SE, GRAND RAPIDS, MI 49512  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2024  Name & Address  BOB SACK  1370 SILVER SPRINGS COURT SE  CALEDONIA, MI 49316	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation ADVANCEMENT Employer CORNERSTONE UNIVERSITY  Business Address 1001 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/06/2024  Name & Address: SANDY FLYNN 7855 CRISPEN COURT SE GRAND RAPIDS, MI 49508	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation HOMEMAKER  Employer N/A  Business Address 7855 CRISPEN CT, GRAND RAPIDS, MI 49508  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/06/2024  Name & Address  RICHARD M DEVOS  200 MONROE AVE NW  GRAND RAPIDS, MI 49503	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
5. If over \$100.00 cumulative, please provide:  Occupation CHAIRMAN Employer THE WINDQUEST GROUP  Business Address 201 MONROE AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal	3,875.00	1
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

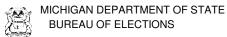


**CANDIDATE COMMITTEE** 

1. Committee I.D. Number 2024052

2. Committee Name

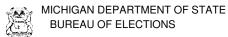
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/10/2024  Name & Address: MARK/MARY BISSELL 2345 WALKER AVE NW GRAND RAPIDS, MI 49544  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
Occupation CHAIRMAN AND CEO Employer BISSELL INC Business Address 2345 WALKER AVE NW, GRAND RAPIDS, MI 49544		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/11/2024  Name & Address		
JAMES C WILLIAMS 3706 BUTTRICK AVE SE ADA, MI 49301	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
5. If over \$100.00 cumulative, please provide:  Occupation PRESIDENT Employer WILLIAMS DISTRIBUTING		
Business Address 658 RICHMOND NW, GRAND RAPIDS, MI 49504		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/11/2024  Name & Address:  MAINTAIN OUR MAJORITY 220 LYON STREET NW STE 510  GRAND RAPIDS, MI 49503	<sub>\$</sub> 10,000.00	<sub>\$</sub> 10,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/13/2024  Name & Address  BETSY DEVOS  200 MONROE AVE NW  GRAND RAPIDS, MI 49503	<sub>\$</sub> 1,225.00	<sub>\$_</sub> 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation EXECUTIVE Employer RDV CORP		
Business Address 126 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 5 of 13	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number 2024052

<b>CANDIDATE</b>	COMMITTEE	2. Committee

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/13/2024  Name & Address: DANIEL DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
Occupation CHAIRMAN AND CEO Employer DP FOX VENTURES LLC Business Address 200 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/13/2024  Name & Address  PAMELLA DEVOS  200 MONROE AVE NW  GRAND RAPIDS, MI 49503	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation CO-FOUNDER Employer DP FOX VENTURES LLC		
Business Address 200 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/13/2024  Name & Address: SUZANNE C DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation EXECUTIVE Employer RDV CORPORATION		
Business Address 126 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/13/2024  Name & Address  DOUGLAS L DEVOS  200 MONROE AVE NW  GRAND RAPIDS, MI 49503	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation CO-CHAIRMAN Employer AMWAY BOARD OF DIRECTORS		
Business Address 7575 FULTON ST E, ADA, MI 49301		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	4,900.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 6 of 13	Enter this total on line 3a of Summary Page.	

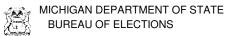


**CANDIDATE COMMITTEE** 

1. Committee I.D. Number 2024052

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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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/13/2024  Name & Address: MARIA DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide: Occupation CO-FOUNDER Employer CONTINUUM VENTURES	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
Business Address  Type of Contribution:    200 MONROE AVE NW, GRAND RAPIDS, MI 49503		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/13/2024  Name & Address  STEVE/JAN TOWER  2819 N WENTWARD CT  HUDSONVILLE, MI 49426  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer	<u>\$ 104.10</u>	<sub>\$</sub> 104.10
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/14/2024  Name & Address:  SARAH BLOCHER 1579 SPENCER AVENUE HUDSONVILLE, MI 49426  5. If over \$100.00 cumulative, please provide:  Occupation 911 DISPATCHER Employer CITY OF GRAND RAPIDS	<sub>\$</sub> 104.10	<sub>\$</sub> 104.10
Business Address MONROE CENTER STREET NW, GRAND RAPIDS, MI 49503		
Type of Contribution:    Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/15/2024  Name & Address  KEN/MARLA CHESTERMAN 2962 OSPREY DR  HUDSONVILLE, MI 49426	<sub>\$</sub> 500.00	<sub>\$</sub> _500.00
5. If over \$100.00 cumulative, please provide:  Occupation REPRESENTATIVE Employer PRIMERICA		
Employer		
Business Address 2874 PORT SHELDON ST, HUDSONVILLE, MI 49426  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	1,933.20	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 7 of 13	Enter this total on line 3a of Summary Page.	

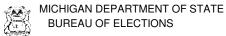


**CANDIDATE COMMITTEE** 

1. Committee I.D. Number 2024052

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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 all contributions regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: ROSS POST 1360 PENCROSS DRIVE SE CALEDONIA, MI 49316  5. If over \$100.00 cumulative, please pro Occupation RETIRED		06/17/2024	<sub>\$</sub> 104.10	<sub>\$</sub> 104.10
Business Address  Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? [ Name & Address  TOM/NANCY LOTHAMER  4721 FIREFLY DR NE GRAND RAPIDS, MI 49525  5. If over \$100.00 cumulative, please production RETIRED  Business Address		ipt 06/19/2024	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: TERRI L LAND 7955 BYRON STATION CT S BYRON CENTER, MI 49315  5. If over \$100.00 cumulative, please pro	SW ovide:	06/19/2024	<sub>\$</sub> 1,200.00	<sub>\$</sub> 1,200.00
Occupation BOARD MEMBER Business Address 656 W KIRBY ST				
Type of Contribution:  Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address LYNN VANSLEDRIGHT 2577 60TH ST SE KENTWOOD, MI 49508	YES 4. Date of Rec	eeipt <u>06/24/2024</u>	<sub>\$</sub> 20.00	<sub>\$</sub> 20.00
5. If over \$100.00 cumulative, please pro				
Occupation CUSTOMER SERVIC		BLUE SHIELD OF MICHIGAN		
Business Address 86 MONROE CEI  Type of Contribution: Direct	NTER ST NW, GRAND	RAPIDS, MI 49503  Fund Raiser		
<u></u>	<u> </u>	Page Subtotal	1,349.10	
Page 8 of 13		rand Total of All Schedules 1A plete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



2024052 1. Committee I.D. Number

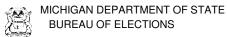
**CANDIDATE COMMITTEE** 2. Committee Name

ROBIN HALSTED FOR KENT COUNTY COMMISSIONER

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/26/2024  Name & Address: LES/LINDA WHEELER  5049 S QUAIL CREST DR SE  GRAND RAPIDS, MI 49546	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer		
Business Address  Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/26/2024		
Name & Address BRENDA CASS 4348 AUGUSTA HILLS AVE SE KENTWOOD, MI 49512	\$ 104.10	<u>\$ 104.10</u>
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/26/2024  Name & Address:  REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 720 N WASHINGTON AVE  LANSING, MI 48906	<sub>\$</sub> 1,000.00	<sub>\$</sub> 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/26/2024  Name & Address  CHARLES SISCO 2446 FOREST GROVE AVE SW  WYOMING, MI 49519	<sub>\$</sub> 50.00	<sub>\$</sub> _50.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer		
Business Address  Type of Contribution:		
Page Subtotal	1,254.10	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
2 9 . 13	Enter this total on line 3a of Summary	

Page of 10

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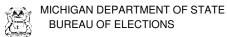


**CANDIDATE COMMITTEE** 

1. Committee I.D. Number 2024052

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/29/2024  Name & Address: KEN YONKER  3820 100TH ST SE CALEDONIA, MI 49316  5. If over \$100.00 cumulative, please provide: Occupation KENT COUNTY DRAIN COMMISSIONER Employer KENT COUNTY  Business Address 775 BALL AVE NE, GRAND RAPIDS, MI 49503	<sub>\$</sub> 100.00	<sub>\$</sub> 296.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/29/2024  Name & Address  JIM/JANE UYL  8485 HANNA LAKE AVE SE  CALEDONIA, MI 49316	\$ 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: U Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address:  PETER/CHRISTINE MACGREGOR  8209 VISTA ROYALE LN NE ROCKFORD, MI 49341	\$ 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation KENT COUNTY TREASURER Employer KENT COUNTY		
Business Address 701 BALL AVE NE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/29/2024 Name & Address JOHN/PAT HUIZINGA 5165 OLSEN SPRINGS CT WYOMING, MI 49509	<sub>\$</sub> 150.00	<sub>\$_</sub> 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	450.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)  Page 10 of 13	Enter this total on line 3a of Summary Page.	-

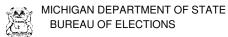


**CANDIDATE COMMITTEE** 

1. Committee I.D. Number 2024052

2. Committee Name

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? YES 4. Date of Receipt 06/29/2024  Name & Address: SANTA/LINDA GUBHAJU 282 SHORESIDE NORTH DRIVE GRAND RAPIDS, MI 49548  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	<sub>\$</sub> 20.00	<sub>\$</sub> 20.00					
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/29/2024  Name & Address  RONALD CHAPMAN  1644 IVY WAY  EASTPOINT, FL 32328	<sub>\$</sub> 416.41	<sub>\$</sub> 416.41					
5. If over \$100.00 cumulative, please provide:  Occupation PLANT SUPERINTENDENT AUTUMN HOUSE ASSISTED LIVING  Business Address 7999 SPYGLASS HILL ROAD, MELBOURNE, FL 32940  Type of Contribution: Direct Loan from a person Fund Raiser							
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/29/2024  Name & Address:  SARAH BLOCHER  1579 SPENCER AVE  HUDSONVILLE, MI 49426	<u>\$ 104.10</u>	<sub>\$</sub> 104.10					
5. If over \$100.00 cumulative, please provide:  Occupation 911 DISPATCHER Employer CITY OF GRAND RAPIDS  Business Address MONROE CENTER ST NW, GRAND RAPIDS, MI 49503  Type of Contribution: ✓ Direct Loan from a person Fund Raiser							
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/01/2024  Name & Address  BLAKE KRUEGER  1595 LARAWAY LAKE DR SE  GRAND RAPIDS, MI 49546	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00					
5. If over \$100.00 cumulative, please provide:  Occupation CEO/PRESIDENT Employer WOLVERINE WORLDWIDE, INC  Business Address 9341 COURTLAND DR NE, ROCKFORD, MI 49351  Type of Contribution: In Direct Loan from a person Fund Raiser							
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 11 of 13	1,765.51  Enter this total on line 3a of Summary Page.	-					

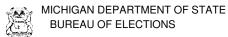


**CANDIDATE COMMITTEE** 

1. Committee I.D. Number 2024052

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)					
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/05/2024  Name & Address: DALE/CAROLE KLINE 5271 SWANWOOD ST SE CALEDONIA, MI 49316  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer  Business Address	<sub>\$</sub> 1,000.00	<sub>\$</sub> 1,000.00					
Type of Contribution: Direct Loan from a person Fund Raiser							
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/06/2024  Name & Address  BOB CZERNEY  7286 GLENDORA AVE  JENISON, MI 49428  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00					
Occupation RETIRED Employer N/A							
Business Address 7286 GLENDORA AVE, GEORGETOWN TWP, MI 49428							
Type of Contribution:  Loan from a person Fund Raiser							
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/08/2024  Name & Address:  CHARLES SISCO 2446 FOREST GROVE AVE SW WYOMING, MI 49519	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00					
5. If over \$100.00 cumulative, please provide:							
Occupation RETIRED Employer							
Business Address  Type of Contribution:							
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/14/2024 Name & Address REBECCA HUIZEN 5939 GLENEAGLE TRAIL HUDSONVILLE, MI 49426	<sub>\$</sub> 50.00	<sub>\$_</sub> 50.00					
5. If over \$100.00 cumulative, please provide:							
Occupation PEDIATRICIAN Employer CHRISTIAN HEATHCARE CENTERS							
Business Address 3322 BELTLINE CT, GRAND RAPIDS, MI 49525  Type of Contribution: Loan from a person Fund Raiser							
Page Subtotal	1,600.00						
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 12 of 13	Enter this total on line 3a of Summary Page.						



1. Committee I.D. Number

2024052

**CANDIDATE COMMITTEE** 

2. Committee Name

ROBIN HALSTED FOR KENT COUNTY COMMISSIONER

Enter contributor's nam middle initial. Check be Committee (PAC) Repo	ox to indicate if con	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)				
3. Contribution # 1 Name & Address: COMMITTEE TO 2999 COOKS CO GRAND RAPID  5. If over \$100.00 cum	REEK DR N S TWP, MI 4	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00				
Occupation			Employer				
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address PHIL/KITTY MC 6635 LEISURE CALEDONIA, M	WAY DR SE		YES 4. Date of Rece	eipt	07/18/2024	<sub>\$</sub> 200.00	<sub>\$</sub> _200.00
5. If over \$100.00 cum  Occupation RETIR  Business Address  Type of Contribution:	ED		mployer Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of Rec	ceip	t	\$	\$
5. If over \$100.00 cum	ulative, please pro	vid	e:			Click Here for	Memo Itemization
Occupation_			Employer				
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of Re	ceip	ot	\$	\$
5. If over \$100.00 cum	ulative, please pro	vid	e:			Click Horo for	· Mama Itamization
Occupation		_	Employer			Click Here to	Memo Itemization
Business Address  Type of Contribution:	Direct		Loan from a person	<u> </u>	Fund Raiser		
Type of Continuation.	pirect	_	Loan nom a person		Page Subtotal	300.00	
			(	Gran	nd Total of All Schedules 1A		_
					te on last page of Schedule)	42,476.91	_

Page 13 of 13

line 3a of Summary Page.



#### **ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK**

1. Committee I. D. Number 2024052

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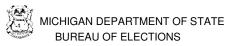
2 Committee Name ROBIN HALSTED FOR KENT COUNTY COMMISSIONER

CANDIDATE COMM	IITTEE 2. Committee Name			
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 all in-kind contributions.  Contribution # 1 PAC Receipt? Yes Name & Address: KEN YONKER  3820 100TH ST SE  CALEDONIA, MI 49316  If over \$100.00 cumulative, please provide: Occupation: DRAIN COMMISSIONER Employer Name & Business Address: STATE OF MICHIGAN  775 BALL AVENUE NE, GRAND RAPIDS, MI 49503	4. Type of In-Kind Contribution (Check applicable box)  5. Date of Receipt  6. Name & Address of Vendor from whom goods or services we purchased  4.  Endorsement or Guarantee of Bank Loan  Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others-Loanescription  FOOD FOR FUNDRAISING EVEN  5. Date Of Receipt: 06/27/2024  6. Vendor Name & Address:	<sub>\$_</sub> 1	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Fund Raiser Contribution				
Contribution # 2 PAC Receipt? Yes Name & Address  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. Endorsement or Guarantee of Bank Loan  Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others-Loane  Description  5. Date Of Receipt:  6. Vendor Name & Address:		k Here for Memo l	
Fund Raiser Contribution  Contribution #3 PAC Receipt? Yes  Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LO	\$ SAN	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description  5. Date Of Receipt:  6. Vendor Name & Address:	Clicl	k Here for Memo I	temization
Fund Raiser Contribution				
	Page Su	ubtotal	196.00	196.00

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196.00

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



1. Committee I. D. Number 2024052

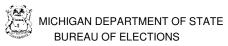
ROBIN HAI STED	FOR KENIT	COLINITY CO	MMISSIONE

(For use by officeholders only)	2. Committee Name		
3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: KENT COUNTY CLERK 300 MONROE AVE NW GRAND RAPIDS, MI 49503	Purpose  CAMPAIGN FILING FEE	04/15/2024 Date	<u>\$ 100.00</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code OO Fund Raiser		
Disbursement # 2 Name & Address: GOVERNMENT CENTER - GC SOUTH 300 MONROE AVE NW GRAND RAPIDS, MI 49503	Purpose PARKING	04/15/2024 Date	<u>4</u> <u>\$</u> 2.00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code DO Fund Raiser		
Disbursement # 3 Name & Address:  CANVA 200 E 6TH STREET STE 200  AUSTIN, TX 78701	BUSINESS CARDS	04/29/2024 Date	4 <u>\$145.00</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code AO Fund Raiser		
Disbursement # 4 Name & Address: GOVERNMENT CENTER - GC SOUTH 300 MONROE AVE NW GRAND RAPIDS, MI 49503	Purpose PARKING	05/06/202 Date	<u>\$6.00</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser	btotal this page	050.00
			253.00
	Grand Total of al (Complete on last pa	ge of Schedule)	Enter this total

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\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



1. Committee I. D. Number 2024052

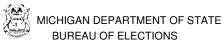
ROBIN HALSTED	EOD KENIT	COLINITY	COMMISSION	
INCIDIN HALSTLD		COUNT	COMMISSION	<b>ч</b> டі

(For use by officeholders only) 2.	Committee Name		
3. Name and address of person to whom disbursement was made	Description of Disbursement     (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: STAPLES 5110 28TH ST SE GRAND RAPIDS, MI 49512	Purpose  CAMPAIGN OFFICE SUPPLY	05/15/2024 Date	\$ <u>18.93</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
Disbursement # 2 Name & Address: USPS 9339 CHERRY VALLEY AVE SE CALEDONIA, MI 49316	Purpose POSTAGE STAMPS	05/15/2024 Date	§68.00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
Disbursement # 3 Name & Address: ELLIS PARKING - 5/3 BANK - OTTAWA 300 MONROE AVE NW GRAND RAPIDS, MI 49503	Purpose PARKING	05/21/2024 Date	\$9.00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code DO Fund Raiser		
Disbursement # 4 Name & Address: ALLEGRA 3983 LINDEN AVE SE GRAND RAPIDS, MI 49548	Purpose  LETTERHEAD, TY CARDS, PALM CARDS, ENVELOPES	05/24/202 Date	4 <sub>\$</sub> 1,335.06
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
	Sub	ototal this page	1,430.99
	Grand Total of al (Complete on last paç		
			Entar this total

on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



1. Committee I. D. Number

2024052

ROBIN HALSTED FOR KENT COUNTY COMMISSIONER
HODIN HALSTED FOR REINT COUNTY COMMISSIONER

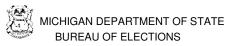
2. Committee Name (For use by officeholders only) 3. Name and address of person to whom disbursement was made 4. Description of Disbursement 6. Amount of 5. Date (Be specific & you may assign a Disbursement disbursement code\* ) Disbursement # 1 Purpose Name & Address BRIAN DIEMER FAMILY OF RACES SPONSORSHIP OF DIEMER RUN 05/28/2024 <sub>\$</sub>500.00 PO BOX 315 Date BYRON CENTER, MI 49315 Disbursement Code GO Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Disbursement # 2 Purpose Name & Address: ,21.00 **PARKING** 05/29/2024 ELLIS PARKING - 5/3 BANK - OTTAWA 300 MONROE AVE NW GRAND RAPIDS, MI 49503 Disbursement Code DO Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Purpose Disbursement #3 Name & Address: PALM CARDS <sub>\$</sub>56.08 **ALLEGRA** 3983 LINDEN AVE SE GRAND RAPIDS, MI 49548 Disbursement Code BO Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Disbursement # 4 Purpose Name & Address: CABLE TIES FOR SIGNAGE **MEIJER** 1801 MARKETPLACE DR SE CALEDONIA, MI 49316 Disbursement Code Check box if this disbursement is payment of debt or obligation reported on previous statement Fund Raiser Subtotal this page 596.14 Grand Total of all Schedules 1C (Complete on last page of Schedule)

> Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

Page 3 of 8



1. Committee I. D. Number 2024052

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(For use by officeholders only)

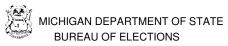
ROBIN HALSTED FOR KENT COUNTY COMMISSIONER

Name and address of person to whom disbursement was made	Description of Disbursement     (Be specific & you may assign a	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: COSTCO 5100 28TH ST SE GRAND RAPIDS, MI 49512	Purpose BREAKFAST FOR WALK/SIGNAGE PARTY	05/31/2024 Date	\$ <u>17.98</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code DO Fund Raiser		
Disbursement # 2 Name & Address: MENARDS 5555 CLYDE PARK AVE SW WYOMING, MI 49509	Purpose T POSTS AND CABLE TIES	06/01/2024 Date	<sub>\$</sub> 299.50
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
Disbursement # 3 Name & Address: POSTEMA SIGNS AND GRAPHICS 7475 SOUTH DIVISION AVE GRAND RAPIDS, MI 49548	Purpose PRINTING	06/04/2024 Date	\$4,399.00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
Disbursement # 4 Name & Address: DOLLAR TREE 740 28TH ST SE GRAND RAPIDS, MI 49548	Purpose  DECOR FOR EVENTS / TABLE DISPLAY	06/07/202 Date	4 <u>\$18.29</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
	Grand Total of all	Schedules 1C	4,734.77
	(Complete on last pag	je oi Scriedule)	

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\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



	NILLALOTE		

2. Committee Name (For use by officeholders only) 3. Name and address of person to whom disbursement was made 4. Description of Disbursement 6. Amount of 5. Date (Be specific & you may assign a Disbursement disbursement code\*) Disbursement # 1 Purpose Name & Address: **MEIJER** OFFICE /EVENT SUPPLIES 06/07/2024 <sub>\$</sub>17.99 1540 28TH ST SE Date GRAND RAPIDS, MI 49508 Disbursement Code BO Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Disbursement # 2 Purpose Name & Address:  $_{06/10/2024}$   $_{\$}75.00$ GAINES CHAMBER MEMBERSHIP GAINES CHAMBER OF COMMERCE 8561 KALAMAZOO AVENUE SE CALEDONIA, MI 49316 Disbursement Code DO Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Purpose Disbursement #3 Name & Address: **DIGITAL ADVERTISING** \$10,500.00 MEDIA PLACE PARTNERS 3351 CLAYSTONE ST SE GRAND RAPIDS, MI 49546 Disbursement Code AO Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Disbursement # 4 Name & Address: MARKETING CONSULT NORTHLAND STRATEGIES LLC 1935 4 MILE RD NE GRAND RAPIDS, MI 49525 Disbursement Code Check box if this disbursement is payment of debt or obligation reported on previous statement Fund Raiser

Subtotal this page

14,342.99

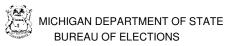
Grand Total of all Schedules 1C (Complete on last page of Schedule)

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

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1. Committee I. D. Number 2024052

ROBIN HALSTED	FOR KENT	COUNTY	COMMISSIONE

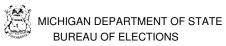
(For use by officeholders only) 2.	Committee Name		
3. Name and address of person to whom disbursement was made	Description of Disbursement     (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: AMY VANZYL 2821 HIGHGATE AVE SW WYOMING, MI 49509	Purpose DESSERT/COOKIES FOR FUNDRAISER	06/27/2024 Date	\$ <u>150.00</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement  Disbursement # 2	Disbursement Code DO Fund Raiser		
Name & Address: DOLLAR TREE 740 28TH ST SE GRAND RAPIDS, MI 49548	Purpose BUCKETS FOR PARADE CANDY	06/28/2024 Date	\$27.83
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
Disbursement # 3 Name & Address: POSTEMA SIGNS AND GRAPHICS 7475 SOUTH DIVISION AVE GRAND RAPIDS, MI 49548	Purpose PRINTING	06/28/2024 Date	\$1,219.00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
Disbursement # 4 Name & Address: TRACTOR SUPPLY CO 701 68TH ST SW BYRON CENTER, MI 49315	Purpose SIGN POSTS	06/29/202 Date	4 <sub>\$</sub> 183.89
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
		ototal this page	1,580.72
	Grand Total of al (Complete on last pa		

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

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#### **INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C**

1. Committee I. D. Number 2024052

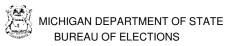
DIDATE COMMITTEE		ROBIN HALSTED FOR KENT COUNTY COMMISSIONER
or use by officeholders only)	2. Committee Name	

(For use by officeholders only)	Committee Name		
3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: TRACTOR SUPPLY CO 701 68TH ST SW BYRON CENTER, MI 49315	Purpose ZIP TIES FOR SIGNAGE	06/29/2024 Date	<u>\$12.71</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO  Fund Raiser		
Disbursement # 2 Name & Address: COSTCO 5100 28TH ST SE GRAND RAPIDS, MI 49512	Purpose PARADE CANDY - KENTWOOD 4TH PARADE	06/30/2024 Date	± <u>\$</u> 239.88
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
Disbursement # 3 Name & Address: FURNITURE CITY GRAPHICS 4440 WESTSHIRE DR NW COMSTOCK PARK, MI 49321	Purpose  CAMPAIGN T-SHIRTS FOR VOLUNTEERS	07/02/202 Date	½ <u>\$</u> 703.13
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code AO Fund Raiser		
Disbursement # 4 Name & Address: KENTWOOD PARKS & RECREATION 355 48TH ST SE GRAND RAPIDS, MI 49548	Purpose PARADE FEE - KENTWOOD 4TH PARADE	07/03/202 Date	24 <u>\$</u> 30.00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code AO Fund Raiser		
	Sub	ototal this page	985.72
	Grand Total of all (Complete on last pag	Schedules 1C ge of Schedule)	

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



1. Committee I. D. Number

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_	_	_	-	_		

ROBIN HALSTED FOR KENT COUNTY COMMISSIONER

(For use by officeholders only)	Committee Name		
3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: MEIJER 1801 MARKETPLACE DR SE CALEDONIA, MI 49316	Purpose WATER/JUICE FOR PARADE VOLUNTEERS	07/04/2024 Date	\$ <u>31.13</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code DO Fund Raiser		
Disbursement # 2 Name & Address: RIGHT STRATEGIES LLC 2153 WEALTHY STREET SE STE 166 GRAND RAPIDS, MI 49506	Purpose PRINTING AND POSTAGE FOR MAILERS	07/15/2024 Date	3,570.91
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code AO Fund Raiser		
Disbursement # 3 Name & Address: WINRED 1776 WILSON BLVD ARLINGTON, VA 22209	Purpose WIN RED CREDIT CARD FEES	07/20/202 Date	4 <sub>\$</sub> 32.81
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
Disbursement # 4 Name & Address:	Purpose	Date	\$
Check box if this disbursement is payment of debt or obligation	Cli Disbursement Code	ck for Memo Iten	nization Type
reported on previous statement	Fund Raiser	btotal this page	3,634.85
	Grand Total of a (Complete on last pa	Il Schedules 1C ge of Schedule)	27,559.18

on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

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## **DEBTS AND OBLIGATIONS**

1. Committee I.D. Number \_\_\_\_\_2024052

SCHEDULE 1E	ROBIN HAL	STED FOR KENT C	OUNTY COMM	IISSIONER
CANDIDATE COMMITTEE 2. C	Committee Name			
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee <b>OR</b> b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the con	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: JEFFREY D HALSTED 1484 CRYSTAL VALLEY CT SE CALEDONIA, MI 49316	4. Type: CAMPAIGN LOAN  5. Date Debt Was Incurred:	\$ \$ \$ \$	\$ 0.00	\$_600.00 FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ $\frac{0}{2}$	
Debt #2 Corp? Yes Owed to or by:	4. Type:  5. <u>Date Debt Was Incurred</u> :  6. <u>Original Amount of Debt</u> :  \$	\$ \$ \$ \$ \$	\$	\$ FORGIVEN
If bank loan, name of endorser or guarantor:		Am	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:  5. <u>Date Debt Was Incurred</u> :  6. <u>Original Amount of Debt</u> :  \$	\$ \$ \$ \$	\$	\$FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	600.00
(C	complete on last page of Schedule s	Grand Total showing amounts owed by c	of all Schedules 1E or to the committee)	600.00 Enter this total
				on line 12a "owe

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

on line 12a "owed by"" or line 12b "owed to" of the Summary Page

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Page	- 1	of I



#### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

2024052 1. Committee I.D. Number

2. Committee Name ROBIN HALSTED FOR KENT COUNTY COMMISSIONER

	- USE A SEPARATE SH	EET FOR EACH EVENT -	
Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of place where the activity was hel HOME OF KEN AND AM'YONKER
6/27/2024	32	COOKOUT PICNIC	3820 100TH ST SE CALEDONIA, MI 49316 Private Residence
otal Contributions	670.00		
Other Receipts	196.00		
Gross Receipts (Add lines 7 a			
Total Cost of Event	150.00 atributions and All Expenditures	s Made For the Event	
	inibatione and / iii Expenditare	inade i di tile Event,	
Check if event was a join	nt fund raiser and complete the	e following:	
Check if event was a joint Co-Sponsor(s)	nt fund raiser and complete the Contribution S (%)	-	Expenditure Split (%)
_	Contribution S	-	
_	Contribution S	-	
_	Contribution S	-	
_	Contribution S	-	

- 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.

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Page		of I	