



FILED

05 SEP 2024 AM 11:03

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: 07/22/2024 to 08/26/2024

1. Committee I.D. Number

2023021

4. Candidate Last Name First Name M.I.

LAGRAND DAVID M

2. Committee Name

LAGRAND FOR GRAND RAPIDS

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

MAYOR, GRAND RAPIDS

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

5. Committee's Mailing Address

**1551 KALAMAZOO AVE SE
GRAND RAPIDS, MI 49507**

6. Treasurer's Name & Residential Address

**RICHARD WILLIAMSON
752 PARIS AVE SE
GRAND RAPIDS, MI 49503**

Area Code and Phone (616) 540-0994
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.

Area Code & Phone (616) 499-1814

7. Treasurer's Business Address

**752 PARIS AVE SE
GRAND RAPIDS, MI 49503**

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

**RICHARD WILLIAMSON
752 PARIS AVE SE
GRAND RAPIDS, MI 49503**

Area Code and Phone (616) 499-1814

Area Code and Phone (616) 499-1814

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 late 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

09/05/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

09/05/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2023021

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name LAGRAND FOR GRAND RAPIDS

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>25,110.15</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>25,110.15</u>	(18.) \$ <u>167,936.56</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>25,110.15</u>	(20.) \$ <u>167,936.56</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>5,109.49</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>30,237.47</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>30,237.47</u>	(23.) \$ <u>118,684.05</u>
INCIDENTAL EXPENSE DISBURSEMENTS (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>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>54,379.83</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>25,110.15</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>79,489.98</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>30,237.47</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>49,252.51</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>07/22/2024</u> Name & Address: JUDI BETANCOURT 4687 MACATAWA LEGENDS BLVD HOLLAND, MI 49424		\$ <u>3.30</u>	\$ <u>3.30</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>WALTON INSURANCE GROUP</u> 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>07/22/2024</u> Name & Address: MARY BRASSER 2006 MALLARD DR SE GRAND RAPIDS, MI 49546		\$ <u>103.45</u>	\$ <u>103.45</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2006 MALLARD DR SE, GRAND RAPIDS, MI 49546</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>07/22/2024</u> Name & Address: STEPHANIE GINGERICH 2222 SAGINAW RD SE GRAND RAPIDS, MI 49506		\$ <u>26.01</u>	\$ <u>26.01</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY DEVELOPMENT</u> Employer <u>LINC</u> 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>07/22/2024</u> Name & Address: MICHAEL HIRSCH 306 JAMES AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>375.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **157.76**

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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>07/23/2024</u>	
Name & Address: MELVIN TURNBO 2617 WOODMEADOW DR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS AGENT</u> Employer <u>AMALGOMATED TRANSIT UNION LOCAL 836</u> Business Address <u>233 FULTON ST W, STE 209C, 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>07/27/2024</u>	
Name & Address: STEFAN PAWELKA 2721 SPRING AVE NE GRAND RAPIDS, MI 49505		\$ <u>10.00</u>	\$ <u>10.00</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>07/29/2024</u>	
Name & Address: GINGER HOLLEMANS 1829 PLYMOUTH TERRACE SE GRAND RAPIDS, MI 49506		\$ <u>26.01</u>	\$ <u>26.01</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>SELF</u> 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>07/30/2024</u>	
Name & Address: SALVADOR LOPEZ 2733 LAFAYETTE AVE NE GRAND RAPIDS, MI 49505		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **161.01**

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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>07/30/2024</u>	
Name & Address: JIM HOLWERDA 3841 W NORWALK SE GRAND RAPIDS, MI 49508		\$ <u>51.83</u>	\$ <u>151.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAPLAIN</u> Employer <u>PINE REST CMHS</u> Business Address <u>300 68TH ST SE, 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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/30/2024</u>	
Name & Address: ALAN HEYSTEK 621 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>26.01</u>	\$ <u>76.01</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNSELOR</u> Employer <u>FOUNTAIN HILL CENTER</u> Business Address <u>534 FOUNTAIN ST NE, 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>07/30/2024</u>	
Name & Address: CAROLYN LARKIN 4 PINECREST CT GREENBELT, MD 20770		\$ <u>103.45</u>	\$ <u>103.45</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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>07/30/2024</u>	
Name & Address: PHILIP VANDERMEER 1825 W KEATING AVE MESA, AZ 85202		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 206.29

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/31/2024</u>	
Name & Address: STEPHEN WATERBURY 150 WOODWARD LN SE GRAND RAPIDS, MI 49506		\$ <u>258.32</u>	\$ <u>361.77</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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>08/01/2024</u>	
Name & Address: SELMA HODZIC 3136 BYRON CENTER AVE SW APT 3 WYOMING, MI 49519		\$ <u>10.53</u>	\$ <u>10.53</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>NETWORK 180</u> 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>08/01/2024</u>	
Name & Address: LUKE MCREYNOLDS 2539 27TH ST SACRAMENTO, CA 95818		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DATA ANALYST</u> Employer <u>APPLE INC</u> Business Address <u>2511 LAGUNA BLVD, ELK GROVE, CA 95758</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>08/04/2024</u>	
Name & Address: KYLE LOWERY 2438 OKEMOS DR SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES MANAGER</u> Employer <u>APPLIED INNOVATION</u> Business Address <u>5555 GLENWOOD HILLS PKWY SE, 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			

Page Subtotal **618.85**

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/05/2024</u></p> <p>Name & Address: CLIMATE CABINET PAC - MICHIGAN 150 SUTTER ST STE 695 SAN FRANCISCO, CA 94104</p> <p>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</p>		\$ <u>6,000.00</u>	\$ <u>8,000.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/05/2024</u></p> <p>Name & Address: JOHN BRANN 7779 TIMBER CANYON CT ADA, MI 49301</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BRANN'S STEAKHOUSE</u> Business Address <u>5510 28TH ST SE, 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>1,000.00</u>	\$ <u>1,000.00</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/05/2024</u></p> <p>Name & Address: WILLIAM MILLS 2161 HEARTHSIDE DR SE ADA, MI 49301</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GRUEL MILLS NIMS & PYLMAN</u> Business Address <u>99 MONROE AVE NW, STE 800, 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</p>		\$ <u>300.00</u>	\$ <u>300.00</u>
<p>3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/05/2024</u></p> <p>Name & Address: WEST MICHIGAN PLUMBERS, FITTERS AND SERVICE TRADES LOCAL UNION 174 1008 O'MALLEY DR COOPERSVILLE, MI 49404</p> <p>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</p>		\$ <u>3,000.00</u>	\$ <u>3,000.00</u>

Page Subtotal 10,300.00

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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/06/2024</u>	
Name & Address: ERIC FOSTER 4122 CORNELL RD MERIDIAN TWP, MI 48864		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>PROGRESS STRATEGIES+</u> Business Address <u>GRAND RIVER AVE, #132, EAST LANSING, MI</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>08/06/2024</u>	
Name & Address: DENNIS MURPHY 551 BURTON ST SE GRAND RAPIDS, MI 49507		\$ <u>5.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AMERICAN SEATING</u> Business Address <u>901 BROADWAY AVE 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 # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>08/06/2024</u>	
Name & Address: HUNTINGTON ASSOCIATE GOOD GOVT. FUND 2 TOWNE SQUARE SOUTHFIELD, MI 48076		\$ <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 # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>08/06/2024</u>	
Name & Address: GRAND RAPIDS CHAMBER OF COMMERCE PAC 111 PEARL ST NW GRAND RAPIDS, MI 49503		\$ <u>1,000.00</u>	\$ <u>2,000.00</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			

Page Subtotal 1,555.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/07/2024</u>	
Name & Address: ALIDA BRYANT 4366 PINE FOREST BLVD NE APT 306 GRAND RAPIDS, MI 49525		\$ <u>103.45</u>	\$ <u>103.45</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>17TH CIRCUIT COURT</u> Employer <u>JUDGE</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>08/07/2024</u>	
Name & Address: JEFFREY STREMLER 838 CHIPPEWA DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DESIGNER</u> Employer <u>SOLIDUS DESIGN</u> Business Address <u>1167 HALL ST SE, 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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/07/2024</u>	
Name & Address: SHIRLEY LEWIS 2129 LAMBERTON CREEK LN NE UNIT U GRAND RAPIDS, MI 49505		\$ <u>26.01</u>	\$ <u>26.01</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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>08/07/2024</u>	
Name & Address: ZACH VERHULST 422 LEONARD ST NW GRAND RAPIDS, MI 49504		\$ <u>516.45</u>	\$ <u>645.71</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>PURE ARCHITECTS</u> Business Address <u>180 MONROE AVE NW, STE 3E, 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 745.91

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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/07/2024</u>	
Name & Address: DAVID DORNER 2000 THORNAPPLE RIVER DR SE GRAND RAPIDS, MI 49546		\$ <u>103.45</u>	\$ <u>603.45</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>DORNERWORKS</u> Business Address <u>3445 LAKE EASTBROOK BLVD SE, GRAND RAPIDS, MI 49546</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>08/08/2024</u>	
Name & Address: JOHN COOPER SR 549 MORRIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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>08/08/2024</u>	
Name & Address: DEREK DEVRIES 554 CARPENTER AVE NW GRAND RAPIDS, MI 49504		\$ <u>51.83</u>	\$ <u>51.83</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>08/09/2024</u>	
Name & Address: DARLENE LEE 1557 BELMAR DR SE GRAND RAPIDS, MI 49508		\$ <u>51.83</u>	\$ <u>103.66</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PR CONSULTANT</u> Employer <u>DARLING COMMUNICATIONS</u> Business Address <u>1557 BELMAR DR SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 307.11

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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/09/2024</u>	
Name & Address: JACQUELYN WATSON 2439 HIGHRIDGE LN SE GRAND RAPIDS, MI 49546		\$ <u>26.01</u>	\$ <u>103.85</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2439 HIGHRIDGE LN SE, GRAND RAPIDS, MI 49546</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>08/09/2024</u>	
Name & Address: DENNIS HOEKSTRA 1919 BOSTON ST SE GRAND RAPIDS, MI 49506		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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>08/09/2024</u>	
Name & Address: DONALD BARTEL 10 QUARRY RD ITHACA, NY 14850		\$ <u>400.00</u>	\$ <u>900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>10 QUARRY RD, ITHACA, NY 14850</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>08/10/2024</u>	
Name & Address: BOB COOPER 1919 BOSTON ST SE APT A GRAND RAPIDS, MI 49506		\$ <u>10.53</u>	\$ <u>63.18</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 586.54

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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/14/2024</u>	
Name & Address: GARY DE KOCK 1673 WALKER AVE NW GRAND RAPIDS, MI 49504		\$ <u>200.00</u>	\$ <u>1,853.45</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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>08/14/2024</u>	
Name & Address: EARLE IRWIN 1860 LAKE DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIR</u> Employer <u>IRWIN SEATING COMPANY</u> Business Address <u>3251 FRUIT RIDGE AVE NW, GRAND RAPIDS, MI 49544</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>08/14/2024</u>	
Name & Address: MICHAEL HIRSCH 306 JAMES AVE SE GRAND RAPIDS, MI 49503		\$ <u>140.00</u>	\$ <u>515.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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>08/16/2024</u>	
Name & Address: JUDY FREEMAN 425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>EDUCATION CONSULTING PRACTICE</u> Business Address <u>425 CAMBRIDGE BLVD SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 540.00

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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/17/2024</u>	
Name & Address: DREW ROBBINS 3110 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SR. HRIS ANALYST</u> Employer <u>WILBUR-ELLIS</u> Business Address <u>345 CALIFORNIA ST, SF, CA 94104</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>08/17/2024</u>	
Name & Address: DAVID DORNER 2000 THORNAPPLE RIVER DR SE GRAND RAPIDS, MI 49546		\$ <u>200.00</u>	\$ <u>803.45</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>DORNERWORKS</u> Business Address <u>3445 LAKE EASTBROOK BLVD SE, GRAND RAPIDS, MI 49546</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>08/17/2024</u>	
Name & Address: DONALD TAYLOR 4536 HERSMAN ST SE GRAND RAPIDS, MI 49546		\$ <u>25.00</u>	\$ <u>1,457.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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>08/18/2024</u>	
Name & Address: CHARLES LOWE 56 FULLER AVE SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input 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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/18/2024</u>	
Name & Address: SARA DEBOER 1144 IROQUOIS DR SE GRAND RAPIDS, MI 49506		\$ <u>40.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>SELF</u> Business Address <u>1144 IROQUOIS DR SE, GRAND RAPIDS, MI 49506</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>08/19/2024</u>	
Name & Address: DALE ROBERTSON 3370 BROOKPOINT DR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>GRAND RAPIDS PUBLIC MUSEUM</u> Business Address <u>272 PEARL ST NW, 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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/20/2024</u>	
Name & Address: JAMES AYRES 51 MONROE CENTER ST NW APT 204 GRAND RAPIDS, MI 49503		\$ <u>400.00</u>	\$ <u>761.77</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>51 MONROE CENTER ST NW, APT 204, 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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/21/2024</u>	
Name & Address: ROBERT VANSTRIGHT 58 SUNNYBROOK AVE SE GRAND RAPIDS, MI 49506		\$ <u>400.00</u>	\$ <u>2,400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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 940.00

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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/21/2024</u></p> <p>Name & Address: DAVID MICHAEL 709 LYON ST NE GRAND RAPIDS, MI 49503</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>STAGEHAND</u> Employer <u>SELF</u> Business Address <u>709 LYON ST NE, 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</p>		\$ <u>51.53</u>	\$ <u>76.53</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/21/2024</u></p> <p>Name & Address: ERIC SCHERTZING 322 PERE MARQUETTE DR APT 14 LANSING, MI 48912</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SCHERTZING COMMUNICATIONS</u> Business Address <u>322 PERE MARQUETTE DR, APT 14, LANSING, MI 48912</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>10.53</u>	\$ <u>40.89</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/21/2024</u></p> <p>Name & Address: CHRISTINE HELMS-MALETIC 701 ATWOOD ST NE GRAND RAPIDS, MI 49503</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>NONPROFIT MANAGEMENT CONSULTANT</u> Employer <u>CHM CONSULTING LLC</u> Business Address <u>701 ATWOOD ST NE, 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</p>		\$ <u>25.00</u>	\$ <u>125.00</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/21/2024</u></p> <p>Name & Address: SARA DEBOER 1144 IROQUOIS DR SE GRAND RAPIDS, MI 49506</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>FREELANCE WRITER</u> Employer <u>SELF</u> Business Address <u>1144 IROQUOIS DR SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>10.00</u>	\$ <u>150.00</u>

Page Subtotal 97.06

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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/21/2024</u>	
Name & Address: JOHN LICHTENBERG 2451 MAPLEWOOD DR SE GRAND RAPIDS, MI 49506		\$ <u>103.45</u>	\$ <u>353.45</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RHOADES MCKEE</u> Business Address <u>55 CAMPAU AVE NW, STE 300, 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>08/21/2024</u>	
Name & Address: ARIELLE LEIPHAM ELLIS 52 AUBURN AVE NE GRAND RAPIDS, MI 49503		\$ <u>10.53</u>	\$ <u>60.53</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>LEIPHAM ELLIS & PARTNERS</u> Business Address <u>52 AUBURN AVE NE, 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>08/21/2024</u>	
Name & Address: ROSSLYNN BLISS 15 OTTAWA AVE NW APT 806 GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MAYOR</u> Employer <u>CITY OF GRAND RAPIDS</u> Business Address <u>300 MONROE 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>08/22/2024</u>	
Name & Address: DANIEL SCHOONMAKER 53 ALTEN AVE NE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>WEST MICHIGAN SUSTAINABLE BUSINESS FORUM</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 238.98

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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/22/2024</u>	
Name & Address: DANA FREEMAN 128 BENJAMIN AVE NE GRAND RAPIDS, MI 49503		\$ <u>20.00</u>	\$ <u>46.01</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>AQUINAS COLLEGE</u> Business Address <u>1700 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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/22/2024</u>	
Name & Address: JUDI BETANCOURT 4687 MACATAWA LEGENDS BLVD HOLLAND, MI 49424		\$ <u>5.36</u>	\$ <u>8.66</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>WALTON INSURANCE GROUP</u> 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>08/22/2024</u>	
Name & Address: JOSEPH HAVEMAN 151 SORRENTO DR HOLLAND, MI 49423		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOPE NETWORK</u> Employer <u>DIRECTOR OF GOVERNMENT RELATIONS</u> 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>08/22/2024</u>	
Name & Address: LARRY WILLEY 4350 RIVERWATCH RD ROCKFORD, MI 49341		\$ <u>100.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WILLEY & CHAMBERLAIN</u> Business Address <u>300 OTTAWA AVE NW, SUITE 810, 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 **150.36**

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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/23/2024</u>	
Name & Address: SARAH DRENTH 5198 N QUAIL CREST DR SE GRAND RAPIDS, MI 49546		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>HARPERCOLLINS PUBLISHERS</u> 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>08/23/2024</u>	
Name & Address: SCOTT STEINER 302 BALL PARK BLVD NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RHOADES MCKEE</u> Business Address <u>55 CAMPAU AVE NW, STE 300, 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>08/24/2024</u>	
Name & Address: VIRGINIA LAGRANT 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>375.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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>08/25/2024</u>	
Name & Address: MARGARET ALLEN 7147 BLACK FOREST DR NE ROCKFORD, MI 49341		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MARGARET E. ALLEN PC</u> 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 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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/25/2024</u>	
Name & Address: ANTHONY GAUTHIER 4575 BRAEBURN SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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>08/26/2024</u>	
Name & Address: ISABELLE SELLES 255 UNION AVE SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANALYST</u> Employer <u>CB INSIGHTS</u> 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>08/26/2024</u>	
Name & Address: LEE HARDY 1325 HOPE ST SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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>08/26/2024</u>	
Name & Address: VIRGINIA LAGRAN 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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 225.00

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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/26/2024</u>	
Name & Address: DIRK PEGMAN 2214 RADCLIFF CIR SE GRAND RAPIDS, MI 49546		\$ <u>51.83</u>	\$ <u>51.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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>08/26/2024</u>	
Name & Address: MARLIN FEYEN 26 CAMPAU AVE NW UNIT 26 GRAND RAPIDS, MI 49503		\$ <u>250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GR PUBLIC MUSEUM BOARD</u> Employer <u>GR PUBLIC MUSEUM</u> Business Address <u>272 PEARL ST NW, GRAND RAPIDS, MI 49504</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>08/26/2024</u>	
Name & Address: DAVID MURKOWSKI 4468 THORNBERRY DR SE GRAND RAPIDS, MI 49546		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KENT COUNTY PROBATE COURT</u> Business Address <u>180 OTTAWA AVE NW, STE 9500C, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input 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>08/26/2024</u>	
Name & Address: EARLE IRWIN 1860 LAKE DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIR</u> Employer <u>IRWIN SEATING COMPANY</u> Business Address <u>3251 FRUIT RIDGE AVE NW, GRAND RAPIDS, MI 49544</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **651.83**

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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/26/2024</u>	
Name & Address: CHRISTOPHER YATES 2622 HALL ST SE GRAND RAPIDS, MI 49506		\$ <u>200.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>KENT COUNTY CIRCUIT COURT</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/26/2024</u>	
Name & Address: CLAUDIA BEVERSLUIS 322 AURORA ST SE GRAND RAPIDS, MI 49507		\$ <u>200.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>RETIRED</u> 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>08/26/2024</u>	
Name & Address: RUTH POSTHUMUS CAMPAU CIR NW GRAND RAPIDS, MI 49503		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>CALVIN UNIVERSITY</u> Business Address <u>3201 BURTON ST SE, GRAND RAPIDS, MI 49546</u> 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>08/26/2024</u>	
Name & Address: KENT COUNTY DEMOCRATIC PARTY 301 FULLER AVE NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>2,600.00</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 700.00

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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/26/2024</u>	
Name & Address: ALICIA PESTKA 2517 ASHWOOD CT SE ADA, MI 49301		\$ <u>700.00</u>	\$ <u>2,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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>08/26/2024</u>	
Name & Address: VIRGINIA LAGRANT 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>425.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>08/26/2024</u>	
Name & Address: UAW MICHIGAN VOLUNTARY PAC 8000 E JEFFERSON AVE DETROIT, MI 48214		\$ <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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/26/2024</u>	
Name & Address: CHRIS MULLER 502 SECOND ST NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>M RETAIL SOLUTIONS</u> Business Address <u>502 SECOND ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 5,825.00

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 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>08/26/2024</u>	
Name & Address: GERALD LYKINS 3031 W BLUFFS DR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>358.32</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LYKINS LAW PLC</u> Business Address <u>234 DIVISION AVE N, 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>08/26/2024</u>	
Name & Address: EMILY LOEKS 1333 MILTON ST SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF COMMUNITY AFFAIRS</u> Employer <u>CELEBRATION CINEMA</u> Business Address <u>2121 CELEBRATION DR NE, GRAND RAPIDS, MI 49525</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>08/26/2024</u>	
Name & Address: JENNIFER JOHNSEN 2517 KEYTON CT NW GRAND RAPIDS, MI 49504		\$ <u>103.45</u>	\$ <u>103.45</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WEST MICHIGAN DIVORCE; RAPID QDRO, PLLC</u> Business Address <u>820 MONROE AVE NW, STE 165, 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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/26/2024</u>	
Name & Address: CLAY WEST 1600 GLEN FOREST DR SE ADA, MI 49301		\$ <u>50.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>17TH CIRCUIT COURT</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 checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 503.45

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

25,110.15

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2023021**
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name COTTAGE INN PIZZA Address 1533 WEALTHY ST SE STE B GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW APPRECIATION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2024 Date	\$ 38.70
Expenditure #2 Name META Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2024 Date	\$ 6.00
Expenditure #3 Name EASTOWN US POST OFFICE Address 1451 LAKE DR SE GRAND RAPIDS, MI 49516 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/23/2024 Date	\$ 219.00
Expenditure #4 Name BLACK MUSIC NETWORK Address 970 28TH ST SW WYOMING, MI 49509 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/23/2024 Date	\$ 600.00
Expenditure #5 Name META Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/23/2024 Date	\$ 2.00

Subtotal this page

865.70

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2023021**
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name META Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2024 Date	\$ 1.89
Expenditure #2 Name MAGGIE SCHMIDT DESIGN Address 6583 MITCHELL RD PALMYRA, MI 49268 <input type="checkbox"/> Fund Raiser	Purpose: GRAPHIC DESIGN <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2024 Date	\$ 144.00
Expenditure #3 Name THE ORIGINAL PRINT SHOPPE Address 511 BROWN RD ORION TWP, MI 48359 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING AND MAILING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2024 Date	\$ 15,872.62
Expenditure #4 Name EASTOWN US POST OFFICE Address 1451 LAKE DR SE GRAND RAPIDS, MI 49516 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2024 Date	\$ 494.00
Expenditure #5 Name META Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/26/2024 Date	\$ 3.00

Subtotal this page

16,515.51

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2023021**
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name META Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2024 Date	\$ 3.00
Expenditure #2 Name AIDAN ROZEMA Address 1635 BLUE GRASS CT SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 290.25
Expenditure #3 Name WILLIAM DEMMINK Address 6960 OLDE PINE DR GEORGETOWN TWP, MI 49428 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 372.42
Expenditure #4 Name DAISY FYNEWEVER Address 2430 INVERNESS RD SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 507.60
Expenditure #5 Name CATE MEYER Address 350 MANHATTAN RD SE EAST GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 75.00

Subtotal this page

1,248.27

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2023021**
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name JAYLYNNE MONTERROSO Address 1612 MICHIGAN ST NE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 78.00
Expenditure #2 Name GEORGE HOLMES Address 3230 BONNELL AVE SE EAST GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 96.00
Expenditure #3 Name EVA JELTEMA Address 147 BENJAMIN AVE SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 242.25
Expenditure #4 Name MOLLY BENNETT Address 219 N 6TH ST GRAND HAVEN, MI 49417 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 46.80
Expenditure #5 Name KRISHNA MANO Address 3407 MASON RIDGE DR NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 256.95

Subtotal this page

720.00

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2023021**
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KIRA WILSON Address 1525 108TH ST SW BYRON CENTER, MI 49315 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 114.45
Expenditure #2 Name SUMMER KHAN Address 7545 KENROB DR SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 31.80
Expenditure #3 Name QUINN DEVRIES Address 7010 SKYE CT ALTO, MI 49302 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 975.04
Expenditure #4 Name WILLIAM BLANCHARD Address 53 CARLTON AVE SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 558.30
Expenditure #5 Name WALGREENS Address 1601 KALAMAZOO AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: WATER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2024 Date	\$ 4.49

Subtotal this page **1,684.08**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2023021**
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KENT COUNTY DEMOCRATIC PARTY Address 301 FULLER AVE NE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: EVENT TICKET <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2024 Date	\$ 100.00
Expenditure #2 Name PARAGON PAYMENT SOLUTIONS Address 2141 E BROADWAY RD SUITE 202 TEMPE, AZ 85282 <input type="checkbox"/> Fund Raiser	Purpose: FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2024 Date	\$ 396.91
Expenditure #3 Name GRAND RIVER BANK Address 4471 WILSON AVE SW GRANDVILLE, MI 49418 <input type="checkbox"/> Fund Raiser	Purpose: FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/05/2024 Date	\$ 10.00
Expenditure #4 Name MEIJER Address 1997 E BELTLINE AVE NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser	Purpose: COMMUNITY EVENT SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2024 Date	\$ 81.38
Expenditure #5 Name NGP VAN Address 655 15TH ST NW SUITE 650 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2024 Date	\$ 320.00

Subtotal this page **908.29**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2023021**
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MICHAELS Address 28TH ST SE KENTWOOD, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2024 Date	\$ 12.71
Expenditure #2 Name EASTOWN US POST OFFICE Address 1451 LAKE DR SE GRAND RAPIDS, MI 49516 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2024 Date	\$ 202.00
Expenditure #3 Name WALGREENS Address 1601 KALAMAZOO AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: WATER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2024 Date	\$ 8.00
Expenditure #4 Name BLACK MUSIC NETWORK Address 970 28TH ST SW WYOMING, MI 49509 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/13/2024 Date	\$ 600.00
Expenditure #5 Name HOMEBASE Address 835 HOWARD ST 2ND FLOOR SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/13/2024 Date	\$ 24.95

Subtotal this page

847.66

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WILLIAM BLANCHARD Address 53 CARLTON AVE SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: <u>FELLOW STIPEND</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/14/2024</u> Date	\$ <u>575.10</u>
Expenditure #2 Name EVA JELTEMA Address 147 BENJAMIN AVE SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: <u>FELLOW STIPEND</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/14/2024</u> Date	\$ <u>451.95</u>
Expenditure #3 Name QUINN DEVRIES Address 7010 SKYE CT ALTO, MI 49302 <input type="checkbox"/> Fund Raiser	Purpose: <u>FELLOW STIPEND</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/14/2024</u> Date	\$ <u>385.28</u>
Expenditure #4 Name WILLIAM DEMMINK Address 6960 OLDE PINE DR GEORGETOWN TWP, MI 49428 <input type="checkbox"/> Fund Raiser	Purpose: <u>FELLOW STIPEND</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/14/2024</u> Date	\$ <u>734.40</u>
Expenditure #5 Name TIANA PEAVEY Address 752 PARIS AVE SE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: <u>STIPEND</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/14/2024</u> Date	\$ <u>1,500.00</u>

Subtotal this page

3,646.73

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2023021**
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name JAYLYNNE MONTERROSO Address 1612 MICHIGAN ST NE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2024 Date	\$ 523.20
Expenditure #2 Name DAISY FYNEWEVER Address 2430 INVERNESS RD SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2024 Date	\$ 488.25
Expenditure #3 Name PABLO VILLALVAZO Address 1152 SECOND ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2024 Date	\$ 77.25
Expenditure #4 Name AIDAN ROZEMA Address 1635 BLUE GRASS CT SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2024 Date	\$ 511.50
Expenditure #5 Name KIRA WILSON Address 1525 108TH ST SW BYRON CENTER, MI 49315 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2024 Date	\$ 30.00

Subtotal this page

1,630.20

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2023021**
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KRISHNA MANO Address 3407 MASON RIDGE DR NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2024 Date	\$ 466.50
Expenditure #2 Name SUMMER KHAN Address 7545 KENROB DR SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2024 Date	\$ 37.50
Expenditure #3 Name GEORGE HOLMES Address 3230 BONNELL AVE SE EAST GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2024 Date	\$ 32.55
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 511 BROWN RD ORION TWP, MI 48359 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/15/2024 Date	\$ 763.20
Expenditure #5 Name MAGGIE SCHMIDT DESIGN Address 6583 MITCHELL RD PALMYRA, MI 49268 <input type="checkbox"/> Fund Raiser	Purpose: GRAPHIC DESIGN <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/19/2024 Date	\$ 36.00

Subtotal this page

1,335.75

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2023021**
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name LONG ROAD DISTILLERS Address 537 LEONARD ST NW GRAND RAPIDS, MI 49504 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>EVENT FOOD/BEVERAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2024</u> Date	\$ <u>750.48</u>
Expenditure #2 Name MEIJER Address 1997 E BELTLINE AVE NE GRAND RAPIDS, MI 49525 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>EVENT FOOD/BEVERAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2024</u> Date	\$ <u>82.69</u>
Expenditure #3 Name META Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2024</u> Date	\$ <u>2.11</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page	835.28
Grand Total of all Schedules 1B (Complete on last page of Schedule)	30,237.47

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2023021**
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 08/26/2024	4. Number of Individuals Attending or Participating (whichever is greater) 30	5. Type of Fund Raising Activity RECEPTION	6. Address and Name (If any) of the place where the activity was held. LESS TRAVELED 959 CHERRY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Private Residence
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7. Total Contributions **4,683.45**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **4,683.45**
10. Total Cost of Event **833.17**
(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.