

CANDIDATE COMMITTEE COVER PAGE

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KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

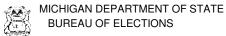
FOR OFFICIAL USE ONLY

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 4. Candidate Last Name M.I. DAVID LAGRAND M 2023021 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name **MAYOR, GRAND RAPIDS** LAGRAND FOR GRAND RAPIDS 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 1551 KALAMAZOO AVE SE RICHARD WILLIAMSON GRAND RAPIDS, MI 49507 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 Area Code & Phone (616) 499-1814 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 752 PARIS AVE SE RICHARD WILLIAMSON **GRAND RAPIDS. MI 49503** 752 PARIS AVE SE GRAND RAPIDS, MI 49503 Area Code and Phone (616) 499-1814 (616) 499-1814 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, X Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 08/06/2024 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. Submitted electronically. Current Treasurer or signature on file 09/05/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 09/05/2024 signature on file Candidate Date Signature Type or Print Name

1. Committee I.D. Number 2023021

SUMMARY PAGE CANDIDATE COMMITTEE

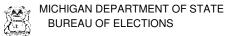
CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 25,110.15	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 25,110.15	(18.) \$ 167,936.56
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.) \$ 25,110.15	(20.) \$ 167,936.56
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 5,109.49
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.) \$ 30,237.47	
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.) \$ 30,237.47	(23.) \$ 118,684.05
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	1
13. Ending Balance of last report filed	(13.) \$ 54,379.83	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 25,110.15	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$\frac{79,489.98}{}	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11)	(16.) - \$ 30,237.47	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 49,252.51 *	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number __2023021

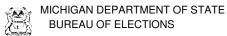
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address: JUDI BETANCOURT 4687 MACATAWA LEGENDS BLVD HOLLAND, MI 49424	_{\$} 3.30	_{\$} 3.30
5. If over \$100.00 cumulative, please provide: Occupation INSURANCE Employer WALTON INSURANCE GROUP Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/2024		
MARY BRASSER 2006 MALLARD DR SE GRAND RAPIDS, MI 49546	_{\$} 103.45	_{\$} 103.45
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 2006 MALLARD DR SE, GRAND RAPIDS, MI 49546		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/22/2024 STEPHANIE GINGERICH 2222 SAGINAW RD SE GRAND RAPIDS, MI 49506	_{\$} 26.01	_{\$} 26.01
5. If over \$100.00 cumulative, please provide:		
Occupation COMMUNITY DEVELOPMENT Employer LINC		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address MICHAEL HIRSCH 306 JAMES AVE SE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 375.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Direct Loan from a person 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	
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1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

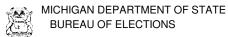
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address: MELVIN TURNBO 2617 WOODMEADOW DR SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation BUSINESS AGENT Employer AMALGOMATED TRANSIT UNION LOCAL 836 Business Address 233 FULTON ST W, STE 209C, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 100.00	_{\$} 100.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2024 Name & Address STEFAN PAWELKA 2721 SPRING AVE NE GRAND RAPIDS, MI 49505 5. If over \$100.00 cumulative, please provide:	_{\$} 10.00	\$ 10.00
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/29/2024 Name & Address: GINGER HOLLEMANS 1829 PLYMOUTH TERRACE SE GRAND RAPIDS, MI 49506	_{\$} 26.01	_{\$} 26.01
5. If over \$100.00 cumulative, please provide: Occupation SOCIAL WORKER Employer SELF Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/30/2024 Name & Address SALVADOR LOPEZ 2733 LAFAYETTE AVE NE GRAND RAPIDS, MI 49505	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation ADMINISTRATOR Employer SELF 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) Page	Enter this total on line 3a of Summary Page.	



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CANDIDATE COMMITTEE

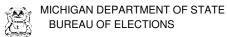
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/30/2024 Name & Address: JIM HOLWERDA 3841 W NORWALK SE GRAND RAPIDS, MI 49508	_{\$} 51.83	_{\$} 151.83
5. If over \$100.00 cumulative, please provide: Occupation CHAPLAIN Employer PINE REST CMHS Business Address 300 68TH ST SE, GRAND RAPIDS, MI 49548 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/2024 Name & Address ALAN HEYSTEK 621 COLLEGE AVE SE GRAND RAPIDS, MI 49503	_{\$} 26.01	_{\$} 76.01
5. If over \$100.00 cumulative, please provide: Occupation COUNSELOR Employer FOUNTAIN HILL CENTER Business Address 534 FOUNTAIN ST NE, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/30/2024 CAROLYN LARKIN 4 PINECREST CT GREENBELT, MD 20770	_{\$} 103.45	_{\$} 103.45
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/30/2024 Name & Address PHILIP VANDERMEER 1825 W KEATING AVE MESA, AZ 85202	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED 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) Page 3 of 21	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

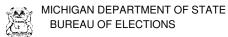
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/31/2024 Name & Address: STEPHEN WATERBURY 150 WOODWARD LN SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address	_{\$} 258.32	_{\$} 361.77
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/01/2024 Name & Address SELMA HODZIC 3136 BYRON CENTER AVE SW APT 3 WYOMING, MI 49519 5. If over \$100.00 cumulative, please provide: Occupation SOCIAL WORKER Employer NETWORK 180 Business Address	\$ 10.53	_{\$} 10.53
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/01/2024 Name & Address: LUKE MCREYNOLDS 2539 27TH ST SACRAMENTO, CA 95818 5. If over \$100.00 cumulative, please provide: Occupation DATA ANALYST Employer APPLE INC Business Address 2511 LAGUNA BLVD, ELK GROVE, CA 95758 Type of Contribution: Direct Loan from a person Fund Raiser	\$ 100.00	_{\$} 100.00
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/04/2024		
Name & Address KYLE LOWERY 2438 OKEMOS DR SE GRAND RAPIDS, MI 49506	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation SALES MANAGER Employer APPLIED INNOVATION		
Business Address 5555 GLENWOOD HILLS PKWY SE, GRAND RAPIDS, MI 49512 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	618.85	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 4 of 21	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number __2023021

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? VES 4. Date of Receipt 08/05/2024 Name & Address: CLIMATE CABINET PAC - MICHIGAN 150 SUTTER ST STE 695 SAN FRANCISO, CA 94104 5. If over \$100.00 cumulative, please provide:	§ 6,000.00	_{\$} 8,000.00
Occupation Employer Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/05/2024 Name & Address JOHN BRANN 7779 TIMBER CANYON CT ADA, MI 49301	_{\$} 1,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer BRANN'S STEAKHOUSE Business Address 5510 28TH ST SE, GRAND RAPIDS, MI 49512 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/05/2024 Name & Address: WILLIAM MILLS 2161 HEARTHSIDE DR SE ADA, MI 49301	§ 300.00	§ 300.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer GRUEL MILLS NIMS & PYLMAN Business Address 99 MONROE AVE NW, STE 800, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/05/2024 Name & Address WEST MICHIGAN PLUMBERS, FITTERS AND SERVICE TRADES LOCAL UNION 174 1008 O'MALLEY DR COOPERSVILLE, MI 49404 5. If over \$100.00 cumulative, please provide:	_{\$} 3,000.00	_{\$} 3,000.00
Occupation Employer Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 5 of 21	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2023021

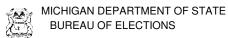
CANDIDATE COMMITTEE

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 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 08/06/2024 Name & Address: ERIC FOSTER 4122 CORNELL RD MERIDIAN TWP, MI 48864 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation PRINCIPAL Employer PROGRESS STRATEGIES+		
Business Address GRAND RIVER AVE, #132, EAST LANSING, MI Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/06/2024 Name & Address		
DENNIS MURPHY 551 BURTON ST SE GRAND RAPIDS, MI 49507	§ 5.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer AMERICAN SEATING		
Business Address 901 BROADWAY AVE 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 08/06/2024 Name & Address: HUNTINGTON ASSOCIATE GOOD GOVT. FUND 2 TOWNE SQUARE SOUTHFIELD, MI 48076	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/06/2024 Name & Address GRAND RAPIDS CHAMBER OF COMMERCE PAC 111 PEARL ST NW GRAND RAPIDS, MI 49503	_{\$} 1,000.00	_{\$_} 2,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	J

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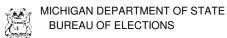
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1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address: ALIDA BRYANT 4366 PINE FOREST BLVD NE APT 306 GRAND RAPIDS, MI 49525 5. If over \$100.00 cumulative, please provide: Occupation 17TH CIRCUIT COURT Employer JUDGE Business Address 180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 103.45	_{\$} 103.45
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/07/2024		
Name & Address JEFFREY STREMLER 838 CHIPPEWA DR SE GRAND RAPIDS, MI 49506	\$ 100.00	§ 100.00
5. If over \$100.00 cumulative, please provide: Occupation DESIGNER Employer SOLIDUS DESIGN		
Business Address 1167 HALL ST SE, GRAND RAPIDS, MI 49507		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address: SHIRLEY LEWIS 2129 LAMBERTON CREEK LN NE UNIT U GRAND RAPIDS, MI 49505 5. If over \$100.00 cumulative, please provide:	_{\$} 26.01	_{\$} 26.01
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address ZACH VERHULST 422 LEONARD ST NW GRAND RAPIDS, MI 49504	_{\$} 516.45	_{\$} _645.71
5. If over \$100.00 cumulative, please provide:		
Occupation ARCHITECT PURE ARCHITECTS		
Business Address 180 MONROE AVE NW, STE 3E, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	745.91	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 7 of 21	Enter this total on line 3a of Summary	
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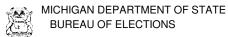
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CANDIDATE COMMITTEE

2. Committee Name LAGRAND FOR GRAND RAPIDS

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address: DAVID DORNER		
2000 THORNAPPLE RIVER DR SE	_{\$} 103.45	¢ 603.45
GRAND RAPIDS, MI 49546	§ 100.43	§ 000. 1 3
5. If over \$100.00 cumulative, please provide:		
Occupation FOUNDER Employer DORNERWORKS		
Business Address 3445 LAKE EASTBROOK BLVD SE, GRAND RAPIDS, MI 49546		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/08/2024 Name & Address		
JOHN COOPER SR		
549 MORRIS AVE SE	£100.00	_s 400.00
GRAND RAPIDS, MI 49503	Ψ	5
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/08/2024 Name & Address: DEREK DEVRIES 554 CARPENTER AVE NW GRAND RAPIDS, MI 49504	_{\$} 51.83	_{\$} 51.83
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/09/2024 Name & Address DARLENE LEE 1557 BELMAR DR SE GRAND RAPIDS, MI 49508	_{\$} 51.83	_{\$} 103.66
		*
5. If over \$100.00 cumulative, please provide: Occupation PR CONSULTANT Employer DARLING COMMUNICATIONS		
Business Address 1557 BELMAR DR SE, GRAND RAPIDS, MI 49508		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	307.11	
Grand Total of All Schedules 1A	-	-
(Complete on last page of Schedule)	Enter this total on	J
Page 8 of 21	line 3a of Summary Page.	

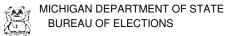
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number __2023021

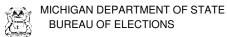
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/09/2024 Name & Address: JACQUELYN WATSON 2439 HIGHRIDGE LN SE GRAND RAPIDS, MI 49546	_{\$} 26.01	_{\$} 103.85
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address 2439 HIGHRIDGE LN SE, GRAND RAPIDS, MI 49546		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/09/2024		
DENNIS HOEKSTRA 1919 BOSTON ST SE GRAND RAPIDS, MI 49506	\$ 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: DONALD BARTEL 10 QUARRY RD ITHACA, NY 14850	\$ 400.00	_{\$} 900.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 10 QUARRY RD, ITHACA, NY 14850		
Type of Contribution: Direct Loan from a person Fund Raiser	1	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/10/2024 Name & Address BOB COOPER 1919 BOSTON ST SE APT A GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide:	_{\$} 10.53	_{\$} 63.18
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	586.54	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 9 of 21	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number __2023021

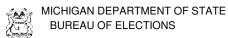
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/14/2024 Name & Address: GARY DE KOCK 1673 WALKER AVE NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED	_{\$} 200.00	_{\$} 1,853.45
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/14/2024 Name & Address EARLE IRWIN 1860 LAKE DR SE GRAND RAPIDS, MI 49506	_{\$} 100.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation CHAIR Employer IRWIN SEATING COMPANY		
Business Address 3251 FRUIT RIDGE AVE NW, GRAND RAPIDS, MI 49544		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/14/2024 Name & Address: MICHAEL HIRSCH 306 JAMES AVE SE GRAND RAPIDS, MI 49503	_{\$} 140.00	_{\$} 515.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/16/2024 Name & Address JUDY FREEMAN 425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506	_{\$} 100.00	_{\$} 600.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONSULTANT Employer EDUCATION CONSULTING PRACTICE		
Business Address 425 CAMBRIDGE BLVD SE, GRAND RAPIDS, MI 49506 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	540.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 10 of 21	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number __2023021

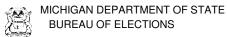
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/17/2024 Name & Address: DREW ROBBINS 3110 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation SR. HRIS ANALYST Employer WILBUR-ELLIS		
Business Address 345 CALIFORNIA ST, SF, CA 94104		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/17/2024		
Name & Address		
DAVID DORNER 2000 THORNAPPLE RIVER DR SE	200 00	202 <i>1</i> 5
GRAND RAPIDS, MI 49546	<u>\$ 200.00</u>	_{\$} 803.45
5. If over \$100.00 cumulative, please provide:		
Occupation FOUNDER Employer DORNERWORKS		
Business Address 3445 LAKE EASTBROOK BLVD SE, GRAND RAPIDS, MI 49546		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/17/2024 Name & Address: DONALD TAYLOR 4536 HERSMAN ST SE GRAND RAPIDS, MI 49546	_{\$} 25.00	_{\$} 1,457.48
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/18/2024 Name & Address CHARLES LOWE 56 FULLER AVE SE GRAND RAPIDS, MI 49506	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	425.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	-



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

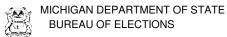
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/18/2024 Name & Address: SARA DEBOER		
1144 IROQUOIS DR SE GRAND RAPIDS, MI 49506	_{\$} 40.00	_e 140.00
•	<u>\$ 10100</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer SELF		
Business Address 1144 IROQUOIS DR SE, GRAND RAPIDS, MI 49506		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/19/2024		
Name & Address		
DALE ROBERTSON	100.00	400.00
3370 BROOKPOINT DR SE GRAND RAPIDS, MI 49546	_{\$} 100.00	<u>\$ 400.00</u>
,		
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer GRAND RAPIDS PUBLIC MUSEUM		
Business Address 272 PEARL ST 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 08/20/2024 Name & Address:		
JAMES AYRES 51 MONROE CENTER ST NW	_{\$} 400.00	_{\$} 761.77
APT 204	<u>\$ 100.00</u>	\$ / O I . / /
GRAND RAPIDS, MI 49503		
5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer SELF EMPLOYWED		
Business Address 51 MONROE CENTER ST NW, APT 204, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/21/2024		
Name & Address		
ROBERT VANSTRIGHT		
58 SUNNYBROOK AVE SE GRAND RAPIDS, MI 49506	_{\$} 400.00	_{\$} 2,400.00
5. If over \$100.00 cumulative, please provide:		Ψ
DETIDED DETIDED		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	940.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 12 of 21	line 3a of Summary Page.	



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

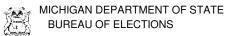
Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Comm Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Rece Name & Address: DAVID MICHAEL 709 LYON ST NE GRAND RAPIDS, MI 49503	ipt 08/21/2024	_{\$} 51.53	_{\$} 76.53
5. If over \$100.00 cumulative, please provide: Occupation STAGEHAND Employer SELF Business Address 709 LYON ST NE, GRAND RAPID	S, MI 49503		
Type of Contribution: Direct Loan from a person	Fund Raiser		
Name & Address ERIC SCHERTZING 322 PERE MARQUETTE DR APT 14 LANSING, MI 48912	ipt <u>08/21/2024</u>	_{\$} 10.53	_{\$} 40.89
5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer SCHERTZING (COMMUNICATIONS		
•			
Business Address 322 PERE MARQUETTE DR, APT 14, LA	ANSING, MI 48912		
Type of Contribution:	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Address: CHRISTINE HELMS-MALETIC 701 ATWOOD ST NE GRAND RAPIDS, MI 49503	objet 08/21/2024	_{\$} 25.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide:			
Occupation NONPROFIT MANAGEMENT CONSULTANT Employer CHM CONS	SULTING LLC		
Business Address 701 ATWOOD ST NE, GRAND RAPIDS			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Rec Name & Address SARA DEBOER 1144 IROQUOIS DR SE GRAND RAPIDS, MI 49506	eipt <u>08/21/2024</u>	_{\$} 10.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:			
Occupation FREELANCE WRITER Employer SELF			
Business Address 1144 IROQUOIS DR SE, GRAND RA	APIDS, MI 49506		
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	97.06	
13 21	rand Total of All Schedules 1A plete on last page of Schedule)	Enter this total on line 3a of Summary	
Page of		Page.	



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

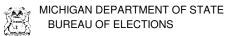
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/21/2024 Name & Address: JOHN LICHTENBERG 2451 MAPLEWOOD DR SE		
GRAND RAPIDS, MI 49506	_{\$} 103.45	_{\$} 353.45
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer RHOADES MCKEE		
Business Address 55 CAMPAU AVE NW, STE 300, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/21/2024		
Name & Address ARIELLE LEIPHAM ELLIS		
52 AUBURN AVE NE	_{\$} 10.53	_{\$} 60.53
GRAND RAPIDS, MI 49503	Ψ	φ
5. If over \$100.00 cumulative, please provide:		
Occupation CONSULTANT Employer LEIPHAM ELLIS & PARTNERS		
Business Address 52 AUBURN AVE NE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/21/2024 Name & Address:		
ROSSLYNN BLISS 15 OTTAWA AVE NW APT 806	_{\$} 100.00	_{\$} 350.00
GRAND RAPIDS, MI 49503		
5. If over \$100.00 cumulative, please provide:		
Occupation MAYOR Employer CITY OF GRAND RAPIDS		
Business Address 300 MONROE 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 08/22/2024		
Name & Address		
DANIEL SCHOONMAKER		
53 ALTEN AVE NE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		*
EXECUTIVE WEST MICHIGAN SUSTAINABLE BUSINESS FORUM		
Occupation Employer Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	T	1
Page Subtotal	238.98	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		_
Page 14 of 21	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number __2023021

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 08/22/2024 Name & Address: DANA FREEMAN 128 BENJAMIN AVE NE GRAND RAPIDS, MI 49503	_{\$} 20.00	_{\$} 46.01
5. If over \$100.00 cumulative, please provide: Occupation PROFESSOR Employer AQUINAS COLLEGE Business Address 1700 FULTON ST E, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/22/2024		
Name & Address JUDI BETANCOURT 4687 MACATAWA LEGENDS BLVD HOLLAND, MI 49424	_{\$} 5.36	_{\$} 8.66
5. If over \$100.00 cumulative, please provide:		
Occupation INSURANCE Employer WALTON INSURANCE GROUP		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/22/2024 Name & Address: JOSEPH HAVEMAN 151 SORRENTO DR HOLLAND, MI 49423	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation HOPE NETWORK Employer DIRECTOR OF GOVERNMENT RELATIONS		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/22/2024 Name & Address LARRY WILLEY 4350 RIVERWATCH RD ROCKFORD, MI 49341	_{\$} 100.00	_{\$} 750.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WILLEY & CHAMBERLAIN		
Business Address 300 OTTAWA AVE NW, SUITE 810, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	150.36	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 15 of 21	line 3a of Summary Page.	



1. Committee I.D. Number __2023021

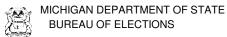
CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 08/23/2024 Name & Address: SARAH DRENTH 5198 N QUAIL CREST DR SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation SALES Employer HARPERCOLLINS PUBLISHERS	_{\$} 25.00	_{\$} 25.00
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/23/2024 Name & Address SCOTT STEINER 302 BALL PARK BLVD NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Occupation ATTORNEYEmployer_RHOADES MCKEE Business Address _ 55 CAMPAU AVE NW, STE 300, GRAND RAPIDS, MI 49503 Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/24/2024 Name & Address: VIRGINIA LAGRAND 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 375.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/25/2024 Name & Address MARGARET ALLEN 7147 BLACK FOREST DR NE ROCKFORD, MI 49341	_{\$} 25.00	_{\$_} 25.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MARGARET E. ALLEN PC 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)	175.00 Enter this total on	

Page 16 of 21

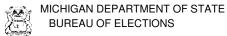
line 3a of Summary Page.



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

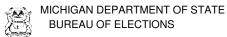
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/25/2024 Name & Address: ANTHONY GAUTHIER 4575 BRAEBURN SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address ISABELLE SELLES	100.00	_{\$} 100.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address		
	50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation ANALYST Employer CB INSIGHTS		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address: LEE HARDY 1325 HOPE ST SE GRAND RAPIDS, MI 49506	50.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address VIRGINIA LAGRAND 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503	25.00	_{\$_} 400.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal 22	25.00	
	Iter this total on	



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

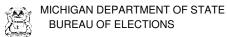
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address: DIRK PEGMAN		
2214 RADCLIFF CIR SE	_{\$} 51.83	_{\$} 51.83
GRAND RAPIDS, MI 49546	<u>\$ 31.00</u>	\$ 01.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/26/2024		
Name & Address MARLIN FEYEN		
26 CAMPAU AVE NW	250.00	_{\$} 1,250.00
UNIT 26	\$ <u>Z30.00</u>	\$ 1,230.00
GRAND RAPIDS, MI 49503		
5. If over \$100.00 cumulative, please provide: Occupation GR PUBLIC MUSEUM BOARD Employer GR PUBLIC MUSEUM		
Business Address 272 PEARL ST NW, GRAND RAPIDS, MI 49504		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address: DAVID MURKOWSKI		
4468 THORNBERRY DR SE	_{\$} 250.00	_{\$} 250.00
GRAND RAPIDS, MI 49546	*	\$ <u></u>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer KENT COUNTY PROBATE COURT		
Business Address 180 OTTAWA AVE NW, STE 9500C, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/26/2024		
Name & Address ———————————————————————————————————		
EARLE IRWIN 1860 LAKE DR SE	400.00	100.00
GRAND RAPIDS, MI 49506	_{\$} 100.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide:		
Occupation CHAIR Employer IRWIN SEATING COMPANY		
Business Address 3251 FRUIT RIDGE AVE NW, GRAND RAPIDS, MI 49544		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	651.83	
Grand Total of All Schedules 1A		•
(Complete on last page of Schedule)	Enter this total as	J
Page 18 of 21	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2023021

CANDIDATE 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 08/26/2024 Name & Address: CHRISTOPHER YATES 2622 HALL ST SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation JUDGE Employer KENT COUNTY CIRCUIT COURT	_{\$} 200.00	_{\$} 600.00
Business Address Type of Contribution: Direct Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address CLAUDIA BEVERSLUIS 322 AURORA ST SE GRAND RAPIDS, MI 49507	\$200.00	_{\$} 600.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer RETIRED		
Business Address Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address: RUTH POSTHUMUS CAMPAU CIR NW GRAND RAPIDS, MI 49503	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation PROFESSOR Employer CALVIN UNIVERSITY Business Address 3201 BURTON ST SE, GRAND RAPIDS, MI 49546 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address KENT COUNTY DEMOCRATIC PARTY 301 FULLER AVE NE GRAND RAPIDS, MI 49503	_{\$} 100.00	_{\$} 2,600.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	700.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 19 of 21	Enter this total on line 3a of Summary Page.	J



1. Committee I.D. Number __2023021

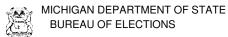
CANDIDATE COMMITTEE

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 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 08/26/2024 Name & Address: ALICIA PESTKA 2517 ASHWOOD CT SE ADA, MI 49301	_{\$} 700.00	_{\$} 2,200.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address VIRGINIA LAGRAND 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 425.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? VES 4. Date of Receipt 08/26/2024 Name & Address: UAW MICHIGAN VOLUNTARY PAC 8000 E JEFFERSON AVE DETROIT, MI 48214	_{\$} 5,000.00	§ 5,000.00
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 08/26/2024 Name & Address CHRIS MULLER 502 SECOND ST NW GRAND RAPIDS, MI 49504	_{\$} 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation REALTOR Employer M RETAIL SOLUTIONS		
Business Address 502 SECOND ST NW, GRAND RAPIDS, MI 49504 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	5,825.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

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Page.



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 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 08/26/2024 Name & Address: GERALD LYKINS 3031 W BLUFFS DR SE GRAND RAPIDS, MI 49546	_{\$} 100.00	_{\$} 358.32
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer LYKINS LAW PLC Business Address 234 DIVISION AVE N, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address EMILY LOEKS 1333 MILTON ST SE GRAND RAPIDS, MI 49506	_{\$} 250.00	_{\$} 750.00
5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR OF COMMUNITY AFFAIRS Employer CELEBRATION CINEMA Business Address 2121 CELEBRATION DR 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 08/26/2024 Name & Address: JENNIFER JOHNSEN 2517 KEYTON CT NW GRAND RAPIDS, MI 49504	_{\$} 103.45	_{\$} 103.45
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WEST MICHIGAN DIVORCE; RAPID QDRO, PLLC Business Address 820 MONROE AVE NW, STE 165, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address CLAY WEST 1600 GLEN FOREST DR SE ADA, MI 49301	_{\$} 50.00	_{\$} 800.00
5. If over \$100.00 cumulative, please provide:		
Occupation JUDGE Employer 17TH CIRCUIT COURT		
Business Address 180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution:		
Page Subtotal	503.45	
Crand Total of All Schodulas 1A	OE 110 1E	

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2. Committee Name LAGRAND FOR GRAND RAPIDS

	A Democratical Lefermation	T = D-1-	0. 4
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		07/22/2024	\$ 38.70
	Purpose: FELLOW APPRECIATION	Date	φ <u>30.70</u>
Address 1533 WEALTHY ST SE	Purpose: 12223771171237711314		
STE B			
GRAND RAPIDS, MI 49506	Charle bay if this avacaditure is navment of		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name META		07/22/2024	₀ 6 00
	ADVEDTICINO	Date	\$ <u>6.00</u>
Address	Purpose: ADVERTISING		
1 HACKER WY			
MENLO PARK, CA 94025			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name FASTOWN HS POST OFFICE			
Name EASTOWN US POST OFFICE		07/23/2024	\$219.00
Address	Purpose: POSTAGE	Date	1 210100
1451 LAKE DR SE			
GRAND RAPIDS, MI 49516	l <u></u>		
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name BLACK MUSIC NETWORK		07/23/2024	\$ 600.00
Address	Purpose: ADVERTISING	Date	Ψ <u>000.00</u>
970 28TH ST SW	Purpose: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
WYOMING, MI 49509			
5	Charle have if the annual definition of the second of the		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name META		07/00/0004	
WIE 17 (ADVEDTICING	07/23/2024	\$ 2.00
Address	Purpose: ADVERTISING	Date	
1 HACKER WY			
MENLO PARK, CA 94025	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	865.70
	Grand Total of all	Schedules 1R	
	(Complete on last page		
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LAGRAND FOR GRAND RAPIDS

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name META		07/24/2024	\$ 1.89
	Purpose: ADVERTISING	Date	<u> 1.00</u>
Address 1 HACKER WY	Purpose: //B / ETTTION (G		
MENLO PARK, CA 94025			
MENEO I AIIIX, OA 34023			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name MAGGIE SCHMIDT DESIGN		07/25/2024	11100
With Coll Wild F Bestart		Date	\$ <u>144.00</u>
Address	Purpose: GRAPHIC DESIGN	Date	
6583 MITCHELL RD			
PALMYRA, MI 49268			
•	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #3			
Name THE ORIGINAL PRINT SHOPPE		07/25/2024	
	DDINTING AND MAILING	Date	\$ <u>15,872.62</u>
Address 511 BROWN RD	Purpose: PRINTING AND MAILING	Date	
ORION TWP, MI 48359			
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name EASTOWN US POST OFFICE		07/25/2024	
2,1010111102			\$ 494.00
Address	Purpose: POSTAGE	Date	
1451 LAKE DR SE			
GRAND RAPIDS, MI 49516			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Fulid Raisel	statement		
Expenditure #5			
Name META		07/26/2024	
A.11	Purpose: ADVERTISING		\$ 3.00
Address 1 HACKER WY	Purpose: ADVEITIONA	Date	
MENLO PARK, CA 94025			
MENEO I MIN, ON STOLO	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
I unu itaisei	statement	<u> </u>	
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	Grand Total of all S	Schedules 1B	
	(Complete on last page		



LAGRAND FOR GRAND RAPIDS

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name META		07/29/2024	. 0.00
WILIA	ADVEDTICING	Data	\$ <u>3.00</u>
Address	Purpose: ADVERTISING	Date	
1 HACKER WY			
MENLO PARK, CA 94025			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
Name AIDAN ROZEMA		07/30/2024	\$ 290.25
	Purpose: FELLOW STIPEND	Date	* <u>200.20</u>
Address	Purpose: T LLLOVV OTTI LIVE		
1635 BLUE GRASS CT SE			
GRAND RAPIDS, MI 49546			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
·			
Name WILLIAM DEMMINK		07/30/2024	• 270 40
	Purpose: FELLOW STIPEND	Date	\$ <u>372.42</u>
Address 6960 OLDE PINE DR	Purpose: I LLLOW STIF LIND	Date	
GEORGETOWN TWP, MI 49428			
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name DAISY FYNEWEVER		07/30/2024	
DI NOT I TIVE VE VETT			\$ 507.60
Address	Purpose: FELLOW STIPEND	Date	
2430 INVERNESS RD SE			
GRAND RAPIDS, MI 49546			
	Check box if this expenditure is payment of		
□	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name CATE MEYER		07/00/0004	
OATEMETER	FELLOW STIDEND	07/30/2024	\$ 75.00
Address	Purpose: FELLOW STIPEND	Date	10.00
350 MANHATTAN RD SE			
EAST GRAND RAPIDS, MI 49506			
<u></u>	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	1,248.27
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	Grand Total of all ((Complete on last page)		
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2. Committee Name LAGRAND FOR GRAND RAPIDS

-	ommittee rame		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name JAYLYNNE MONTERROSO Address 1612 MICHIGAN ST NE	Purpose: FELLOW STIPEND	07/30/2024 Date	\$ <u>78.00</u>
GRAND RAPIDS, MI 49503 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name GEORGE HOLMES Address 3230 BONNELL AVE SE	Purpose: FELLOW STIPEND	07/30/2024 Date	\$ <u>96.00</u>
EAST GRAND RAPIDS, MI 49506 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name EVA JELTEMA Address 147 BENJAMIN AVE SE	Purpose: FELLOW STIPEND	07/30/2024 Date	\$ <u>242.25</u>
GRAND RAPIDS, MI 49506 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name MOLLY BENNETT Address	Purpose: FELLOW STIPEND	07/30/2024 Date	\$ <u>46.80</u>
219 N 6TH ST GRAND HAVEN, MI 49417	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #5	statement		
Name KRISHNA MANO Address 3407 MASON RIDGE DR NE	Purpose: FELLOW STIPEND	07/30/2024 Date	\$ <u>256.95</u>
GRAND RAPIDS, MI 49525 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtota	al this page	720.00
	Grand Total of all S (Complete on last page		



LAGRAND FOR GRAND RAPIDS

2. 0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name KIRA WILSON		07/30/2024 Date	\$ <u>114.45</u>
Address 1525 108TH ST SW	Purpose: FELLOW STIPEND	Date	
BYRON CENTER, MI 49315			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name SUMMER KHAN		07/30/2024	\$ 31.80
Address	Purpose: FELLOW STIPEND	Date	
7545 KENROB DR SE			
GRAND RAPIDS, MI 49546			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
·			
Name QUINN DEVRIES		07/30/2024	\$ 975.04
Address	Purpose: FELLOW STIPEND	Date	
7010 SKYE CT			
ALTO, MI 49302			
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name WILLIAM BLANCHARD		07/30/2024	\$ 558.30
Address	Purpose: FELLOW STIPEND	Date	ψ <u>330.00</u>
53 CARLTON AVE SE	ruipose.		
GRAND RAPIDS, MI 49506			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name WALGREENS		07/31/2024	_
Address	Purpose: WATER	Date	\$ <u>4.49 </u>
1601 KALAMAZOO AVE SE	Purpose:	Baio	
GRAND RAPIDS, MI 49507			
, , , , , , , , , , , , , , , , , , , ,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	1,684.08
	Overed Takel of all C	Sahadulaa 4D	.,001.00
	Grand Total of all S (Complete on last page		



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 Fund Raiser	Purpose: EVENT TICKET Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2024 Date	\$ <u>100.00</u>
Name PARAGON PAYMENT SOLUTIONS Address 2141 E BROADWAY RD SUITE 202	Purpose: FEES	08/02/2024 Date	\$ <u>396.91</u>
TEMPE, AZ 85282 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name GRAND RIVER BANK Address 4471 WILSON AVE SW	Purpose: FEES	08/05/2024 Date	\$ <u>10.00</u>
GRANDVILLE, MI 49418 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name MEIJER Address 1997 E BELTLINE AVE NE GRAND RAPIDS, MI 49525	Purpose: COMMUNITY EVENT SUPPLIES	08/06/2024 Date	\$ <u>81.38</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name NGP VAN Address 655 15TH ST NW SUITE 650 WASHINGTON, DC 20005 Fund Raiser	Purpose: SOFTWARE Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2024 Date	\$ <u>320.00</u>
		tal this page	908.29
	Grand Total of all ((Complete on last page		



LAGRAND FOR GRAND RAPIDS

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name MICHAELS		08/12/2024	. 10.71
MIOTIALLO	CLIDDLIEC	Data	\$ <u>12.71</u>
Address	Purpose: SUPPLIES	Date	
28TH ST SE			
KENTWOOD, MI 49512			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
•			
Name EASTOWN US POST OFFICE		08/12/2024	\$ 202.00
	Purpose: POSTAGE	Date	+ 202100
Address	Purpose: 1 3317(3L		
1451 LAKE DR SE			
GRAND RAPIDS, MI 49516			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name WALGREENS		08/12/2024	• O OO
	WATED	Date	\$ <u>8.00</u>
Address 1601 KALAMAZOO AVE SE	Purpose: WATER	Date	
GRAND RAPIDS, MI 49507			
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name BLACK MUSIC NETWORK		00/10/0001	
DEACH WOOLD INE I WOLLD		08/13/2024	\$ 600.00
Address	Purpose: ADVERTISING	Date	000.00
970 28TH ST SW	Fulpose.		
WYOMING, MI 49509			
TT CIVILITIES, IVII 10000			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name HOMEBASE			
HOWEDASE		08/13/2024	¢ 24 05
Address	Purpose: SOFTWARE	Date	\$ <u>24.95 </u>
835 HOWARD ST			
2ND FLOOR			
SF, CA 94103	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		tal this is a sign	0.47.00
	Subto	otal this page	847.66
	Grand Total of all	Schedules 1B	
	(Complete on last page	e of Schedule)	



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
Name WILLIAM BLANCHARD Address 53 CARLTON AVE SE GRAND RAPIDS, MI 49506	Purpose: FELLOW STIPEND	08/14/2024 Date	\$ <u>575.10</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name EVA JELTEMA Address 147 BENJAMIN AVE SE	Purpose: FELLOW STIPEND	08/14/2024 Date	\$ <u>451.95</u>
GRAND RAPIDS, MI 49506 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name QUINN DEVRIES Address 7010 SKYE CT	Purpose: FELLOW STIPEND	08/14/2024 Date	\$ <u>385.28</u>
ALTO, MI 49302 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name WILLIAM DEMMINK Address 6960 OLDE PINE DR GEORGETOWN TWP, MI 49428	Purpose: FELLOW STIPEND	08/14/2024 Date	\$ <u>734.40</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name TIANA PEAVEY Address 752 PARIS AVE SE GRAND RAPIDS, MI 49503	Purpose: STIPEND Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2024 Date	\$ <u>1,500.00</u>
		tal this page	3,646.73
	Grand Total of all S (Complete on last page		



² Committee Name LAGRAND FOR GRAND RAPIDS

2.0	ommittee rame		
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 Fund Raiser	Purpose: FELLOW STIPEND Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2024 Date	\$ <u>523.2</u> 0
Expenditure #2	Statement		
Address 2430 INVERNESS RD SE GRAND RAPIDS, MI 49546	Purpose: FELLOW STIPEND	08/14/2024 Date	\$ <u>488.25</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name PABLO VILLALVAZO Address 1152 SECOND ST NW GRAND RAPIDS, MI 49504	Purpose: FELLOW STIPEND Check box if this expenditure is payment of	08/14/2024 Date	\$ <u>77.25</u>
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4 Name AIDAN ROZEMA Address 1635 BLUE GRASS CT SE GRAND RAPIDS, MI 49546	Purpose: FELLOW STIPEND	08/14/2024 Date	\$ <u>511.50</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name KIRA WILSON Address 1525 108TH ST SW BYRON CENTER, MI 49315 Fund Raiser	Purpose: FELLOW STIPEND Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2024 Date	\$ <u>30.00</u>
	Subto	tal this page	1,630.20
	Grand Total of all S (Complete on last page		



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	Purpose: FELLOW STIPEND	08/14/2024 Date	\$ <u>466.5</u> 0
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name SUMMER KHAN Address 7545 KENROB DR SE	Purpose: FELLOW STIPEND	08/14/2024 Date	\$ <u>37.50</u>
GRAND RAPIDS, MI 49546 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name GEORGE HOLMES Address 3230 BONNELL AVE SE	Purpose: FELLOW STIPEND	08/14/2024 Date	\$ <u>32.55</u>
EAST GRAND RAPIDS, MI 49506 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name THE ORIGINAL PRINT SHOPPE	DDINITING	08/15/2024 Date	\$ <u>763.20</u>
Address 511 BROWN RD ORION TWP, MI 48359	Purpose: PRINTING		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name MAGGIE SCHMIDT DESIGN Address 6583 MITCHELL RD PALMYRA, MI 49268	Purpose: GRAPHIC DESIGN	08/19/2024 Date	\$ <u>36.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	1,335.75
	Grand Total of all 5 (Complete on last page		



1. Committee I. D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		<u>. I</u>	
Name LONG ROAD DISTILLERS		08/26/2024	\$ 750.48
Address	Purpose: EVENT FOOD/BEVERAGE	Date	100.10
537 LEONARD ST NW	Тагрозо.		
GRAND RAPIDS, MI 49504			
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name MEIJER		08/26/2024	\$ 82.69
	Purpose:EVENT FOOD/BEVERAGE	Date	Ψ <u>02.00</u>
Address 1997 E BELTLINE AVE NE	Purpose:		
GRAND RAPIDS, MI 49525			
	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name META		00/00/0004	
WETA	ADVEDTICINO	08/26/2024	\$ <u>2.11</u>
Address 1 HACKER WY	Purpose: ADVERTISING	Date	
MENLO PARK, CA 94025			
WEIVES I AUTO, OA 54020	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name			
			\$
Address	Purpose:	Date	
	l		temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
		lere for Memo I	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	 1	
	Subto	tal this page	835.28
	Grand Total of all S (Complete on last page		30,237.47
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FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

	- USE A SEPARATE SH	EET FOR EACH EVENT	-
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. LESS TRAVELED
08/26/2024	30	RECEPTION	959 CHERRY ST SE GRAND RAPIDS, MI 49500 Private Residence
7. Total Contributions	4,683.45		
3. Other Receipts	0.00	· · · · · · · · · · · · · · · · · · ·	
9. Gross Receipts (Add lines 7	and 8) 4,683.45		
10. Total Cost of Event Total Cost includes In-Kind Co	833.17 ntributions and All Expenditures	s Made For the Event)	
<u></u>	int fund raiser and complete the		
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)
	<u></u>		
			
			
			

- 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.

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Page		of I	