

## CANDIDATE COMMITTEE COVER PAGE

#### FILED 26 JUL 2024 AM 11:01

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

3. This Statement covers From: 01/01/2024 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 07/21/2024 1. Committee I.D. Number 4. Candidate Last Name M.I. SENITA R LENEAR 128577 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name **MAYOR, GRAND RAPIDS** COMMITTEE TO ELECT SENITA LENEAR 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address PO BOX 68582 MILINDA D YSASI-CASTANON GRAND RAPIDS, MI 49516 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505 Area Code and Phone (616) 308-5990

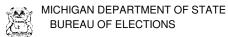
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (616) 617-9755 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505 Area Code and Phone (616) 617-9755 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X 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 07/26/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 07/26/2024 signature on file Candidate Date Type or Print Name Signature

1. Committee I.D. Number 128577

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

## 2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	00 000 00	,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>23,038.02</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 23,038.02	(18.) \$ 26,775.80
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.) \$ 23,038.02	(20.) \$ 26,775.80
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 2,070.00	(21.) \$ 2,070.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 22,772.10	
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.) \$ 22,772.10	(23.) \$ 22,772.10
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 (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS	(11.) \$ 0.00	(24.) \$ 0.00
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	I
13. Ending Balance of last report filed	(13.) \$ 7,677.56	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ 23,038.02	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_30,715.58	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ 22,772.10	
(Subtract line 16 from line 15)	(17.) \$ 7,943.48	



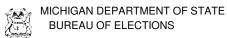
1. Committee I.D. Number

128577

#### **CANDIDATE COMMITTEE**

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/03/2024  Name & Address:  JANE GIETZEN		
848 ABERDEEN ST NE GRAND RAPIDS, MI 49505	<sub>s</sub> 50.00	° 50.00
5. If over \$100.00 cumulative, please provide:	<b>5</b>	Ψ
Occupation IT DIRECTOR Employer COREWELL HEALTH		
Business Address 100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/17/2024		
Name & Address  RAHNI BRYANT		
1901 FORRESTER ST SE	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
GRAND RAPIDS, MI 49508	φ	\$ <u></u>
5. If over \$100.00 cumulative, please provide:		
Occupation ASSESSOR Employer ECIC		
Business Address 8164 EXECUTIVE CT, LANSING, MI 48917		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/17/2024  Name & Address: CHRIS DORSEY		
7409 BRACKENWOOD DR INDIANAPOLIS, IN 46260	\$50.00	<sub>\$</sub> 50.00
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 02/19/2024  Name & Address		
VON WISSMILLER		
6211 MERCED LAKE AVE	<sub>\$</sub> 100.00	. 100.00
SAN DIEGO, CA 92119	<u> </u>	φ
5. If over \$100.00 cumulative, please provide:  Occupation THREAT MANAGER  Employer JP MORGAN CHASE BANK		
Business Address 8222 MIRA MESA BLVD, SAN DIEGO, CA 92126		
Type of Contribution:  Loan from a person Fund Raiser		
Page Subtotal	300.00	
Grand Total of All Schedules 1A		•
(Complete on last page of Schedule)	Enter this total on	.l
Page 1 of 41	line 3a of Summary Page.	



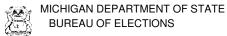
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/24/2024  Name & Address: BETTY HILL  3301 PINE MEADOW DR SE APT 103  KENTWOOD, MI 49512  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 5.00	<sub>\$</sub> 5.00
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/24/2024		
Name & Address  NADIA BRIGHAM  3611 MAPLE HURST DR SE  KENTWOOD, MI 49512	\$200.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation BUSINESS OWNER Employer BRIGHAM CONSULTING		
Business Address 3611 MAPLE HURST DR SE, KENTWOOD, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address:  SHATAWN BRIGHAM 3611 MAPLE HURST DR SE KENTWOOD, MI 49512	<u>\$ 100.00</u>	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation BUSINESS OWNER Employer BRIGHAM CONSULTANTS		
Business Address 3611 MAPLE HURST DR SE, KENTWOOD, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/24/2024  Name & Address  DOUG MOSELEY  3012 CREEK WAY CT SE  KENTWOOD, MI 49512	<sub>\$</sub> 60.00	<sub>\$_</sub> 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	365.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page _ of _ 41 _	Enter this total on line 3a of Summary Page.	



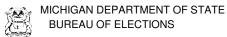
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#### **CANDIDATE COMMITTEE**

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/24/2024  Name & Address: BOBBIE BUTLER 2260 SAGINAW RD SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/27/2024  Name & Address  VIRGINIA WALTON  1121 HALL ST SE  GRAND RAPIDS, MI 49507  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/27/2024  Name & Address:  WILLIE WAVER 1204 EASTERN AVE SE GRAND RAPIDS, MI 49507  5. If over \$100.00 cumulative, please provide:  Occupation BUSINESS OWNER Employer NO GREATER LOVE MINISTRIES  Business Address 1204 EASTERN AVE SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 500.00	<sub>\$</sub> 500.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address LINDA DUNN 6582 POTTERS WHEEL CT CALEDONIA, MI 49316	<sub>\$</sub> 200.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation HEALTH CARE AIDE Employer THRESHOLD INC		
Business Address 160 68TH ST SW, GRAND RAPIDS, MI 49548		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	850.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Futurable total a	
Page 3 of 41	Enter this total on line 3a of Summary Page.	



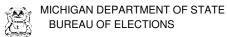
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/01/2024  Name & Address: BRIAN ELLIS  4080 CAMELOT RIDGE DR SE	1 000 00	<sub>\$</sub> 1,000.00
GRAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide:  Occupation BUSINESS OWNER Employer BROOK TREE CAPITAL MANAGEMENT	\$_1,000.00	\$ 1,000.00
Business Address 4080 CAMELOT RIDGE DR SE, GRAND RAPIDS, MI 49546  Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/05/2024		
Name & Address MAYA THOMPSON 234 MARKET AVE SW APT 217 GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/06/2024  Name & Address:  JENNIFER SMITH 6385 WAINSCOT DR SE GRAND RAPIDS, MI 49546	<u>\$ 100.00</u>	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation CONSULTANT Employer SHANNON COHEN INC		
Business Address 6385 WAINSCOT DR 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 03/11/2024 Name & Address NINA THOMPSON 4031 TIMBERLAND DR SE GRAND RAPIDS, MI 49508	<sub>\$</sub> 1,500.00	<sub>\$_</sub> 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation FLIGHT ATTENDENT Employer AMERICAN AIRLINES ENVOY		
Business Address 5500 44TH ST SE, GRAND RAPIDS, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,650.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enterthis to 1	
Page 4 of 41	Enter this total on line 3a of Summary Page.	



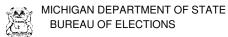
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/14/2024  Name & Address: TAWANNA WRIGHT 5600 E GROVE DR SE KENTWOOD, MI 49512  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Occupation ATTORNEY Employer WEST MI WORKS		
Business Address 215 STRAIGHT AVE NW, GRAND RAPIDS, MI 49504		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/18/2024  Name & Address		
ANEDRA EATMAN 1725 BLOOMFIELD DR SE GRAND RAPIDS, MI 49508	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer NEDRAE CONSULTANTS		
Business Address 1725 BLOOMFIELD DR SE, GRAND RAPIDS, MI 49508		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/05/2024  PRISCILLA WALTON 300 ROSEBUD CT BOLINGBROOK, IL 60440	§ 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/06/2024  Name & Address  NADIA BRIGHAM  3611 MAPLE HURST DR SE  KENTWOOD, MI 49512	<sub>\$</sub> 100.00	<sub>\$</sub> 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation BUSINESS OWNER Employer BRIGHAM CONSULTING		
Business Address 3611 MAPLE HURST DR SE, KENTWOOD, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	350.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 5 of 41	line 3a of Summary Page.	



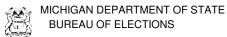
1. Committee I.D. Number 1285

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#### **CANDIDATE COMMITTEE**

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: MATTIE VEAL 731 BURCHAM DR UNIT D302 EAST LANSING, MI 48823 5. If over \$100.00 cumulative, please provide: Occupation RETIRED  Employer  Business Address	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
Type of Contribution:  Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/17/2024	1	
Name & Address NICOLE THOMPSON 2804 MULFORD DR SE GRAND RAPIDS, MI 49546	§ 500.00	\$ 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation FINANCE MANAGER Employer UNITED METHODIST COMMUNITY HOUSE		
Business Address 904 SHELDON AVE SE, GRAND RAPIDS, MI 49507		
Type of Contribution:  Loan from a person  Fund Raiser  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/24/2024		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/24/2024  DALLAS LENEAR 4031 TIMBERLAND DR SE GRAND RAPIDS, MI 49508	<sub>\$</sub> 0.02	<sub>\$</sub> 117.80
5. If over \$100.00 cumulative, please provide:		
Occupation EXECUTIVE DIRECTOR Employer PROJECT GREEN		
Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/24/2024		
Name & Address MILINDA YSASI 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505	<sub>\$</sub> 10.00	<sub>\$</sub> 510.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer GROW		
Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	560.02	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 6 of 41	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

128577

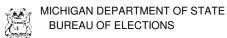
**CANDIDATE COMMITTEE** 

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 04/28/2024  Name & Address: SONJA FORTE  1818 HERRICK AVE NE	<sub>s</sub> 100.00	° 100.00
GRAND RAPIDS, MI 49505	<u>\$ 100.00</u>	<u>\$ 100100</u>
5. If over \$100.00 cumulative, please provide:  Occupation EXECUTIVE DIRECTOR Employer BAXTER COMMUNITY CENTER		
Business Address 935 BAXTER ST SE, GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/28/2024		
Name & Address		
TARRA DAVIS 2647 STARBOARD CT SE	<sub>\$</sub> 100.00	° 100.00
APT 201	\$ 100.00	\$ 100.00
KENTWOOD, MI 49512  5. If over \$100.00 cumulative, please provide:		
Occupation INSIGHT MANAGER Employer BISSELL		
Business Address 2345 WALKER 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 04/28/2024  Name & Address:  CHARISSA HUANG  1317 NORTHLAWN ST NE  GRAND RAPIDS, MI 49505	\$25.00	<sub>\$</sub> 25.00
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 04/28/2024  Name & Address  ANISSA EDDIE  1235 PROSPECT AVE SE	<sub>\$</sub> 50.00	<sub>*</sub> 50.00
GRAND RAPIDS, MI 49507	\$	\$
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	275.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	<u>_</u> I

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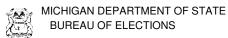


**CANDIDATE COMMITTEE** 

128577 1. Committee I.D. Number

2. Committee Name

3. Contribution # 1	Enter contributor's name and address. If comiddle initial. Check box to indicate if contributions recommittee (PAC) Report all contributions recommittee.	ibution is from a Political Comi		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Occupation PRESIDENT  Business Address PO BOX 9193, WYOMING, MI 49509  Type of Contribution: Direct	Name & Address: CIARRA ADKINS 2511 NEWSTEAD AVE SW	YES 4. Date of Rec	eipt <u>04/28/2024</u>	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
Name & Address ARTIE LINDSAY 913 EVERGLADE DR SE GRAND RAPIDS, MI 49507  5. If over \$100.00 cumulative, please provide: Occupation PASTOR Employer TABERNACLE COMMUNITY CHURCH Business Address 2530 EASTERN AVE SE, GRAND RAPIDS, MI 49507 Type of Contribution: Direct Loan from a person Pund Raiser  3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/28/2024  MARK MOORE 414 BENSON AVE NE GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer WKKF Business Address 1 E MICHIGAN AVE, BATTLE CREEK, MI 49017 Type of Contribution: Direct Loan from a person Pund Raiser  3. Contribution: Pinet Loan from a person Pund Raiser  4. Date of Receipt 05/01/2024  Name & Address REGINA SALMI 1032 UNDERWOOD AVE SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide: Occupation Employer  Business Address Type of Contribution: Direct Loan from a person Pund Raiser  Fund Raiser  Fund Raiser  Page Sublotal  Grand Total of All Schedule)  Enter this total on line 3a of Summary	Occupation PRESIDENT Business Address PO BOX 9193,	Employer AQUME F	509		
Cocupation PASTOR  Business Address 2530 EASTERN AVE SE, GRAND RAPIDS, MI 49507 Type of Contribution: Direct	Name & Address ARTIE LINDSAY 913 EVERGLADE DR SE	YES 4. Date of Reco	eipt <u>04/28/2024</u>	\$ 100.00	<sub>\$</sub> 100.00
Name & Address:  MARK MOORE 414 BENSON AVE NE GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide:  Occupation DIRECTOR Employer WKKF Business Address 1 E MICHIGAN AVE, BATTLE CREEK, MI 49017 Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/01/2024  Name & Address REGINA SALMI 1032 UNDERWOOD AVE SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation Employer  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)  Employer  Find Raiser  Page Subtotal  Finter this total on line 3a of Summary	Occupation PASTOR  Business Address 2530 EASTERN	AVE SE, GRAND R	APIDS, MI 49507		
Occupation DIRECTOR Employer WKKF  Business Address 1 E MICHIGAN AVE, BATTLE CREEK, MI 49017  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/01/2024  Name & Address  REGINA SALMI  1032 UNDERWOOD AVE SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal (Complete on last page of Schedule)  R 41	Name & Address: MARK MOORE 414 BENSON AVE NE	YES 4. Date of Rec	eeipt 04/28/2024	<u>\$ 100.00</u>	<sub>\$</sub> 100.00
Name & Address REGINA SALMI 1032 UNDERWOOD AVE SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution:	Occupation DIRECTOR  Business Address 1 E MICHIGAN A	Employer WKKF VE, BATTLE CREEK			
Occupation Employer  Business Address Type of Contribution:  Loan from a person  Fund Raiser  Page Subtotal  750.00  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on line 3a of Summary	Name & Address REGINA SALMI 1032 UNDERWOOD AVE SE		ceipt <u>05/01/2024</u>	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
Business Address  Type of Contribution:   Direct  Loan from a person  Page Subtotal  Grand Total of All Schedules 1A  (Complete on last page of Schedule)  Enter this total on line 3a of Summary					
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on line 3a of Summary	Business Address	-	Fund Raiser		
(Complete on last page of Schedule)  Enter this total on line 3a of Summary			Page Subtotal	750.00	
Page = or Page.	8 41			line 3a of Summary	



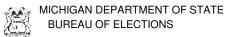
1. Committee I.D. Number 1285

128577

**CANDIDATE COMMITTEE** 

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/02/2024  Name & Address: KEN DEERING  3755 ACORN RIDGE CT NE GRAND RAPIDS, MI 49525  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Business Address  Type of Contribution:  Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/03/2024  Name & Address  JESSICA LEDESMA  2627 RICHARDS DR SE  GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 75.00	<sub>\$_</sub> 75.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/07/2024  MERCEDES BARRAGAN 2415 ALMONT AVE SE GRAND RAPIDS, MI 49507	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer  Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/07/2024  Name & Address  VERUYNCA WILLIAMS  60 ALTA DALE AVE NE  ADA, MI 49301	<sub>\$</sub> 300.00	<sub>\$</sub> 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address  Type of Contribution:   Direct Loan from a person Fund Raiser		
Page Subtotal	500.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page of 41	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

128577

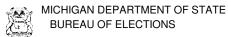
#### **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/09/2024  Name & Address: DALLAS LENEAR  4031 TIMBERLAND DR SE GRAND RAPIDS, MI 49508  5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE DIRECTOR Employer PROJECT GREEN  Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507	<sub>\$</sub> 5.00	<sub>\$</sub> 122.80
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/10/2024  Name & Address  STACY STOUT  1324 CLOVER CREST NW  GRAND RAPIDS, MI 49504	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation DIRECTOR Employer STEELCASE FOUNDATION  Business Address 901 44TH ST SE, GRAND RAPIDS, MI 49508  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/20/2024  Name & Address:  WILLIE KNOWLING 1101 BURGIS CT SE KENTWOOD, MI 49508	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation BARBER Employer LEGENDS SALON  Business Address 1221 MADISON AVE SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/20/2024  Name & Address  JOEL BELTMAN  1834 MICHIGAN ST NE  GRAND RAPIDS, MI 49503	<sub>\$</sub> 10.00	<sub>\$_</sub> 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal	515.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	-

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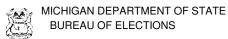
1. Committee I.D. Number 1285

128577

#### **CANDIDATE COMMITTEE**

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/21/2024  Name & Address: SIDNEY RHODES 1456 CARLTON AVE NE GRAND RAPIDS, MI 49505  5. If over \$100.00 cumulative, please provide: Occupation Employer	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
Type of Contribution: Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/21/2024  Name & Address  NATASHIA NELSON  431 ALGER ST SE  GRAND RAPIDS, MI 49507  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/21/2024  Name & Address:  CYNTHIA JONES  1420 MACKINAW RD SE  GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 200.00	<sub>\$</sub> 200.00
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/22/2024  Name & Address  BERNICE SPEARS  490 CLOVER RIDGE AVE NW  APT 9  GRAND RAPIDS, MI 49504  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Occupation RETIRED Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	375.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page.	

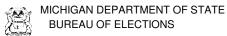


**CANDIDATE COMMITTEE** 

1. Committee I.D. Number \_\_\_128577

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/22/2024  Name & Address: WENDELL RHODES  1863 BENJAMIN AVE NE GRAND RAPIDS, MI 49505  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/22/2024  Name & Address  CELOPHUS JACKSON 321 BENSON AVE NE GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer	\$ 500.00	\$ 500.00
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/22/2024  Name & Address:  HERMAN SULLIVAN 6450 BRIDLEWOOD CT NE ADA, MI 49301  5. If over \$100.00 cumulative, please provide:  Occupation PHYSICIAN Employer TRINITY HEALTH  Business Address 200 JEFFERSON AVE SE, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser	<sub>\$</sub> 200.00	<sub>\$</sub> 200.00
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/22/2024		
Name & Address DOUGLAS KAREL 5645 RAMBLEWOOD DR SE KENTWOOD, MI 49508	<sub>\$</sub> 50.00	<sub>\$_</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	850.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page.	



**CANDIDATE COMMITTEE** 

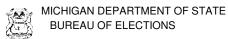
128577 1. Committee I.D. Number

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/22/2024  Name & Address: JOANN KING 900 OAKDALE ST SE GRAND RAPIDS, MI 49507	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/22/2024  Name & Address  RICHARD CLANTON  3135 E GATEHOUSE DR SE  GRAND RAPIDS, MI 49546	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/22/2024  Name & Address:  DELVENIA BEASON 1607 BEARD DR SE GRAND RAPIDS, MI 49546	§ 20.00	<sub>\$</sub> 20.00
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 05/22/2024 Name & Address ETHEL HALL 4089 HOLYOKE DR SE GRAND RAPIDS, MI 49508	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	1	_
Page Subtotal	270.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
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**CANDIDATE COMMITTEE** 

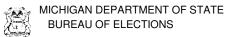
128577 1. Committee I.D. Number

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

Entire contribution is name and address.   Contribution is from an individual, enter last name, first name, didelication, check box to inclease it contribution is from an individual, enter last name, first name, didelication, contribution is regardless of amount.    Contribution   Contrib			
Name & Address	middle initial. Check box to indicate if contribution is from a Political Committee or an Independent	6. Amount	Election Cycle for Each Contributor (Through
Cocupation	Name & Address: BARBARA HARRIS 1725 HALL ST SE	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
Business Address Type of Contribution: Direct Loan from a person	5. If over \$100.00 cumulative, please provide:		
Type of Contribution: Direct	Occupation Employer		
3. Contribution #2	Business Address		
Name & Address BENNIE HILL 2128 EASTERN AVE SE GRAND RAPIDS, MI 49507  5. If over \$100.00 cumulative, please provide:  OccupationEmployer	Type of Contribution: Direct Loan from a person Fund Raiser		
DescriptionEmployer	Name & Address  BENNIE HILL  2128 EASTERN AVE SE	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
Business Address Type of Contribution: Direct Loan from a person  Fund Raiser  3. Contribution # 3 Name & Address: ELLEN JAMES 1244 TRAVIS ST NE GRAND RAPIDS, MI 49505  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/22/2024  Salva Receipt 05/2	5. If over \$100.00 cumulative, please provide:		
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 3  PAC Receipt? YES  4. Date of Receipt 05/22/2024  ELLEN JAMES 1244 TRAVIS ST NE GRAND RAPIDS, MI 49505  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer  Business Address Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # PAC Receipt? YES  4. Date of Receipt 05/22/2024  Name & Address BING GOEI 1919 BOSTON ST SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation CEO Employer EASTERN FLORAL  Business Address 2836 BROADMOOR AVE SE, GRAND RAPIDS, MI 49512  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal Address  Occupation CEO Grand Total of MI 49512  Type of Contribution: Direct Loan from a person Fund Raiser	Occupation Employer		
3. Contribution # 3 Name & Address:  ELLEN JAMES 1244 TRAVIS ST NE GRAND RAPIDS, MI 49505  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer  Business Address Type of Contribution: Direct Loan from a person I Fund Raiser  3. Contribution # PAC Receipt? YES 4. Date of Receipt 05/22/2024  Name & Address BING GOEI 1919 BOSTON ST SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation CEO Employer EASTERN FLORAL  Business Address 2836 BROADMOOR AVE SE, GRAND RAPIDS, MI 49512 Type of Contribution: Direct Loan from a person I Fund Raiser  Page Subtotal 425.00  Grand Total of All Schedules 1A (Complete on last page of Schedule)	Business Address		
Name & Address:  ELLEN JAMES  1244 TRAVIS ST NE GRAND RAPIDS, MI 49505  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED	Type of Contribution: Direct Loan from a person Fund Raiser		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/22/2024 Name & Address BING GOEI 1919 BOSTON ST SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide: Occupation CEO Employer EASTERN FLORAL Business Address 2836 BROADMOOR AVE SE, GRAND RAPIDS, MI 49512 Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal (Complete on last page of Schedule)  Grand Total of All Schedules 1A (Complete on last page of Schedule)	Name & Address:  ELLEN JAMES  1244 TRAVIS ST NE	\$ 100.00	<sub>\$_</sub> 150.00
Business Address Type of Contribution:  Direct  Loan from a person  Fund Raiser  3. Contribution # 4 Name & Address BING GOEI 1919 BOSTON ST SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation  CEO  Employer  EMPLOYER  EMPLOYER  EASTERN FLORAL  Business Address  2836 BROADMOOR AVE SE, GRAND RAPIDS, MI 49512  Type of Contribution:  Direct  Direct  Direct  Direct  Carant Total of All Schedules 1A (Complete on last page of Schedule)			
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 Name & Address BING GOEI 1919 BOSTON ST SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation CEO Employer EASTERN FLORAL  Business Address 2836 BROADMOOR AVE SE, GRAND RAPIDS, MI 49512  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)	Occupation RETIRED Employer		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/22/2024 Name & Address BING GOEI 1919 BOSTON ST SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation CEO  Employer EASTERN FLORAL  Business Address 2836 BROADMOOR AVE SE, GRAND RAPIDS, MI 49512  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal (Complete on last page of Schedule)	Business Address Fund Raiser		
Occupation CEO  Employer EASTERN FLORAL  Business Address 2836 BROADMOOR AVE SE, GRAND RAPIDS, MI 49512  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)	3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/22/2024  Name & Address  BING GOEI  1919 BOSTON ST SE	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
Occupation CEO  Employer EASTERN FLORAL  Business Address 2836 BROADMOOR AVE SE, GRAND RAPIDS, MI 49512  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)	5. If over \$100.00 cumulative, please provide:		
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)			
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)			
Grand Total of All Schedules 1A (Complete on last page of Schedule)			
Grand Total of All Schedules 1A (Complete on last page of Schedule)		425.00	
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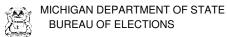


#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

128577 1. Committee I.D. Number

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name	e, 6. Amount	7. Cumulative for
middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/22/2024  Name & Address:	<u> </u>	. ,
NATHANIEL MOODY		
2222 ROLLING HILLS DR SE	500.00	500 00
GRAND RAPIDS, MI 49546	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:	_	
Occupation OWNER Employer BROWN'S FUNERAL HOME	<u>=</u>	
Business Address 627 JEFFERSON AVE SE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/22/2024	_	
Name & Address  DALE ROBERTSON		
3370 BROOKPOINT DR SE	. 250 00	<sub>\$</sub> 250.00
GRAND RAPIDS, MI 49546	<u>\$_</u> 200.00	<u>\$ 200.00</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 49504		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/22/2024		
Name & Address:	<del></del>	
1300 UNDERWOOD AVE SE	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
GRAND RAPIDS, MI 49506	φ	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation BUSINESS OWNER Employer DEVOTED 2U HOME CARE		
Business Address 1300 UNDERWOOD AVE SE, GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/22/2024		
Name & Address ———————————————————————————————————	<del></del>	
10515 LAKER VILLAGE DR	05.00	05.00
APT 2C	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
ALLENDALE TWP, MI 49401 5. If over \$100.00 cumulative, please provide:		
Occupation Employer	_	
Business Address		
Type of Contribution: Loan from a person Fund Raiser		1
Page Subt	875.00	
Grand Total of All Schedules		
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Page 15 of 41	Page.	



**CANDIDATE COMMITTEE** 

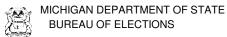
128577 1. Committee I.D. Number

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/22/2024  Name & Address: NICOLE DANDRIDGE 2510 THORNAPPLE RIVER DR SE GRAND RAPIDS, MI 49546	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/22/2024  Name & Address  CELESTE DOYLE 6885 OLD LANTERN DR SE CALEDONIA, MI 49316	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/22/2024  Name & Address:  DONNA MARTIN  5765 BROOKFARM DR SE KENTWOOD, MI 49508	§ 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/22/2024  Name & Address  SHYLNN RHODES  854 DELRAY AVE SE  GRAND RAPIDS, MI 49546	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR Employer BLUE CROSS BLUE SHIELD OF MICHIGAN		
Business Address 86 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
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16 41	Enter this total on line 3a of Summary	

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128577 1. Committee I.D. Number

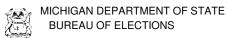
#### **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 05/22/2024  Name & Address: LOUIS VALERIE  1117 FULLER AVE SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide: Occupation Employer	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/23/2024  Name & Address  TAMARA SPEARS 3253 HUNTINGTON WOODS DR SE APT A  KENTWOOD, MI 49512  5. If over \$100.00 cumulative, please provide:  Occupation CEO  Employer NEW BEGINNING THERAPY AND CONSULTING  Business Address 2828 KRAFT AVE SE, GRAND RAPIDS, MI 49512  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 100.00	<sub>\$</sub> 100.00
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/23/2024  Name & Address:  LENOARD ISON 3948 N BRETON CT SE  KENTWOOD, MI 49508	\$ 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/23/2024  Name & Address  HUEY COPELAND  2234 SHAWNEE DR SE  GRAND RAPIDS, MI 49506	<sub>\$</sub> 198.00	<sub>\$_</sub> 198.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED  Employer  Business Address  Type of Contribution: Direct  Loan from a person  Fund Raiser		
Page Subtotal  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

128577

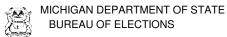
#### **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

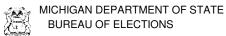
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/25/2024  Name & Address: LARRY LOVE 3520 CHAMBERLAIN AVE SE GRAND RAPIDS, MI 49508	<sub>\$</sub> 200.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer		
Business Address  Type of Contribution:   Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/26/2024  Name & Address  GLORIA DUKES  1902 PARK FOREST DR  FLINT, MI 48507	\$ 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/26/2024  Name & Address:  ALEXANDER THIBODEAU 635 PARIS AVE SE GRAND RAPIDS, MI 49503	<u>\$ 100.00</u>	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation APPOINTMENTS DIRECTOR Employer STATE OF MICHIGAN		
Business Address 350 OTTAWA AVE NW, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/27/2024 Name & Address SHAQUANDA GORDON 6437 VANTAGE DR SE CALEDONIA, MI 49316	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation BUSINESS OWNER Employer SS CONSULTING		
Business Address 6437 VANTAGE DR SE, CALEDONIA, MI 49316		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	600.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
10 /1	Enter this total on line 3a of Summary	

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128577 1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name	MMITTEE TO ELE	CT SENITA LENEAR
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 05/28/2024  Name & Address: ROBERT COOPER 1919 BOSTON ST SE APT A205 GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	<sub>\$</sub> 150.00	<sub>\$</sub> 150.00
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/30/2024  Name & Address  LISA OLIVER-KING  2024 ONTONAGON AVE SE  GRAND RAPIDS, MI 49506	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation EXECUTIVE DIRECTOR <sub>Employer</sub> OUR KITCHEN TABLE3  Business Address 334 BURTON ST SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/01/2024  ANTOINE WALTON 1035 ALGER ST SE GRAND RAPIDS, MI 49507	§ 35.00	<sub>\$</sub> 35.00
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 06/01/2024 Name & Address MILINDA YSASI 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505	<sub>\$</sub> 100.00	<sub>\$</sub> 610.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer GROW		
Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
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1. Committee I.D. Number

128577

#### **CANDIDATE COMMITTEE**

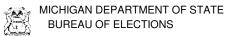
2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/13/2024  Name & Address: ALEXIS HOWARD 2440 MARSHALL AVE SE GRAND RAPIDS, MI 49507	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation HUMAN RESOURCES Employer COREWELL HEALTH  Business Address 100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/13/2024  Name & Address  DWAYNE HOWARD  2440 MARSHALL AVE SE  GRAND RAPIDS, MI 49507	\$ 40.00	<sub>\$</sub> 40.00
5. If over \$100.00 cumulative, please provide:  Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/14/2024  C SINGH-SUWAL 3190 ROLLING MEADOWS DR SARANAC, MI 48881	<sub>\$</sub> 55.00	<sub>\$</sub> 55.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer  Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/15/2024  Name & Address  MILINDA YSASI 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 25.00	<sub>\$</sub> 635.00
Occupation CEO Employer GROW		
Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	220.00  Enter this total on	

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line 3a of Summary Page.



1. Committee I.D. Number

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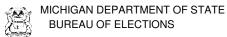
#### **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/19/2024  Name & Address: WILL BLACKMON  4828 E MEADOWS CT SE GRAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 1,000.00	<sub>\$</sub> 1,000.00
Occupation GROUP PRESIDENT & CEO Employer EPIPHANY MUSIC GROUP		
Business Address 5940 N SAM HOUSTON PKWY E, HUMBLE, TX 77396		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/22/2024		
Name & Address VICTORIA KNEELING 8515 BLVD 26	<sub>s</sub> 100.00	<sub>\$</sub> 100.00
APT 209	\$	\$ 100.00
NORTH RICHLAND HILLS, TX 76180 5. If over \$100.00 cumulative, please provide:		
Occupation MEDICAL BILLER Employer GUIDEHOUSE		
Business Address 2701 HIGHPOINT OAKS DR, SUITE 124, LEWISVILLE, TX 75067		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/22/2024  Name & Address:  MARY ALICE WILLIAMS 1919 BOSTON ST SE GRAND RAPIDS, MI 49506	<u>\$ 100.00</u>	<sub>\$</sub> 600.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/23/2024 Name & Address GLORIA CAREY 2526 ABBINGTON DR SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED 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)  21 41	Enter this total on line 3a of Summary	<del>-</del> -

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

128577

**CANDIDATE COMMITTEE** 

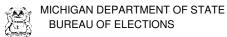
2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/23/2024  Name & Address: SHERIDA COBBINS 2310 W 5TH AVE GARY, IN 46404	<sub>\$</sub> 20.00	<sub>\$</sub> 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/23/2024  Name & Address  CHRISTOPHER SAIN  198 CHICORY ST NE  COMSTOCK PARK, MI 49321	\$2,500.00	<sub>\$</sub> 2,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation INVESTOR/TRADER Employer CHRIS INC / SELF EMPLOYED		
Business Address 198 CHICORY ST NE, COMSTOCK PARK, MI 49321		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/25/2024  Name & Address:  AARON JONKER  927 GIDDINGS AVE SE  GRAND RAPIDS, MI 49506	\$500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer		
Business Address 927 GIDDINGS AVE SE, GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/26/2024  Name & Address  SHATAWN BRIGHAM  3611 MAPLE HURST DR SE  KENTWOOD, MI 49512	<sub>\$</sub> 150.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation BUSINESS OWNER Employer BRIGHAM CONSULTANTS		
Business Address 3611 MAPLE HURST DR SE, KENTWOOD, MI 49512		
Type of Contribution:  Loan from a person Fund Raiser		
Page Subtotal	3,170.00	
Grand Total of All Schedules 1A	, 2223	-
(Complete on last page of Schedule)	Enter this total on	_l

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Enter this total on line 3a of Summary Page.



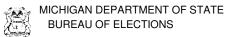
128577 1. Committee I.D. Number

COMMITTEE TO ELECT SENITA LENEAR

CANDIDATE COMMITTEE 2. Committee Name	MMITTEE TO ELE	CT SENITA LENEAR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/26/2024  Name & Address: STEPHANIE PIERCE 4140 HOLYOKE DR SE GRAND RAPIDS, MI 49508	<sub>\$</sub> 100.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR Employer PROJECT GREEN  1333 ALCER ST SE CRAND BARDS MI 40507		
Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/28/2024		
Name & Address VICTORIA KEELING 8515 BLVD 26 NORTH RICHLAND HILLS, TX 76180	<sub>\$_</sub> 100.00	<sub>\$</sub> _100.00
5. If over \$100.00 cumulative, please provide:  Occupation MEDICAL BILLER Employer GUIDEHOUSE		
Business Address 2701 HIGHPOINT OAKS DR, SUITE 124, LEWISVILLE, TX 75067		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/01/2024  Name & Address:  CHARLESE HARDIMAN 3326 PINE MEADOW DR SE #304  KENTWOOD, MI 49512  5. If over \$100.00 cumulative, please provide:	§ 30.00	<sub>\$</sub> 30.00
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/01/2024  Name & Address BETTY HILL  3301 PINE MEADOW DR SE APT 103  KENTWOOD, MI 49512  5. If over \$100.00 cumulative, please provide:	§30.00	<sub>\$</sub> 35.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	260.00	
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1. Committee I.D. Number

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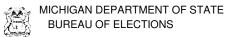
**CANDIDATE COMMITTEE** 

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 07/01/2024  Name & Address: FARRIS WITHERS		
4528 COUNTRY HILL DR SE KENTWOOD, MI 49512	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/02/2024  Name & Address		
JANE GIETZEN	90.00	100.00
848 ABERDEEN ST NE GRAND RAPIDS, MI 49505	\$80.00	<sub>\$</sub> 130.00
5. If over \$100.00 cumulative, please provide:		
Occupation IT DIRECTOR Employer COREWELL HEALTH		
Business Address 100 MICHIGAN 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 07/02/2024		
Name & Address:  NICOLE THOMPSON		
2804 MULFORD DR SE	<sub>\$</sub> 30.00	§ 530.00
GRAND RAPIDS, MI 49546	·	\$ <u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation FINANCE MANAGER Employer UNITED METHODIST COMMUNITY HOUSE		
Business Address 904 SHELDON AVE SE, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/02/2024  Name & Address		
D DOANE		
5058 JONFIELD AVE SE	¢60.00	60.00
GRAND RAPIDS, MI 49548	Ψ	\$
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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(Complete on last page of Schedule)	Enter this total on line 3a of Summary	

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1. Committee I.D. Number

128577

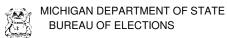
#### **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 07/03/2024  Name & Address: TAMARA SPEARS  3253 HUNTINGTON WOODS DR SE  APT A  KENTWOOD, MI 49512  5. If over \$100.00 cumulative, please provide:  Occupation CEO  Employer NEW BEGINNING THERAPY AND CONSULTING	<sub>\$</sub> 120.00	<sub>\$</sub> 220.00
Business Address  2828 KRAFT AVE SE, GRAND RAPIDS, MI 49512  Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/04/2024  Name & Address  DONDREA BROWN  454 CRAWFORD ST SE  GRAND RAPIDS, MI 49507	<sub>\$</sub> 150.00	<sub>\$</sub> 150.00
5. If over \$100.00 cumulative, please provide:  Occupation DIRECTOR Employer YOUNG MONEY FINANCE		
Business Address PO BOX 7568, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/04/2024  Name & Address:  MILINDA YSASI 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505	§ 60.00	<sub>\$</sub> 695.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer GROW		
Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/04/2024		
Name & Address  JANE GIETZEN  848 ABERDEEN ST NE  GRAND RAPIDS, MI 49505	§ 30.00	<sub>\$_</sub> 160.00
5. If over \$100.00 cumulative, please provide:  Occupation IT DIRECTOR Employer COREWELL HEALTH		
Business Address 100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	360.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 25 of 41	Enter this total on line 3a of Summary Page.	-

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1. Committee I.D. Number

128577

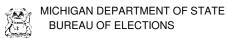
**CANDIDATE COMMITTEE** 

2. Committee Name

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/04/2024  Name & Address: KEVIN JACKSON 2118 INNWOOD DR SE KENTWOOD, MI 49508  5. If over \$100.00 cumulative, please provide: Occupation Employer	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/05/2024  Name & Address  VICTORIA KNEELING  8515 BLVD 26 APT 209  NORTH RICHLAND HILLS, TX 76180  5. If over \$100.00 cumulative, please provide:  Occupation MEDICAL BILLER Employer GUIDEHOUSE  Business Address 2701 HIGHPOINT OAKS DR, SUITE 124, LEWISVILLE, TX 75067	<sub>\$</sub> 130.00	<sub>\$</sub> 230.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/05/2024  Name & Address: SHANNON COHEN 1418 COLORADO AVE SE GRAND RAPIDS, MI 49507	<sub>\$</sub> 90.00	<sub>\$</sub> 390.00
5. If over \$100.00 cumulative, please provide:  Occupation CEO  Employer SHANNON COHEN INC.  Business Address 1418 COLORADO AVE SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/05/2024  Name & Address  MARIE PERRY  1592 WAGON WHEEL LN  GRAND BLANC TWP, MI 48439	§350.00	<sub>\$</sub> 350.00
5. If over \$100.00 cumulative, please provide:  Occupation SALES  Employer GENERAL MOTORS  Business Address 10800 S SAGINAW ST, GRAND BLANC, MI 48439  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	600.00  Enter this total on line 3a of Summary	

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1. Committee I.D. Number

128577

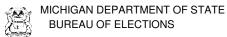
#### **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 07/08/2024  Name & Address: SHORAN WILLIAMS 400 PRESERVATION DR NE ADA, MI 49301  5. If over \$100.00 cumulative, please provide:  Occupation Employer	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/08/2024  Name & Address  MILINDA YSASI 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505	<sub>\$</sub> 60.00	<sub>\$</sub> 755.00
5. If over \$100.00 cumulative, please provide:  Occupation CEO Employer GROW  Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/08/2024  Name & Address:  ARTIE LINDSAY  913 EVERGLADE DR SE  GRAND RAPIDS, MI 49507	§ 60.00	<sub>\$</sub> 160.00
5. If over \$100.00 cumulative, please provide:  Occupation PASTOR  Employer TABERNACLE COMMUNITY CHURCH  Business Address 2530 EASTERN AVE SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/08/2024  Name & Address  CELOPHUS JACKSON  321 BENSON AVE NE  GRAND RAPIDS, MI 49503	<sub>\$</sub> 70.00	<sub>\$</sub> 820.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer  Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  27 41	Enter this total on line 3a of Summary	

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1. Committee I.D. Number

128577

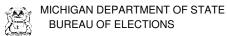
#### **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/08/2024  Name & Address: LINDA DUNN 6582 POTTERS WHEEL CT CALEDONIA, MI 49316	<sub>\$</sub> 30.00	<sub>\$</sub> 230.00
5. If over \$100.00 cumulative, please provide:  Occupation HEALTH CARE AIDE Employer THRESHOLD INC  Business Address 160 68TH ST SW, GRAND RAPIDS, MI 49548  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/08/2024  Name & Address  DIANNE MAY  PO BOX 1023  FLINT, MI 48501	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address:  ROBBIE SCHAFFER 301 FOUNTAIN ST NE GRAND RAPIDS, MI 49503	§ 60.00	<sub>\$</sub> 60.00
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 07/12/2024 Name & Address CONSHANA VAUGHN 3550 BURTON RIDGE DR SE GRAND RAPIDS, MI 49546	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer MS. SHANDA'S EBB AND FLOW		
Business Address 3550 BURTON RIDGE DR SE, GRAND RAPIDS, MI 49546		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	240.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
20 41	line 3a of Summary	

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#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

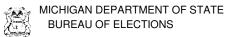
128577 1. Committee I.D. Number

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 07/12/2024  Name & Address: VICTORIA KNEELING 8515 BLVD 26 APT 209 NORTH RICHLAND HILLS, TX 76180 5. If over \$100.00 cumulative, please provide: Occupation MEDICAL BILLER Employer GUIDEHOUSE  Business Address 2701 HIGHPOINT OAKS DR, SUITE 124, LEWISVILLE, TX 75067	\$ 100.00	<sub>\$</sub> 330.00
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/12/2024  Name & Address  BECKY JO GLOVER  1043 MARVELLE LN  GREEN BAY, WI 54304	<sub>\$</sub> 60.00	<sub>\$</sub> 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/12/2024  Name & Address:  TOWONNA TANKSLEY 2320 GRANDVIEW DR FLOWER MOUND, TX 75028	<sub>\$</sub> 30.00	<sub>\$</sub> 230.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer_		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/12/2024  Name & Address  VIRGINIA SEYFERTH  5621 SANCTUARY DR NE  ADA, MI 49301	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation CHAIRMAN Employer SEYFERTHPR		
Business Address 40 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	440.00	
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20 41	Enter this total on line 3a of Summary	

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1. Committee I.D. Number

128577

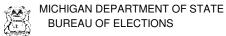
#### **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 07/13/2024  Name & Address: NELLIE MCLIN 888 E 100TH PL CHICAGO, IL 60628  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	<sub>\$</sub> 120.00	<sub>\$</sub> 120.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/13/2024  Name & Address  DALE GANT 2908 GIDDINGS AVE SE GRAND RAPIDS, MI 49508	<sub>\$</sub> 60.00	<sub>\$</sub> 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/13/2024  Name & Address:  ILA WINBUSH 4921 FULLER AVE SE KENTWOOD, MI 49508	\$30.00	<sub>\$</sub> 30.00
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 07/13/2024 Name & Address STEPHANIE PIERCE 4140 HOLYOKE DR SE GRAND RAPIDS, MI 49508	\$30.00	<sub>\$</sub> 230.00
5. If over \$100.00 cumulative, please provide:  Occupation DIRECTOR Employer PROJECT GREEN		
Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	240.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

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1. Committee I.D. Number

128577

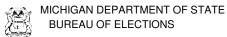
#### **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 07/13/2024  Name & Address: IIA SABIR  1150 PLYMOUTH AVE NE APT 124 GRAND RAPIDS, MI 49505  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/14/2024  Name & Address  ALFORD CATHEY  7004 FAIRWAY VISTA DR SE  CALEDONIA, MI 49316	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/15/2024  Name & Address:  MARC ANDREAS  4206 EAGLE ROCK CT  GRANDVILLE, MI 49418	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
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 07/16/2024  Name & Address  JOHN STUBBS  2578 THORN CREEK ST SE  KENTWOOD, MI 49508	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	I	T
Page Subtotal	205.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

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**CANDIDATE COMMITTEE** 

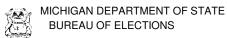
128577 1. Committee I.D. Number

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COMMITTEE TO ELECT SENITA LENEAR

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 07/16/2024  Name & Address: LOREN DUNNING 6908 MILDRED AVE SE GRAND RAPIDS, MI 49508	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address  BETTY RHODES  440 DELAWARE ST SE  GRAND RAPIDS, MI 49507	\$30.00	<sub>\$</sub> 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/16/2024  LONDON TYLER 851 ARDMORE ST SE GRAND RAPIDS, MI 49507  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 40.00	\$ 40.00
Occupation Employer		
Pusings Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address ZIYADAH SHAKIR 2651 WOODLAKE RD SW APT 5 WYOMING, MI 49519 5. If over \$100.00 cumulative, please provide: Occupation RETIRED  Employer	<sub>\$</sub> 100.00	<u>\$ 100.00</u>
Cocapation Employer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ✔ Fund Raiser	T	Г
Page Subtotal	200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
22 41	Enter this total on line 3a of Summary	

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128577 1. Committee I.D. Number

**CANDIDATE COMMITTEE** 

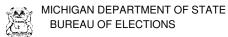
2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address: MARSHALL BOOKER JR 2651 ARBOR CHASE NE GRAND RAPIDS, MI 49525  5. If over \$100.00 cumulative, please provide: Occupation SOCIAL WORKER Employer GRAND RAPIDS PUBLIC SCHOOLS Business Address 1331 M.L.K. JR ST SE, GRAND RAPIDS, MI 49506	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address  DURIEL COHEN  1418 COLORADO AVE SE  GRAND RAPIDS, MI 49507	\$ 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation ENGINEER Employer BISSELL  Business Address 2345 WALKER 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 07/16/2024  Name & Address:  JOE JONES 2528 ORCHARD VIEW DR NE GRAND RAPIDS, MI 49505	§ 500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:  Occupation CEO Employer THE HEKIMA GROUP  Business Address 171 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 07/16/2024  Name & Address  KRYS SWEAT 6234 CROSS CREEK CT  HAMILTON, OH 45011	<sub>\$</sub> 100.00	<sub>\$_</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation MANAGER Employer GE AEROSPACE		
Business Address  3290 PATTERSON AVE SE, GRAND RAPIDS, MI 49512  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A  (Complete on last page of Schedule)	800.00  Enter this total on	

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line 3a of Summary Page.



1. Committee I.D. Number

128577

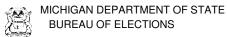
#### **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address: SARAH HEATH  1449 DEAN ST NE		.,
GRAND RAPIDS, MI 49505	<sub>s</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:	<del>-</del>	
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address		
WALTER BRAME		
3446 CHAMBERLAIN AVE SE	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
GRAND RAPIDS, MI 49508	· · · · · · · · · · · · · · · · · · ·	<u>-</u>
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address:  DALE GANT 2908 GIDDINGS AVE SE GRAND RAPIDS, MI 49508	<sub>\$</sub> 60.00	<sub>\$</sub> 120.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Rusiness Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address  JENNIFER WELLES  931 GRIGGS ST SE	40.00	40.00
GRAND RAPIDS, MI 49507	<sub>\$</sub> 40.00	<sub>\$</sub> 40.00
5. If over \$100.00 cumulative, please provide:		
Occupation PORTFOLIO MANAGER Employer GROW		
Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		
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(Complete on last page of Schedule)	Enter this total on line 3a of Summary	.I

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128577 1. Committee I.D. Number

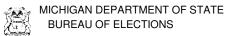
**CANDIDATE COMMITTEE** 

2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address: CELOPHUS JACKSON 321 BENSON AVE NE GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	<sub>\$</sub> 920.00
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address  ANA JOSE  3325 BRETON VALLEY DR SE  KENTWOOD, MI 49512	<sub>\$</sub> 55.00	<sub>\$</sub> 55.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address:  JEFF KIMBREL  754 OAKDALE ST SE  GRAND RAPIDS, MI 49507	\$230.00	<sub>\$</sub> 230.00
5. If over \$100.00 cumulative, please provide:		
Occupation BUSINESS OWNER Employer PAINTING BY JEFF  Business Address 754 OAKDALE ST SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address  ROBERT HURD SR 2548 FOREST BLUFF DR SE GRAND RAPIDS, MI 49546	<sub>\$</sub> 130.00	<sub>\$</sub> 130.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED 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	

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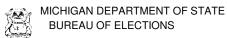
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**CANDIDATE COMMITTEE** 2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address: JOHNNY DAVIDSON  4380 KEELSON DR  LANSING, MI 48911	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address  ADAM BLICKLEY  3427 HOAG AVE NE  GRAND RAPIDS, MI 49525	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation PHYSICIAN Employer GRAND RAPIDS WOMEN'S HEALTH  Business Address 555 MID TOWNE ST, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address:  KURT JOHNSON PO BOX 1129 GRAND RAPIDS, MI 49501	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation EDUCATOR Employer GRPS  Business Address 1333 M.L.K. JR ST SE, GRAND RAPIDS, MI 49506  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/16/2024 Name & Address OVELL BARBEE 4488 OAK RIVER DR NE GRAND RAPIDS, MI 49525	<sub>\$</sub> 60.00	<sub>\$</sub> 310.00
5. If over \$100.00 cumulative, please provide:  Occupation PRINCIPAL Employer OVELL ROME AND ASSOCIATES		
Business Address 4488 OAK RIVER DR NE, GRAND RAPIDS, MI 49525  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	585.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

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# SCHEDULE 1A

**CANDIDATE COMMITTEE** 

1. Committee I.D. Number 128577

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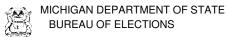
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## COMMITTEE TO ELECT SENITA LENEAR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address: LESLIE KING  1366 ELLIOTT ST SE GRAND RAPIDS, MI 49507	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address  STEVEN DEPOLO  942 FAIRMOUNT ST SE  GRAND RAPIDS, MI 49506	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:  Occupation GRANTS DIRECTOR Employer YMCA OF GREATER GRAND RAPIDS  Business Address 475 LAKE MICHIGAN DR NW, GRAND RAPIDS, MI 49534		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address:  ATTAH OBANDE  5570 WING AVE SE  KENTWOOD, MI 49512	\$30.00	§ 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer  Business Address  Type of Contribution: Direct		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address  ANISSA EDDIE  1235 PROSPECT AVE SE  GRAND RAPIDS, MI 49507	<sub>\$</sub> 50.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONSULTANT Employer SELF EMPLOYED		
Business Address 1235 PROSPECT AVE SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	160.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

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Enter this total on line 3a of Summary Page.



1. Committee I.D. Number

128577

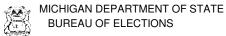
## **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 07/16/2024  Name & Address: HOWARD EARLE 7017 FAIRWAY VISTA DR SE	100.00	100.00
CALEDONIA, MI 49316	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation PASTOR Employer NEW HOPE BAPTIST CHURCH		
Business Address 130 DELAWARE ST SW, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address		
MARY ALICE WILLIAMS	40000	
1919 BOSTON ST SE GRAND RAPIDS, MI 49506	\$ 130.00	<sub>\$</sub> 730.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/16/2024  RAFAEL CASTANON 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505	<sub>\$</sub> 55.00	<sub>\$</sub> 55.00
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 07/16/2024  Name & Address  LAURA MOODY		
ROLLING HILLS DR SE GRAND RAPIDS, MI 49546	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	_	_
Page Subtotal	315.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
(Complete on last page of Scriedule)	Enter this total on line 3a of Summary	_

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1. Committee I.D. Number

128577

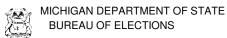
## **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 07/16/2024  Name & Address: PARRIS MCMURRAY  1196 COBB DR SE  APT 3B GRAND RAPIDS, MI 49508  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 60.00	<sub>\$</sub> 60.00
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address  AMBER LAGRONE 1081 48TH ST SE KENTWOOD, MI 49508	\$ 60.00	<sub>\$</sub> 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address:  ELMA JEAN MCMURRAY 2131 GLEN GARY CT SE GRAND RAPIDS, MI 49546	\$30.00	<sub>\$</sub> 30.00
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 07/16/2024  Name & Address  CHRISTY KNETSCH  1414 SIGSBEE ST SE  GRAND RAPIDS, MI 49506	<sub>\$</sub> 130.00	<sub>\$</sub> 130.00
5. If over \$100.00 cumulative, please provide:  Occupation PASTOR Employer MADISON STREET CHURCH		
Business Address 415 M.L.K. JR ST SE, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	280.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
39 <i>1</i> 1	line 3a of Summary	

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1. Committee I.D. Number

128577

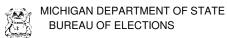
## **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 07/16/2024  Name & Address: CYNTHIA MARRELL 2390 BRETON RD SE GRAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address  NICOLE THOMPSON 2804 MULFORD DR SE GRAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR OF RCM Employer GLOBAL REVENUE CYCLE MANAGEMENT  Business Address 2804 MULFORD DR SE, GRAND RAPIDS, MI 49546	<sub>\$</sub> 500.00	<sub>\$</sub> 1,030.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address:  KURT REPPART  1232 PARK ST SW  GRAND RAPIDS, MI 49504	<u>\$ 100.00</u>	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation CONSULTANT Employer PROPONENTS LLC  Business Address 1232 PARK ST SW, GRAND RAPIDS, MI 49504  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/2024  Name & Address  NICOLE RHODES  1863 BENJAMIN AVE NE  GRAND RAPIDS, MI 49505	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal	720.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	730.00  Enter this total on line 3a of Summary	-

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1. Committee I.D. Number

128577

## **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 07/21/2024  Name & Address: CICILEY MOORE 2210 EDGEWOOD AVE SE GRAND RAPIDS, MI 49546	<sub>\$</sub> 200.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:  Occupation DIRECTOR Employer WKKF		
Business Address  1 MICHIGAN AVE, BATTLE CREEK, MI 49017  Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	1	
Page Subtotal	200.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule)	23,038.02 Enter this total on	_

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line 3a of Summary Page.



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

1. Committee I. D. Number 128577

## 2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

CANDIDATE COMIN	IIIIIEE 2. Committee Name		<del></del>
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: MIINDA YSASI 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505 If over \$100.00 cumulative, please provide: Occupation: CEO Employer Name & Business Address: GROW 1333 ALGER ST SE, GRAND RAPIDS, MI 49507  Fund Raiser Contribution	4.	150.00	\$ 150.00
Contribution # 2 PAC Receipt? Yes Name & Address DALLAS LENEAR 4031 TIMBERLAND DR SE GRAND RAPIDS, MI 49508  If over \$100.00 cumulative, please provide: Occupation: EXECUTIVE DIRECTOR Employer Name & Address: PROJECT GREEN 1333 ALGER ST SE, GRAND RAPIDS, MI 49507  Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan  ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN  Description WATER AND LIGHT SNACKS  5. Date Of Receipt: 02/27/2024  6. Vendor Name & Address: D AND W  1814 BRETON RD SE, GRAND RAPIDS, MI 49506	00.00	117.78
Contribution #3 PAC Receipt? Yes Name & Address: NADIA BRIGHAM 3611 MAPLE HURST DR SE KENTWOOD, MI 49512 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: BRIGHAM CONSULTANTS 3611 MAPLE HURST DR SE, KENTWOOD, MI 49512  Fund Raiser Contribution	4.	50.00 <sub>\$</sub>	450.00
	Page Subtotal	400.00	600.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		

Enter this total on line 6 of Summary Page



## **ITEMIZED IN-KIND CONTRIBUTIONS** SCHEDULE 1-IK 1. Committee I. D. Number 1. Committee I. D. Number 2. Committee Name COMMITTEE

## 2 Committee Name COMMITTEE TO ELECT SENITA LENEAR

CANDIDATE COMM	IITTEE 2. Committee Name		
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: SHANNON COHEN 1418 COLORADO AVE SE GRAND RAPIDS, MI 49507 If over \$100.00 cumulative, please provide: Occupation: CEO Employer Name & Business Address: SHANNON COHEN INC. 1418 COLORADO AVE SE, GRAND RAPIDS, MI 49507  Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan  Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description LIGHT SNACKS  5. Date Of Receipt: 04/28/2024  6. Vendor Name & Address: GR NOIR 35 DIVISION AVE S, GRAND RAPIDS, MI 49503	150.00	\$ 300.00
Contribution # 2 PAC Receipt? Yes Name & Address CELOPHUS JACKSON 321 BENSON AVE NE GRAND RAPIDS, MI 49503  If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address:  Fund Raiser Contribution	4. Services Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others Coance EVENT SPACE  5. Date Of Receipt: 05/22/2024  6. Vendor Name & Address: CENTER FOR COMMUNITY TRANSFORMATION 1530 MADISON AVE SE, GRAND RAPIDS, MI 49507		\$ <u>750.00</u>
Contribution #3 PAC Receipt? Yes Name & Address:  ELLEN JAMES 1244 TRAVIS ST NE GRAND RAPIDS, MI 49505  If over \$100.00 cumulative, please provide:  Occupation: RETIRED  Employer Name & Address:	4.	250.00	400.00
	Page Subtot	al 650.00	1,450.00
	Grand Total of all Schedules 1- (Complete on last page of Schedul		

Enter this total on line 6 of Summary Page



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

1. Committee I. D. Number 128577

### CANDIDATE COMMITTEE

## 2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

CANDIDA I E COMIN				
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)  5. Date of Receipt  6. Name & Address of Vendor from whom goods or services we purchased	ere	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: PRESTON SAIN 1470 AMBERLY DR SE GRAND RAPIDS, MI 49508 If over \$100.00 cumulative, please provide: Occupation: FOUNDER Employer Name & Business Address: BLACK WALL STREET 1470 AMBERLY DR SE, GRAND RAPIDS, MI 49508  Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOA Description LIGHT SNACKS AND SPACE  5. Date Of Receipt: 06/01/2024 6. Vendor Name & Address: CENTER FOR COMMUNITY TRANSFORMATION 1530 MADISON AVE SE, GRAND RAPIDS, MI 49507	AN	300.00	300.00
Contribution #2 PAC Receipt? Yes Name & Address DALLAS LENEAR 4031 TIMBERLAND DR SE GRAND RAPIDS, MI 49508	4. ☐ Endorsement or Guarantee of Bank Loan  ✓ Goods Donated or Loaned ☐ Services Donated  ☐ Goods or Services Purchased by Candidate or Others  ☐ Goods or Services Purchased by Candidate or Others-LO		20.00 \$	542.80
If over \$100.00 cumulative, please provide: Occupation: EXECUTIVE DIRECTOR Employer Name & Address: PROJECT GREEN 1333 ALGER ST SE, GRAND RAPIDS, MI 49507  Fund Raiser Contribution	Description LIGHT SNACKS  5. Date Of Receipt: 07/16/2024  6. Vendor Name & Address: HONEY'S CATERING 4140 HOLYOKE DR SE, GRAND RAPIDS, MI 49508			
Contribution #3 PAC Receipt? Yes Name & Address: BING GOEI 1919 BOSTON ST SE GRAND RAPIDS, MI 49506 If over \$100.00 cumulative, please provide: Occupation: CEO Employer Name & Address: EASTERN FLORAL 2836 BROADMOOR AVE SE, GRAND RAPIDS, MI 49512  Fund Raiser Contribution	4. Sendorsement or Guarantee of Bank Loan  Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others-LOA  Description SPACE  5. Date Of Receipt: 07/16/2024  6. Vendor Name & Address:  GOEI CENTER  818 BUTTERWORTH ST SW,  GRAND RAPIDS, MI 49504		\$	550.00
	Page Sub	ototal	1,020.00	1,392.80
	Grand Total of all Schedules (Complete on last page of Sche		2,070.00	

Enter this total on line 6 of Summary Page

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# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

128577

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name CROP MARKS PRINTING Address 128 COLDBROOK ST NE	Purpose: CAMPAIGN MATERIAL PRINTING	01/11/2024 Date	\$ <u>201.4</u> 0
GRAND RAPIDS, MI 49503  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name USPS	DOOTAGE THANK VOLLOADDO	02/14/2024 Date	\$ <u>51.00</u>
Address 225 MICHIGAN ST NW GRAND RAPIDS, MI 49504	Purpose: POSTAGE THANK YOU CARDS	Bulo	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name 4IMPRINT	CAMPAIGN PRINTER MATERIALS	02/23/2024 Date	\$ <u>376.64</u>
Address 101 COMMERCE ST OSHKOSH, WI 54901	Purpose: CAMPAIGN PRINTED MATERIALS	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name FEDEX		04/17/2024	\$ 186.55
Address 233 FULTON ST W GRAND RAPIDS, MI 49503	Purpose: Printing Campaign Materials	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name EZ TEXTING		04/24/2024	\$ 1,200.00
Address 548 MARKET ST SF, CA 94104	Purpose: TEXTING SYSTEM	Date	<u>.,,=00.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	2,015.59
	Grand Total of all S (Complete on last page		

Enter this total on line 8a of Summary Page



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

128577

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

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 MERCADITIO  Address 1202 FULTON ST W	Purpose: FOOD FOR NEIGHBORHOOD MEETING	05/22/2024 Date	\$ <u>68.20</u>
GRAND RAPIDS, MI 49504  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name LAST MILE CAFE	Purpose:	06/15/2024 Date	\$ <u>25.00</u>
1006 HALL ST SE GRAND RAPIDS, MI 49507	Purpose:		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name KCI	Purpose: MAILER	06/24/2024 Date	\$ 14,835.68
Address 3901 E PARIS AVE SE KENTWOOD, MI 49512	Purpose: IVIAILLI I		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name BARE ALL INC		06/27/2024 Date	\$ 1,555.40
Address 1115 ALTO AVE SE GRAND RAPIDS, MI 49506	Purpose: CAMPAIGN TSHIRTS	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name SCOTT PRINTING	DDINTING CAMDAIGN MATERIALS	07/02/2024	\$ 1,355.00
Address 2013 EASTERN AVE SE GRAND RAPIDS, MI 49507	Purpose: PRINTING CAMPAIGN MATERIALS	Date	<u> </u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	17,839.28
	Grand Total of all S (Complete on last page		

Enter this total on line 8a of Summary Page



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

128577

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name FEDEX  Address 233 FULTON ST W GRAND RAPIDS, MI 49503	Purpose: BANNER  Check box if this expenditure is payment of debt or obligation reported on previous	07/04/2024 Date	\$ <u>161.39</u>
Expenditure #2 Name LMCU  Address 2209 PLAINFIELD AVE NE GRAND RAPIDS, MI 49505	Purpose: RETURNED CHECK	07/05/2024 Date	\$ <u>10.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3  Name HANDICAP SIGN  Address 1142 WEALTHY ST SE GRAND RAPIDS, MI 49506	Purpose: SIGNS	07/09/2024 Date	\$ <u>2,194.20</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4  Name SCOTT PRINTING  Address 2013 EASTERN AVE SE GRAND RAPIDS, MI 49507	Purpose: PRINTING THANK YOU CARDS	07/12/2024 Date	\$ <u>240.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name CROP MARKS PRINTING  Address 128 COLDBROOK ST NE GRAND RAPIDS, MI 49503  Fund Raiser	Purpose: PRINTING BUTTONS  Check box if this expenditure is payment of debt or obligation reported on previous statement	07/13/2024 Date	\$ <u>311.64</u>
		tal this page	2,917.23
	Grand Total of all S (Complete on last page		22,772.10

Enter this total on line 8a of Summary Page



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

128577

2 Committee Name COMMITTEE TO ELECT SENITA LENEAR

eta Frant Was Hold	4. Number of Individuals Attending	F. Type of Fund Delains Activity	6. Address and Name (If any) of the
ate Event Was Held	or Participating (whichever is greater)	5. Type of Fund Raising Activity	place where the activity was held. GENESIS SUITES
/24/2024	20	MEET AND GREET	1333 ALGER ST SE GRAND RAPIDS, MI 4950 Private Residence
tal Contributions	1,215.00		
her Receipts	0.00		
oss Receipts (Add lines 7	,		
Total Cost of Event al Cost includes In-Kind Co	150.00 ntributions and All Expenditures	Made For the Event)	
Check if event was a jo	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)
	<u>-</u>		<del></del>
		<del></del>	
The committee is requi	red to file a senarate Fund Baise	er Schedule for each fund raising	a event held during the

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



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

128577 1. Committee I.D. Number

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

	- USE A SEP	ARATE SH	EET FOR	EACH EVENT -	
3. Date Event Was Held	Number of Individed or Participating (white greater)		5. Type of F	Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. GENESIS SUITES
02/27/2024		15	MEET	AND GREET	1333 ALGER ST SE GRAND RAPIDS, MI 49507 Private Residence
7. Total Contributions	750	0.00			
8. Other Receipts	0.0				
9. Gross Receipts (Add lines 7	$\frac{750}{100}$	0.00		<del> </del>	
10. Total Cost of Event (Total Cost includes In-Kind Co		).00 I Expenditures	Made For	the Event)	
11. Check if event was a jo		·			
Co-Sponsor(s)		Contribution S (%)	plit		Expenditure Split (%)
-					
	-				
	_				
	-				
	_				
	_				
The committee is requir	end to file a accer	ata Fund Daia	or Cobodula	for each fund raisin	a quant hald during the

- 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.

Page	2	of 6	
Page	_	or O	



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# FUND RAISER SCHEDULE 1F

128577

1. Committee I.D. Number

 <b>COMMIT</b>	TEE TO	ELECT	SENITA	LENEAR

- USE A SEPARATE SHI  4. Number of Individuals Attending or Participating (whichever is greater)  20  875.00  0.00  875.00  300.00	5. Type of Fund Raising Activity  SMALL BUSINESS OWNERS FOR SENITA FOR MAYOR	6. Address and Name (If any) of the place where the activity was held. GR NOIR 35 DIVISION AVE S GRAND RAPIDS, MI 49503 Private Residence
or Participating (whichever is greater)  20  875.00  0.00  875.00		place where the activity was held. GR NOIR 35 DIVISION AVE S GRAND RAPIDS, MI 49500
875.00 0.00 875.00	SMALL BUSINESS OWNERS FOR SENITA FOR MAYOR	GRAND RAPIDS, MI 49503
0.00 875.00	<del></del>	
and 8) 875.00		
300 00		
ontributions and All Expenditures	Made For the Event)	
oint fund raiser and complete the	e following:	
Contribution S (%)	Split	Expenditure Split (%)
<u>0</u>		50
<u>0</u>		50
_		<del></del>
_		<del></del>
_		
_		<del></del>
Campaign Statement. tures listed on a Fund Raiser Sch	nedule must also be reported on e (1-IK), Itemized Expenditures	the Itemized Contributions Schedule (1B) and the
t	Campaign Statement. ures listed on a Fund Raiser Schedul	ired to file a separate Fund Raiser Schedule for each fund raising Campaign Statement. ures listed on a Fund Raiser Schedule must also be reported on a ded In-Kind Contributions Schedule (1-IK), Itemized Expenditures articipated in a joint fund raiser must file a Fund Raiser Schedule



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# **FUND RAISER SCHEDULE 1F**

128577

1. Committee I.D. Number

or Participating (whichever is greater)  25  COMMUNITY LEADERS FOR SENITA LENEAR  7. Total Contributions  8. Other Receipts  Or Participating (whichever is greater)  CEI TR/ 153  GR Prive  2,820.00  0.00	ess and Name (If any) of there the activity was held. ENTER FOR COMMUNIT RANSFORMATION 330 MADISON AVE SE RAND RAPIDS, MI 49507 vate Residence
or Participating (whichever is greater)  25  COMMUNITY LEADERS FOR SENITA LENEAR  7. Total Contributions  8. Other Receipts  Or Participating (whichever is greater)  CEI TR/ 153  GR Prive  2,820.00  0.00	here the activity was held. ENTER FOR COMMUNIT RANSFORMATION 530 MADISON AVE SE RAND RAPIDS, MI 49507
25 COMMUNITY LEADERS FOR SENITA LENEAR GR Priva  7. Total Contributions  8. Other Receipts  25  COMMUNITY LEADERS FOR SENITA LENEAR  0.00  0.00	530 MADISON AVE SE RAND RAPIDS, MI 49507
8. Other Receipts 0.00	
2 220 00	
9. Gross Receipts (Add lines 7 and 8) 2,820.00	
10. Total Cost of Event (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 Exper	enditure Split (%)
CLEO JACKSON 0 50	
ELLEN JAMES 0 50	
<del></del>	
	<del></del>
<del></del>	
<del></del>	
<del></del>	
<ul> <li>The committee is required to file a separate Fund Raiser Schedule for each fund raising event he period covered by the Campaign Statement.</li> <li>Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemi Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule Summary Page.</li> <li>Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the expenditures.</li> </ul>	nized Contributions le (1B) and the



Summary Page.

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

128577 1. Committee I.D. Number

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

or Participa greater)  nd 8)  tributions	20 2,625.00 0.00 2,625.00 300.00 and All Expenditures	5. Type of Fund Raisin  MEET AND (	GREET	6. Address and Name (If any) of place where the activity was held CENTER FOR COMMUNI TRANSFORMATION 1530 MADISON AVE SE GRAND RAPIDS, MI 4950 Private Residence
tributions	2,625.00 0.00 2,625.00 300.00		- - -	1530 MADISON AVE SE GRAND RAPIDS, MI 4950
tributions	0.00 2,625.00 300.00	s Made For the Even	- - -	
tributions	2,625.00 300.00	s Made For the Even	- - <u>+</u> \	
tributions	300.00	s Made For the Even	- +)	
		s Made For the Even	<del>_</del>	
	'		L)	
	ser and complete the	e following:	,	
	Contribution S (%)	Split		Expenditure Split (%)
	_			
		(%)	d to file a separate Fund Raiser Schedule for each	d to file a separate Fund Raiser Schedule for each fund raising

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

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



Summary Page.

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## **FUND RAISER SCHEDULE 1F**

128577 1. Committee I.D. Number

CANDIDATE CO	MMITTEE 2. Com	mittee Name COMMITTEE TO	ELECT SENITA LENEAR
	- USE A SEPARATE SH	EET FOR EACH EVENT -	
ate 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.  GOEI CENTER
/16/2024	40	CAMPAIGN END OF CYCLE FUNDRAISER	818 BUTTERWORTH ST S GRAND RAPIDS, MI 49504 Private Residence
tal Contributions	3,070.00		
ner Receipts	0.00		
oss Receipts (Add lines 7 a	and 8) 3,070.00		
otal Cost of Event I Cost includes In-Kind Cor	720.00 ntributions and All Expenditures	Made For the Event)	
Check if event was a joi	nt fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)
DALLAS LENEAR	0		60
MILINDA YSASI	0		40
	<u></u>		<del></del>
			<del></del>

Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.