



FILED

26 JUL 2024 PM 03:16

KENT COUNTY CLERK
GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 01/29/2024 to 07/21/2024

1. Committee I.D. Number

2024002

4. Candidate Last Name First Name M.I.

KRAJEWSKI JOHN D

2. Committee Name

COMMITTEE TO ELECT JOHN KRAJEWSKI

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

CITY COMMISSIONER, WARD 3, GRAND RAPIDS

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

5. Committee's Mailing Address

**P.O. BOX 7742
GRAND RAPIDS, MI 49510**

6. Treasurer's Name & Residential Address

**ROBERT K POLAKOVICH
11001 LAKESHORE DR
WEST OLIVE, MI 49506**

Area Code and Phone (616) 485-4665
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (616) 485-5288

7. Treasurer's Business Address

**11001 LAKESHORE DR
WEST OLIVE, MI 49506**

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

Area Code and Phone (616) 485-5288

Area Code and Phone () -

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

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

Date of Election, Convention or Caucus

08/06/2024

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/26/2024

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/26/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2024002

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>70,982.99</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>70,982.99</u>	(18.) \$ <u>70,982.99</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>70,982.99</u>	(20.) \$ <u>70,982.99</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>42,340.35</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>42,340.35</u>	(23.) \$ <u>42,340.35</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>70,982.99</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>70,982.99</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>42,340.35</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>28,642.64</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/20/2024</u>	
Name & Address: KEVIN POLAKOVICH 11001 LAKESHORE AVE WEST OLIVE, MI 49460		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOAN OFFICER</u> Employer <u>TREADSTONE MORTGAGE</u> Business Address <u>210 FULTON ST E, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/20/2024</u>	
Name & Address: KRISTIN POLAKOVICH 11001 LAKESHORE AVE WEST OLIVE, MI 49460		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: JOAN SECCHIA 2833 BONNELL AVE SE EAST GRAND RAPIDS, MI 49506		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/27/2024</u>	
Name & Address: MARK MURRAY 1940 TALAMORE CT SE GRAND RAPIDS, MI 49546		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 4,900.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/27/2024</u> Name & Address: SIDNEY JANSMA 55 CAMPAU AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>02/27/2024</u> Name & Address: GRAND RAPIDS POLICE OFFICERS ASSOC PAC 01 MONROE CN NW GRAND RAPIDS, MI 49503		\$ <u>12,250.00</u>	\$ <u>12,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/18/2024</u> Name & Address: HARRY BLONDIN 6 SLATESTONE DR SAGINAW, MI 48603		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/23/2024</u> Name & Address: DANIEL HIBMA 1701 PORTER ST SW WYOMING, MI 49519		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>LAND & CO</u> Business Address <u>1701 PORTER ST SW, WYOMING, MI 49519</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **14,950.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/23/2024</u>	
Name & Address: THOMAS BYLENGA 1537 HAWTHORNE HILLS DR SE ADA, MI 49301		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/23/2024</u>	
Name & Address: SIDNEY JANSMA JR 55 CAMPAU AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN OF THE BOARD</u> Employer <u>WOLVERINE GAS AND OIL CORP</u> Business Address <u>55 CAMPAU AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/09/2024</u>	
Name & Address: JAMES WILLIAMS 3706 BUTTRICK AVE SE ADA, MI 49301		\$ <u>700.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN OF THE BOARD</u> Employer <u>WILLIAMS DISTRIBUTING</u> Business Address <u>658 RICHMOND ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>04/09/2024</u>	
Name & Address: GR FIREFIGHTERS UNION PAC 1930 FULLER AVE NE GRAND RAPIDS, MI 49505		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **5,425.00**

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2024</u></p> <p>Name & Address: DANIEL MEYERING 4823 SPG RDG DR NE ADA, MI 49301</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>TRILLIUM INVESTMENTS</u> Business Address <u>25 COMMERCE AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/13/2024</u></p> <p>Name & Address: JOHN BRUHA 2234 OKEMOS DR SE GRAND RAPIDS, MI 49506</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/16/2024</u></p> <p>Name & Address: JULIE DUFFY 1887 TIMBERVIEW DR NE GRAND RAPIDS, MI 49525</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>EDUCATOR</u> Employer <u>HOPE ACADEMY OF WEST MICHIGAN</u> Business Address <u>240 BROWN ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>150.00</u>	\$ <u>150.00</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/16/2024</u></p> <p>Name & Address: HEIDI COOK 3002 RIDGE PORT DR NW GRAND RAPIDS, MI 49544</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR BUSINESS DEVELOPMENT EXECUTIVE</u> Employer <u>ARISTOCRAT</u> Business Address <u>10220 ARISTOCRAT WY, LAS VEGAS, NV 89135</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>150.00</u>	\$ <u>150.00</u>

Page Subtotal **1,625.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/17/2024</u>	
Name & Address: WENDI MOORE 2435 OKEMOS DR SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/17/2024</u>	
Name & Address: VINCENT REILLY 270 HAWK CHASE CT GRAND RAPIDS, MI 49525		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE CAPTAIN</u> Employer <u>CITY OF GRAND RAPIDS</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/17/2024</u>	
Name & Address: PAUL RUSSO 3416 BRETON VALLEY DR SE KENTWOOD, MI 49512		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGIONAL SALES REPRESENTATIVE</u> Employer <u>BOSSARD INC</u> Business Address <u>6521 PRODUCTION DR, CEDAR FALLS, IA 50613</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/17/2024</u>	
Name & Address: GEORGE BAUER 2205 DELANGE DR SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 400.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 2024002
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/17/2024</u>	
Name & Address: GREG LAURIA 2221 BURNING TREE DR SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/18/2024</u>	
Name & Address: KEVIN FITZGERALD 2630 MIDDLEBORO LN NE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/18/2024</u>	
Name & Address: GERRI RHEIN 46 WORCESTER DR NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/19/2024</u>	
Name & Address: JIM FITZGERALD 2135 ROLLING HILLS DR SE GRAND RAPIDS, MI 49546		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>TRINITY HEALTH</u> Business Address <u>2144 E PARIS AVE SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 600.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
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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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/20/2024</u>	
Name & Address: GEORGE SHARPE 844 SKYEVALE NE ADA, MI 49301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT/OWNER</u> Employer <u>SHARPE BUICK, INC</u> Business Address <u>1010 28TH ST SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/20/2024</u>	
Name & Address: KATHERINE BROADDUS 6485 GRENELEFE DR SE GRAND RAPIDS, MI 49546		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>THURN LAW FIRM</u> Business Address <u>3260 EAGLE PARK DR NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/20/2024</u>	
Name & Address: JOE ANNORENO 2230 ROLLING HILLS DR SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/20/2024</u>	
Name & Address: KATHRYN GILBERT 2446 OKEMOS DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 650.00

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/21/2024</u>	
Name & Address: JOSE ROSARIO 4543 CANTERWOOD DR NE ADA, MI 49301		\$ <u>99.00</u>	\$ <u>99.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/21/2024</u>	
Name & Address: JAY KAKATY 2352 OKEMOS DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/21/2024</u>	
Name & Address: JOE LAVOIE 3695 PORTMAN LN SE GRAND RAPIDS, MI 49508		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL MANAGER</u> Employer <u>FOX HONDA OF GRAND RAPIDS</u> Business Address <u>3050 BROADMOOR AVE SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/21/2024</u>	
Name & Address: PAUL KORTE 1810 RIDGEMOOR DR SE GRAND RAPIDS, MI 49506		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 499.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/21/2024</u>	
Name & Address: MIKE MCGIVNEY 4982 MEADOW SPRINGS TRAIL SE ADA, MI 49301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP OF SALES AND MARKETING</u> Employer <u>ALLEN EDWIN HOMES</u> Business Address <u>2186 E CENTRE AVE, PORTAGE, MI 49002</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: KEN KRAJEWSKI 3687 LAKE BIRCH ST NE GRAND RAPIDS, MI 49525		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>ELITE TELEHEALTH</u> Business Address <u>919 N MARKET, WILMINGTON, DE 19801</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: DEBRA MOORE 2250 ONEKAMA DR SE GRAND RAPIDS, MI 49506		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HISTORIAN</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2250 ONEKAMA DR SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: GERALD HUNSBURGER 2208 OTTAWA BEACH RD HOLLAND, MI 49424		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 750.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/23/2024</u>	
Name & Address: TOM MCGOVERN 1649 MILLBANK ST SE GRAND RAPIDS, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/24/2024</u>	
Name & Address: JEN VANDERPOEL 2331 ONEKAMA DR SE GRAND RAPIDS, MI 49506		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>2331 ONEKAMA DR SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/25/2024</u>	
Name & Address: RYAN TIETEMA 2301 RIDGECROFT AVE SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/25/2024</u>	
Name & Address: GEORGE MONAHAN 2452 OAKWOOD DR SE GRAND RAPIDS, MI 49506		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>CLOVER GROUP LLC</u> Business Address <u>2452 OAKWOOD DR SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 650.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/25/2024</u>	
Name & Address: BEN GREENE 1935 4 MILE RD NE GRAND RAPIDS, MI 49525		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/25/2024</u>	
Name & Address: RANDALL CURREY 615 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: PETE STAPLETON 2423 RIDGECROFT AVE SE GRAND RAPIDS, MI 49546		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR ENGINEERING PROJECT MANAGER</u> Employer <u>GE AEROSPACE</u> Business Address <u>3290 PATTERSON AVE SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: DARCY MULLETT 150 DONNYBROOK CT NE ADA, MI 49301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NATIONAL ACCOUNT EXECUTIVE</u> Employer <u>OLYMPUS GROUP</u> Business Address <u>9000 W HEATHER AVE, MILWAUKEE, WI 53224</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 705.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: MARK MASON 8711 NE 119TH ST KIRKLAND, WA 98034		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>PACIFIC SOURCE</u> Business Address <u>2520 RED HILL AVE, SANTA ANA, CA 92705</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/30/2024</u> Name & Address: DAN CONDIT 2500 STRAWBERRY FARM ST NE PLAINFIELD TWP, MI 49306		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/30/2024</u> Name & Address: CHARLIE SECCHIA 5101 SPG RDG DR NE ADA, MI 49301		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SIBSCO</u> Business Address <u>220 LYON ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/01/2024</u> Name & Address: JOAN HART 1545 SEMINOLE RD SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **2,375.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/02/2024</u>	
Name & Address: JIM PASSINAULT 2244 ONEKAMA DR SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>TRINITY HEALTH</u> Business Address <u>300 JEFFERSON AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/02/2024</u>	
Name & Address: MIKE MCGIVNEY 4982 MEADOW SPRINGS TRAIL SE ADA, MI 49301		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP OF SALES AND MARKETING</u> Employer <u>ALLEN EDWIN HOMES</u> Business Address <u>2186 E CENTRE AVE, PORTAGE, MI 49002</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/03/2024</u>	
Name & Address: KEVIN LOVELL 2665 CAPILANO DR SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/03/2024</u>	
Name & Address: GEHRIG LOVELL 2665 CAPILANO DR SE GRAND RAPIDS, MI 49546		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STUDENT</u> Employer <u>STUDENT</u> Business Address <u>2665 CAPILANO DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 650.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/03/2024</u> Name & Address: DAN BOWEN 2750 REEDS LAKE BLVD SE EAST GRAND RAPIDS, MI 49506		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DEMPSEY VENTURES</u> Business Address <u>662 CROSWELL AVE SE, EAST GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/04/2024</u> Name & Address: MATT ARDINGER 5244 E WOODMEADE CT SE ADA, MI 49301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSOCIATE DIRECTOR OF USER EXPERIENCE</u> Employer <u>KPMG</u> Business Address <u>99 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/04/2024</u> Name & Address: SARAH HUFFMAN 2770 ALGER ST SE GRAND RAPIDS, MI 49546		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATIVE ASSISTANT</u> Employer <u>CATHOLIC CENTRAL HIGH SCHOOL</u> Business Address <u>319 SHELDON BLVD SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/05/2024</u> Name & Address: MIKE WILLIAMS 1511 ROSALIND RD SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,450.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
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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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/05/2024</u>	
Name & Address: ELLEN MIKOLAY 5004 SPG RDG DR NE ADA, MI 49301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/05/2024</u>	
Name & Address: LAUREN ELLIOTT 3854 SUNDIAL AVE HUDSONVILLE, MI 49426		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/06/2024</u>	
Name & Address: KEVIN SULLIVAN 3741 LAKESHORE DR SHELBYVILLE, MI 49344		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BEVERAGE WHOLESALER</u> Employer <u>ALLIANCE BEVERAGE</u> Business Address <u>4490 60TH ST SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: MICHAEL NALTNER 2235 ONTONAGON AVE SE GRAND RAPIDS, MI 49506		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>ELI LILLY & CO</u> Business Address <u>301-325 E HENRY, INDIANAPOLIS, IN 46225</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 925.00

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

1. Committee I.D. Number 2024002
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: BENJAMIN ACEVEDO 1346 APPLE CREEK DR SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: JON RAUCH 2435 DANBURY DR SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: MATTHEW BAUER 4981 MEADOW SPRINGS TRAIL SE ADA, MI 49301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR VICE PRESIDENT SALES</u> Employer <u>CRIBL</u> Business Address <u>44 TEHAMA ST, SF, CA 94105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: MATTHEW MCKENITHAN 6066 E BETTY ELYSE LN SCOTTSDALE, AZ 85254		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 300.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: ZACK MARCO 2735 BARFIELD DR SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: ANGIE WITTKOWSKI 2324 EDGEWOOD AVE SE GRAND RAPIDS, MI 49546		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF HUMAN RESOURCES</u> Employer <u>AMWAY</u> Business Address <u>7575 FULTON ST E, ADA, MI 49301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: STACY SMITH 5657 STAUFFER COVE SE CALEDONIA, MI 49316		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: JEFF HUNSBURGER 104 GRAND AVE NE GRAND RAPIDS, MI 49503		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>3RD COAST MARKETING LLC</u> Business Address <u>14422 TWIN OAKS ST, HOLLAND, MI 49424</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 450.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: CHARLES LOTT 2028 RADCLIFF AVE SE GRAND RAPIDS, MI 49546		\$ <u>99.99</u>	\$ <u>99.99</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: ANNE BROWN 2165 GLEN ECHO DR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: TIMOTHY SULLIVAN 5015 MEADOW SPRINGS TRAIL SE ADA, MI 49301		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BEVERAGE DISTRIBUTION</u> Employer <u>ALLIANCE BEVERAGE DISTRIBUTING</u> Business Address <u>4490 60TH ST SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: JEFF EARDLEY 581 VILLAGE SPRINGS DR SE ADA, MI 49301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 499.99

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: JOHN HARMON 2501 ARGUS DR SE GRAND RAPIDS, MI 49546		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OPERATIONS MANAGER</u> Employer <u>CMS</u> Business Address <u>4044 BROCKTON DR SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/08/2024</u>	
Name & Address: BRADLEY DEACON 927 SEYMOUR AVE LANSING, MI 48906		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>525 W ALLEGAN ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/08/2024</u>	
Name & Address: DAVID SASSANO 2160 GLEN ECHO DR SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/08/2024</u>	
Name & Address: JEFF WANNER 2655 BERWYCK RD SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 550.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/10/2024</u> Name & Address: JASON DETTWILER 1552 M.L.K. JR ST SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/10/2024</u> Name & Address: ROBERT GENGLE 2213 SHAWNEE DR SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/10/2024</u> Name & Address: JEREMY SCULLY 5709 18TH AVE HUDSONVILLE, MI 49426		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>JL RENTAL GROUP</u> Business Address <u>PO BOX 68296, GRAND RAPIDS, MI 49516</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/10/2024</u> Name & Address: LINDSAY SCULLY 5709 18TH AVE HUDSONVILLE, MI 49426		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>RE/MAX OF GRAND RAPIDS</u> Business Address <u>4362 CASCADE RD SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 2,800.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/10/2024</u>	
Name & Address: JEFFREY SCHWEITZER 4322 WOODSIDE OAKS DR SE GRAND RAPIDS, MI 49546		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PILOT</u> Employer <u>DELTA AIRLINES</u> Business Address <u>5500 44TH ST SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/10/2024</u>	
Name & Address: JOHN VANDERPOEL 4848 N QUAIL CREST DR SE GRAND RAPIDS, MI 49546		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/10/2024</u>	
Name & Address: DAVID BUTER 2605 GOLFRIDGE DR SE GRAND RAPIDS, MI 49546		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/10/2024</u>	
Name & Address: JAMES MAROSI 2745 STURBRIDGE DR SE ADA, MI 49301		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>WELLS FARGO ADVISORS</u> Business Address <u>2025 E BELTLINE AVE SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 800.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/10/2024</u>	
Name & Address: PAUL OLENICZAK 2201 HEATH DR SE GRAND RAPIDS, MI 49506		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SMITH, HAUGHEY, RICE & ROEGGE</u> Business Address <u>100 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/10/2024</u>	
Name & Address: MAURICIO FERNANDEZ 2272 CASCADE LAKES CIR GRAND RAPIDS, MI 49546		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADJUNCT PROFESSOR</u> Employer <u>GRAND VALLEY STATE UNIVERSITY</u> Business Address <u>1 CAMPUS DR, ALLENDALE TWP, MI 49401</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/10/2024</u>	
Name & Address: BRIAN KRAJEWSKI 1800 ASLAN CT NE ADA, MI 49301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/10/2024</u>	
Name & Address: THOMAS ENGLISH 2324 OKEMOS DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 500.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/10/2024</u>	
Name & Address: DEAN PACIFIC 2528 WESTWINDE DR NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/10/2024</u>	
Name & Address: JOSHUA ENGLAND 1747 EASTBROOK ST SE GRAND RAPIDS, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/10/2024</u>	
Name & Address: JOSEPH MALEWITZ 2251 RIDGECROFT AVE SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/10/2024</u>	
Name & Address: FREDERICK GAST 2456 RIDGECROFT AVE SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 400.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

<small>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.</small>		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/10/2024</u> Name & Address: JULIANNE MEAD 1605 BEARD DR SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/10/2024</u> Name & Address: KEVIN MEYER 5188 JENNYDALE DR SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/10/2024</u> Name & Address: DANIEL HEINTZ 3812 RAVINE WOOD CIR SE GRAND RAPIDS, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/10/2024</u> Name & Address: MATTHEW VICARI 2541 ANNCHESTER DR SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>MILLER JOHNSON</u> Business Address <u>45 OTTAWA AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 450.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/10/2024</u> Name & Address: LAUREN ELLIOTT 3854 SUNDIAL AVE HUDSONVILLE, MI 49426		\$ <u>250.00</u>	\$ <u>325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>GRAND RAPIDS COMMUNITY COLLEGE</u> Business Address <u>143 BOSTWICK AVE NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/17/2024</u> Name & Address: JILL REICHARDT 2120 NEGAUNEE DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/23/2024</u> Name & Address: CHARLIE FERRO 2356 MISSION HILLS DR SE GRAND RAPIDS, MI 49546		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>05/23/2024</u> Name & Address: GRAND RAPIDS CHAMBER PAC 250 MONROE AVE NW STE 150 GRAND RAPIDS, MI 49503		\$ <u>12,250.00</u>	\$ <u>12,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **13,600.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/23/2024</u> Name & Address: COMMITTEE TO KEEP MICHELLE LAJOYE-YOUNG 2999 COOKS CREEK DR NE GRAND RAPIDS TWP, MI 49525		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2024</u> Name & Address: PATRICK SULLIVAN 454 VILLAGE SPRINGS DR SE ADA, MI 49301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BEVERAGE WHOLESALER</u> Employer <u>NWO BEVERAGE</u> Business Address <u>6700 WALES RD, NORTHWOOD, OH 43619</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: J.C. HUIZENGA 3755 36TH ST SE GRAND RAPIDS, MI 49512		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>HUIZENGA GROUP</u> Business Address <u>3755 36TH ST SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: JOHN KENNEDY 4150 E PARIS AVE SE KENTWOOD, MI 49512		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>AUTOCAM MEDICAL</u> Business Address <u>4150 E PARIS AVE SE, KENTWOOD, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 2,800.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: NANCY KENNEDY 4150 E PARIS AVE SE KENTWOOD, MI 49512		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LITERACY ADVOCATE</u> Employer <u>AUTOCAM</u> Business Address <u>4150 E PARIS AVE SE, KENTWOOD, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/09/2024</u>	
Name & Address: RANDALL CURREY 615 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/10/2024</u>	
Name & Address: MARK BISSELL 2345 WALKER AVE NW GRAND RAPIDS, MI 49544		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>BISSELL</u> Business Address <u>2345 WALKER AVE NW, GRAND RAPIDS, MI 49544</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: JEN VANDERPOEL 2331 ONEKAMA DR SE GRAND RAPIDS, MI 49506		\$ <u>30.00</u>	\$ <u>330.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>2331 ONEKAMA DR SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **2,530.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/13/2024</u></p> <p>Name & Address: MICHAEL JANDERNOA 171 MONROE AVE NW GRAND RAPIDS, MI 49503</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>42 NORTH PARTNERS</u> Business Address <u>171 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/23/2024</u></p> <p>Name & Address: SCOTT DAVID VICARI 2505 ALGER ST SE GRAND RAPIDS, MI 49546</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>SALES MANAGER</u> Employer <u>UNIDEN AMERICA CORP</u> Business Address <u>6225 N STATE HIGHWAY 161, STE 300, IRVING, TX 75038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>250.00</u>	\$ <u>250.00</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2024</u></p> <p>Name & Address: DAVID HERNLY 847 PARCHMENT DR SE GRAND RAPIDS, MI 49546</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>DENTIST</u> Employer <u>HERNLY FAMILY AND COSMETIC DENTISTRY, PC</u> Business Address <u>847 PARCHMENT DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>250.00</u>	\$ <u>250.00</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/29/2024</u></p> <p>Name & Address: PAMELA LUCAS 2547 ALMONT AVE SE GRAND RAPIDS, MI 49507</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal **1,775.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/30/2024</u>	
Name & Address: JOHN BRANN 5057 GRAND RIVER DR NE GRAND RAPIDS, MI 49525		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>INTERPHASE INTERIORS</u> Business Address <u>415 LEONARD ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/30/2024</u>	
Name & Address: JOHN D BRANN 7779 TIMBER CANYON DR SE ADA, MI 49301		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BRANN'S STEAKHOUSE AND GRILLE</u> Business Address <u>401 LEONARD ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/30/2024</u>	
Name & Address: SANDRA BRANN 7779 TIMBER CANYON DR SE ADA, MI 49301		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/30/2024</u>	
Name & Address: THOMAS BRANN 4335 56TH ST SW WYOMING, MI 49418		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>TOMMY BRANN'S STEAKHOUSE</u> Business Address <u>4157 DIVISION AVE S, GRAND RAPIDS, MI 49548</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **4,900.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024002
2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/30/2024</u>	
Name & Address: MARY KRUEGER 1595 LARAWAY LAKE DR SE GRAND RAPIDS, MI 49546		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>1595 LARAWAY LAKE DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/01/2024</u>	
Name & Address: DAN TIETEMA 2145 EDGEWOOD AVE SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/01/2024</u>	
Name & Address: LAUREN SNYDER 2265 ONEKAMA DR SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT OF CUSTOMER EXPERIENCE</u> Employer <u>CONSUMERS ENERGY</u> Business Address <u>176 FULTON ST W, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/01/2024</u>	
Name & Address: BLAKE SNYDER 2265 ONEKAMA DR SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>KENT RUBBER SUPPLY</u> Business Address <u>4655 CLYDE PARK AVE SW, WYOMING, MI 49509</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,825.00**

Grand Total of All Schedules 1A
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1. Committee I.D. Number 2024002

2. Committee Name COMMITTEE TO ELECT JOHN KRAJEWSKI

Grand Total of All Schedules 1A
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2024002**
2. Committee Name **COMMITTEE TO ELECT JOHN KRAJEWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GODADDY Address 2155 E GODADDY WAY TEMPE, AZ 85284 <input type="checkbox"/> Fund Raiser	Purpose: WEB SERVICES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/12/2024 Date	\$ 60.19
Expenditure #2 Name GODADDY Address 2155 E GODADDY WAY TEMPE, AZ 85284 <input type="checkbox"/> Fund Raiser	Purpose: WEB SERVICES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/21/2024 Date	\$ 119.88
Expenditure #3 Name USPS Address 2017 EASTERN AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/28/2024 Date	\$ 2.72
Expenditure #4 Name DOLLAR TREE Address 740 28TH ST SW WYOMING, MI 49509 <input type="checkbox"/> Fund Raiser	Purpose: STATIONERY <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/29/2024 Date	\$ 2.12
Expenditure #5 Name USPS Address 2017 EASTERN AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2024 Date	\$ 57.00

Subtotal this page

241.91

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

1. Committee I. D. Number **2024002**
2. Committee Name **COMMITTEE TO ELECT JOHN KRAJEWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address 2017 EASTERN AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2024 Date	\$ 13.60
Expenditure #2 Name CANVA Address 200 E 6TH ST AUSTIN, TX 78701 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/04/2024 Date	\$ 98.00
Expenditure #3 Name NORTHLAND STRATEGIES LLC Address 161 OTTAWA AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: CONSULTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/09/2024 Date	\$ 2,000.00
Expenditure #4 Name USPS Address 2017 EASTERN AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/12/2024 Date	\$ 68.00
Expenditure #5 Name CANVA Address 200 E 6TH ST AUSTIN, TX 78701 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 40.00

Subtotal this page **2,219.60**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2024002**
2. Committee Name **COMMITTEE TO ELECT JOHN KRAJEWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DOLLAR TREE Address 2352 44TH ST SE KENTWOOD, MI 49508 <input checked="" type="checkbox"/> Fund Raiser	Purpose: BALLOONS FOR EVENT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/06/2024 Date	\$ 3.98
Expenditure #2 Name BEER CITY BREAD COMPANY Address 2650 E BELTLINE AVE SE GRAND RAPIDS, MI 49546 <input checked="" type="checkbox"/> Fund Raiser	Purpose: CATERING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/06/2024 Date	\$ 3,307.46
Expenditure #3 Name PARTY CITY Address 5114 28TH ST SE GRAND RAPIDS, MI 49512 <input checked="" type="checkbox"/> Fund Raiser	Purpose: EVENT SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/08/2024 Date	\$ 32.64
Expenditure #4 Name SWIFT PRINTING Address 404 BRIDGE ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/08/2024 Date	\$ 347.25
Expenditure #5 Name NORTHLAND STRATEGIES LLC Address 161 OTTAWA AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: CONSULTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/2024 Date	\$ 1,000.00

Subtotal this page **4,691.33**

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

1. Committee I. D. Number **2024002**
2. Committee Name **COMMITTEE TO ELECT JOHN KRAJEWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STARBUCKS Address 2480 BURTON ST SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/28/2024 Date	\$ 24.91
Expenditure #2 Name USPS Address 2017 EASTERN AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/05/2024 Date	\$ 68.00
Expenditure #3 Name NORTHLAND STRATEGIES LLC Address 161 OTTAWA AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: CONSULTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/05/2024 Date	\$ 1,000.00
Expenditure #4 Name USPS Address 2017 EASTERN AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2024 Date	\$ 68.00
Expenditure #5 Name NOCO PROVISIONS Address 4609 CASCADE RD SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2024 Date	\$ 127.63

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1,288.54

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

1. Committee I. D. Number **2024002**
2. Committee Name **COMMITTEE TO ELECT JOHN KRAJEWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address 2017 EASTERN AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/17/2024 Date	\$ 57.00
Expenditure #2 Name CROP MARKS Address 128 COLDBROOK ST NE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/18/2024 Date	\$ 954.00
Expenditure #3 Name OUTFRONT MEDIA Address 1355 CENTURY AVE SW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: BILLBOARDS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2024 Date	\$ 3,464.00
Expenditure #4 Name UNITED BANK Address 900 E PARIS AVE SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: BANKING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2024 Date	\$ 4.00
Expenditure #5 Name SIP COFFEE Address 806 ALGER ST SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/2024 Date	\$ 23.62

Subtotal this page **4,502.62**

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

1. Committee I. D. Number **2024002**
2. Committee Name **COMMITTEE TO ELECT JOHN KRAJEWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BURLINGTON Address 3800 28TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN SHIRT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/2024 Date	\$ 6.35
Expenditure #2 Name BRASS RING BREWING Address 2404 EASTERN AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/2024 Date	\$ 172.87
Expenditure #3 Name SWIFT PRINTING Address 404 BRIDGE ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/2024 Date	\$ 347.25
Expenditure #4 Name STARBUCKS Address 2480 BURTON ST SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2024 Date	\$ 20.82
Expenditure #5 Name 4IMPRINT Address 101 COMMERCE AVE SW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2024 Date	\$ 305.73

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853.02

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

1. Committee I. D. Number **2024002**
2. Committee Name **COMMITTEE TO ELECT JOHN KRAJEWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name RETAIL SIGN SYSTEMS Address 8111 BELMONT AVE NE PLAINFIELD TWP, MI 49306 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2024 Date	\$ 550.00
Expenditure #2 Name YARD SIGN PLUS Address 10511 KIPP WAY ST HOUSTON, TX 77099 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2024 Date	\$ 746.39
Expenditure #3 Name STARBUCKS Address 2480 BURTON ST SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2024 Date	\$ 20.23
Expenditure #4 Name TORTILLERIA Y RESTAURANTE LA GUADALUPANA Address 1627 DIVISION AVE S GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2024 Date	\$ 50.89
Expenditure #5 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 <input type="checkbox"/> Fund Raiser	Purpose: PARADE CANDY AND SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2024 Date	\$ 378.87

Subtotal this page

1,746.38

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2024002**
2. Committee Name **COMMITTEE TO ELECT JOHN KRAJEWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEDIA PLACE PARTNERS Address 3351 CLAYSTONE ST SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: DIGITAL ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2024 Date	\$ 15,000.00
Expenditure #2 Name CHICKEN COOP Address 1156 DIVISION AVE S GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/28/2024 Date	\$ 55.15
Expenditure #3 Name ATS PRINTING Address 4177 3 MILE RD BAY CITY, MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: T-SHIRT PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/28/2024 Date	\$ 536.43
Expenditure #4 Name HALL STREET BAKERY Address 1200 HALL ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	\$ 62.37
Expenditure #5 Name STAPLES Address 5110 28TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2024 Date	\$ 37.20

Subtotal this page **15,691.15**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2024002**
2. Committee Name **COMMITTEE TO ELECT JOHN KRAJEWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address 2017 EASTERN AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2024 Date	\$ 68.00
Expenditure #2 Name POTBELLY Address 3559 28TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2024 Date	\$ 29.32
Expenditure #3 Name SAM'S CLUB Address 4326 28TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: EVENT SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2024 Date	\$ 407.78
Expenditure #4 Name D&W FRESH MARKET Address 1814 BRETON RD SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR PARADE VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/04/2024 Date	\$ 43.97
Expenditure #5 Name STAPLES Address 5110 28TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2024 Date	\$ 63.59

Subtotal this page **612.66**

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

1. Committee I. D. Number **2024002**
2. Committee Name **COMMITTEE TO ELECT JOHN KRAJEWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CROP MARKS Address 128 COLDBROOK ST NE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: SIGN PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2024 Date	\$ 180.62
Expenditure #2 Name LOWE'S Address 3330 28TH ST SE KENTWOOD, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: SIGN POSTS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2024 Date	\$ 271.94
Expenditure #3 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 <input type="checkbox"/> Fund Raiser	Purpose: EVENT SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2024 Date	\$ 60.60
Expenditure #4 Name STAPLES Address 5110 28TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2024 Date	\$ 137.35
Expenditure #5 Name BP Address 2411 28TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: FUEL <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2024 Date	\$ 13.76

Subtotal this page

664.27

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

1. Committee I. D. Number **2024002**
2. Committee Name **COMMITTEE TO ELECT JOHN KRAJEWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PARTY CITY Address 5114 28TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: EVENT SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2024 Date	\$ 29.58
Expenditure #2 Name TOTAL WINE Address 4923 28TH ST SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: EVENT SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2024 Date	\$ 152.55
Expenditure #3 Name GORDON FOOD SERVICE Address 5665 28TH ST SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: EVENT SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2024 Date	\$ 161.14
Expenditure #4 Name STARBUCKS Address 2480 BURTON ST SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2024 Date	\$ 41.59
Expenditure #5 Name RITE AID Address 2410 BURTON ST SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: DRINKS FOR EVENT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2024 Date	\$ 48.84

Subtotal this page **433.70**

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

1. Committee I. D. Number **2024002**
2. Committee Name **COMMITTEE TO ELECT JOHN KRAJEWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CONDADO TACOS Address 1874 BRETON RD SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2024 Date	\$ 123.36
Expenditure #2 Name PAYPAL Address 2211 N FIRST ST SAN JOSE, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE CONTRIBUTION FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2024 Date	\$ 506.87
Expenditure #3 Name BP Address 2411 28TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: FUEL <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/2024 Date	\$ 13.76
Expenditure #4 Name NORTHLAND STRATEGIES LLC Address 161 OTTAWA AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: CONSULTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/2024 Date	\$ 1,000.00
Expenditure #5 Name SAM'S CLUB Address 4326 28TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: EVENT SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2024 Date	\$ 30.94

Subtotal this page

1,674.93

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

1. Committee I. D. Number **2024002**
2. Committee Name **COMMITTEE TO ELECT JOHN KRAJEWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEGA BEV Address 2770 29TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: EVENT SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2024 Date	\$ 84.80
Expenditure #2 Name ATS PRINTING Address 4177 3 MILE RD BAY CITY, MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: T-SHIRT PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2024 Date	\$ 84.80
Expenditure #3 Name NORTHLAND STRATEGIES LLC Address 161 OTTAWA AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING AND POSTAGE - ALL DONE IN HOUSE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2024 Date	\$ 7,550.64
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page	7,720.24
Grand Total of all Schedules 1B (Complete on last page of Schedule)	42,340.35

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**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2024002**
2. Committee Name **COMMITTEE TO ELECT JOHN KRAJEWSKI**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/07/2024	4. Number of Individuals Attending or Participating (whichever is greater) 120	5. Type of Fund Raising Activity CAMPAIGN KICKOFF	6. Address and Name (If any) of the place where the activity was held. BEER CITY BREAD COMPANY 2650 E BELTLINE AVE SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Private Residence
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7. Total Contributions **10,548.99**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **10,548.99**
10. Total Cost of Event **3,344.08**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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