

#### **CANDIDATE COMMITTEE COVER PAGE**

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KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

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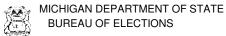
3. This Statement covers From: 02/15/2024 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 07/21/2024 1. Committee I.D. Number 4. Candidate Last Name M.I. ALICIAMARIE BELCHAK Α 2024009 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name CITY COMMISSIONER, WARD 1, GRAND RAPIDS CTE ALICIAMARIE BELCHAK 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 710 JACKSON ST. NW ALICIAMARIE A BELCHAK GRAND RAPIDS, MI 49504 710 JACKSON ST. NW GRAND RAPIDS, MI 49504 Area Code and Phone (616) 459-4888 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (616) 459-4888 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 710 JACKSON ST. NW GRAND RAPIDS, MI 49504 Area Code and Phone (616) 459-4888 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, X Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement ( Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 08/06/2024 10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete. Submitted electronically. Current Treasurer or signature on file 07/26/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 07/26/2024 signature on file Candidate Date Signature

Type or Print Name

1. Committee I.D. Number 2024009

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

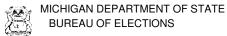
This Period   Cumulative this election cycle	RECEIPTS	Column I	Column II
b. Unitemized (less than \$20.01 each - no Schedule) c. Subtotal of "Contributions" 4. Other Receipts (Schedule 1A -1, Column 6) 4. Other Receipts (Schedule 1A -1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + line 4)  IN-KINID CONTRIBUTIONS & EXPENDITURES 6. In-Kind Contributions (Schedule 1-IK, Column 7) 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  EXPENDITURES 8. Expenditures 8. Expenditures 8. Expenditures 9. Literalized (Schedule 1B, Column 6) 9. TOTAL EXPENDITURES (Add Line 8c) 10. Iteralized (Schedule 1B, Column 6) 9. TOTAL EXPENDITURES (Add Line 8c) 10. Unitemized (sets than \$50.01 each - no Schedule) 10. Disbursements 10. Literalized (Schedule 1C, Column 6) 11. TOTAL KOLDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a - Line 10b) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a - Line 10b) 12. Debts and Obligations 12. Debts and Obligations 13. Ending Balance of last report filed (Inter zero in no previous reports have been filed.) 14. Amount received during reporting period (Ad lines 9 and 11) 17. ENDING BALANCE  18. Spendid (Texperson of the committee (Schedule 1E) 18. Amount reported during reporting period (Ad lines 9 and 11) 17. ENDING BALANCE	3. Contributions		Cumulative this election cycle
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4. Other Receipts (Schedule 1A -1, Column 6)  5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3e + Line 4)  IN-KIND CONTRIBUTIONS & EXPENDITURES  6. In-Kind Contributions (Schedule 1-IK, Column 7)  7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  EXPENDITURES  8. Expenditures  8. Expenditures  9. Itemized (Schedule 1B, Column 6)  10. Itemized (Schedule 1B, Column 6)  10. Itemized Get-Out-the-Vote (Schedule 1B-G)  10. Itemized (less than \$50.01 each - no Schedule)  11. TOTAL EXPENSE DISBURSEMENTS  (Officeholders Only)  10. Disbursements  11. Inotitemized (less than \$50.01 each - no Schedule)  11. TOTAL INDIDENTAL EXPENSE DISBURSEMENTS  (Add Line 10a + Line 10b)  11. TOTAL INDIDENTAL EXPENSE DISBURSEMENTS  (Add Line 10a + Line 10b)  12. Debts and Obligations  13. Ending Balance of last report filed  (Ener zero if no provious reports have been filed)  (A Amount sequence of last report filed  (Ener zero if no provious reports have been filed)  (A Amount sequence of last report filed  (Ener zero if no provious reports have been filed)  (A Amount sequence of last report filed  (Ener zero if no provious reports have been filed)  (A Amount sequence of last report filed  (Ener zero if no provious reports have been filed)  (A Amount sequence of last report filed  (Ener zero if no provious reports have been filed)  (A Amount sequence of last report filed  (A Candidnes 9 and 11)  (ED AMOUNT sequence of last report filed  (A Candidnes 9 and 11)  (ED AMOUNT sequence of last report filed  (A Candidnes 9 and 11)  (ED AMOUNT sequence of last report filed  (A Candidnes 9 and 11)  (ED AMOUNT sequence of last report filed  (A Candidnes 9 and 11)  (ED AMOUNT sequence of last reporting period  (A Candidnes 9 and 11)  (A CENDING BALLANCE	b. Unitemized (less than \$20.01 each - no Schedule)	•	
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6. In-Kind Contributions (Schedule 1-IK, Column 7) 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  EXPENDITURES 8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) Coliceholders Only)  10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)  10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)  DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E)  13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Add lines 9 and 11) 15. ENDING BALANCE  16. S 1,044.37  (22.) \$ 1,044.37  (22.) \$ 0.00  (22.) \$ 0.00  (23.) \$ 1,832.64		(5.) \$ 4,756.00	4,756.00
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8. Expenditures  a. Itemized (Schedule 1B, Column 6)  b. Itemized Get-Out-the-Vote (Schedule 1B-G)  c. Unitemized (less than \$50.01 each - no Schedule)  9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)  1. RICIDENTAL EXPENSE DISBURSEMENTS  (Offliceholders Only)  10. Disbursements  a. Itemized (Schedule 1C, Column 6)  b. Unitemized (less than \$50.01 each - no Schedule)  11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS  (Add Line 10a + Line 10b)  DEBTS AND OBLIGATIONS  12. Debts and Obligations  a. Owed by the Committee (Schedule 1E)  b. Owed to the Committee (Schedule 1E)  13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)  14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)  15. SUBTOTAL Add lines 13 and 14  16. Amount received during reporting period (Add lines 9 and 11)  17. ENDING BALANCE	7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
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c. Unitemized (less than \$50.01 each - no Schedule)  9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)  10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule)  11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)  DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E)  13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE	a. Itemized (Schedule 1B, Column 6)	(σα.) ψ	
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DEBTS AND OBLIGATIONS  12. Debts and Obligations  a. Owed by the Committee (Schedule 1E)  b. Owed to the Committee (Schedule 1E)  13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)  14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)  15. SUBTOTAL Add lines 13 and 14  16. Amount expended during reporting period (Add lines 9 and 11)  17. ENDING BALANCE  (12a.) \$ 1,749.57  (12b.) \$ 0.00  (13.) \$ 0.00  (14.) + \$ 4,756.00  (15.) = \$ 4,756.00  (16.) - \$ 1,832.64			(24) \$ 0.00
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(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)  15. SUBTOTAL Add lines 13 and 14  16. Amount expended during reporting period (Add lines 9 and 11)  17. ENDING BALANCE  (14.) + \$ 4,756.00  (15.) = \$ 4,756.00  (16.) - \$ 1,832.64		BALANCE STATEMENT	
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16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE 1,832.64	15. SUBTOTAL Add lines 13 and 14	(15.) = \$_4,756.00	
17. ENDING BALANCE			
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**CANDIDATE COMMITTEE** 2. Committee N

1. Committee I.D. Number \_\_2024009

Enter contributor's name and address. If cont middle initial. Check box to indicate if contributions reg	ution is from a Political Comr		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt?  Name & Address: LUCAS LEVERETT  938 WALKER AVE NW GRAND RAPIDS, MI 49504	_	eipt 02/26/2024	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide Occupation MARKETING		REACH, INC.		
Business Address 938 WALKER AV Type of Contribution: Direct	E NW, GRAND RA	APIDS, MI 49504  Fund Raiser		
Contribution #2 PAC Receipt?  Name & Address	YES 4. Date of Rece	eipt 02/26/2024		
KIM GATES 7135 MCCORDS AVE SE ALTO, MI 49302			§ 25.00	<u>\$ 25.00</u>
5. If over \$100.00 cumulative, please provide	le:			
OccupationE	mployer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Lame & Address: ROBERT BURKHART 4125 PARK ST N ST. PETERSBURG, FL 33709	YES 4. Date of Rec	eipt <u>02/26/2024</u>	§ 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide	le:			
Occupation LEADER	Employer QUANTUM	I LEAN LLC		
Business Address PO BOX 6708, NO		91		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address LINDA VANWERDEN 8236 CLARKLAND DR SE ALTO, MI 49302	YES 4. Date of Red	ceipt <u>02/27/2024</u>	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide	le:			
Occupation	Employer			
Business Address				
Type of Contribution: Virect	Loan from a person	Fund Raiser		
	G	Page Subtotal Grand Total of All Schedules 1A	325.00	
Page 1 of 15	-	plete on last page of Schedule)	Enter this total on line 3a of Summary Page.	J

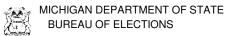


1. Committee I.D. Number \_

2024009

CANDIDATE COMMITTEE

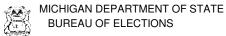
Enter contributor's name and address. middle initial. Check box to indicate if c Committee (PAC) Report <u>all</u> contribution	ontribu	ition is from a Political Com		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receip Name & Address: WILLIAM HIGGINS 7055 WELLER AVE NE ROCKFORD, MI 49341	_		ceipt 02/27/2024	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please					
Occupation		Employer	_		
Business Address  Type of Contribution:   Direct		Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt	?	YES 4. Date of Rec	ceipt 03/03/2024		
Name & Address SHELLY KOSICK 2929 GERALD AVE NE GRAND RAPIDS, MI 4950	5			<sub>\$</sub> _25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please p	rovid	e:			
Occupation	E	mployer			
Business Address			····		
Type of Contribution:		Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt Name & Address: ETHAN PETZOLD 1755 REGENCY ST CANTON, MI 48188	? [	YES 4. Date of Re	03/05/2024	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please p					
Occupation POLITICAL COORDINAT					
Business Address 340 BEAKES S	ST, <i>P</i>	NN ARBOR, MI 48	3104		
Type of Contribution: Direct					
3. Contribution # 4 PAC Receip Name & Address MICHAEL YEH 77 WAVERLY AVE PATCHOGUE, NY 11772	? [	YES 4. Date of Re	eceipt <u>03/12/2024</u>	<sub>\$</sub> 250.00	<sub>\$_</sub> 250.00
5. If over \$100.00 cumulative, please	provid	e:			
Occupation PHYSICIAN		Employer CDC			
Business Address 855 PEACH	TRE		NTA. GA 30308		
Type of Contribution: Direct		Loan from a person	Fund Raiser		
		<u> </u>	Page Subtotal	375.00	
0 45		(Co	Grand Total of All Schedules 1A mplete on last page of Schedule)	Enter this total on	
Page 2 of 15				line 3a of Summary Page.	



1. Committee I.D. Number \_\_2024009

#### **CANDIDATE COMMITTEE**

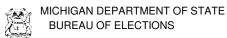
Enter contributor's name and address. If of middle initial. Check box to indicate if con Committee (PAC) Report all contributions	tribution is from a Politic			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: ROMEO FERRER 8064 CROWLEY DR SW	YES 4. Date	e of Recei	pt 03/15/2024	450.00	450.00
BYRON CENTER, MI 49315	•			<sub>\$</sub> 150.00	<sub>\$</sub> 150.00
5. If over \$100.00 cumulative, please pro		EDIN			
Occupation PROGRAM MANAGE			NITED MI 40045		
Business Address 8064 CROWLE	T DR SW, BYRC		7		
Type of Contribution: Direct	Loan from a perso		Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address	YES 4. Date	e of Receip	ot 03/21/2024		
CHRIS HERWEYER					
2560 WOODLAKE RD SW				<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
WYOMING, MI 49519					
5. If over \$100.00 cumulative, please pro		<b>○ ^ ^ \</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CV		
Occupation ORGANIZER					
Business Address 1345 MONROE	AVE NW, GRA	ND RA	APIDS, MI 49505		
Type of Contribution: Direct	Loan from a persor	n	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address:	YES 4. Date	e of Rece	ipt 04/08/2024		
JOSIE RAYMOND					
3704 TAN BARK CT				<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
LOUISVILLE, KY 40220					·
5. If over \$100.00 cumulative, please pro					
Occupation STATE REPRESENTATIV					
Business Address 3704 TAN BARK	CT, LOUISVILL	E, KY	40220		
	<del>_</del>				
3. Contribution # 4 PAC Receipt? Name & Address	YES 4. Da	te of Rece	eipt 04/10/2024		
CYNTHIA KRIEG					
1939 DIAMOND AVE NE				<sub>\$</sub> 100.00	100.00
GRAND RAPIDS, MI 49505				Φ	\$
5. If over \$100.00 cumulative, please pro	ovide:				
Occupation	Employer		· · · · · · · · · · · · · · · · · · ·		
Business Address					
Type of Contribution: V Direct	Loan from a perso	on _	Fund Raiser		
			Page Subtotal	325.00	
			and Total of All Schedules 1A		
0 45		(Comp	lete on last page of Schedule)	Enter this total on line 3a of Summary	•
Page _ 3 _ of _ 15 _				Page.	



1. Committee I.D. Number 2024009

2. Committee Name

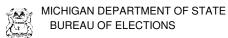
Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Comm Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receivable RICHARD THRUSH 214 BALL PARK BLVD NW GRAND RAPIDS, MI 49504	pt 05/08/2024	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address	<del></del>		
Type of Contribution:   Direct Loan from a person	Fund Raiser		
	pt 05/13/2024		
Name & Address MATTHEW FLANNIGAN 4230 TOMPKINS CT SE GRAND RAPIDS, MI 49546		\$ 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:			
Occupation PHYSICIAN Employer ECS			
Business Address 4100 EMBASSY DR SE, GRAND RA	PIDS, MI 49546		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt PAWLOWSKI 12757 CHESTNUT ST SOUTHGATE, MI 48195	<sup>ipt</sup> 05/17/2024	<sub>\$</sub> 15.00	<sub>\$</sub> 15.00
5. If over \$100.00 cumulative, please provide:			
Occupation DEPUTY MEMBERSHIP DIRECTOR Employer MICHIGAN CO	LLEGE DEMOCRATS		
Business Address 12757 CHESTNUT ST, SOUTHGATE,			
Type of Contribution: Direct Loan from a person	Fund Raiser		_
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt YES 4. Date	eipt 05/17/2024	<sub>\$</sub> 1.00	<sub>\$</sub> 16.00
5. If over \$100.00 cumulative, please provide:			
Occupation DEPUTY MEMBERSHIP DIRECTOR Employer MICHIGAN (	COLLEGE DEMOCRATS		
Business Address 12757 CHESTNUT ST, SOUTHG	ATE, MI 48195		
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	366.00	
(Comp	and Total of All Schedules 1A blete on last page of Schedule)	Enter this total on line 3a of Summary Page.	
Page of		. 490.	



2024009 1. Committee I.D. Number \_

#### **CANDIDATE COMMITTEE**

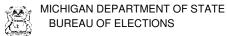
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/02/2024  Name & Address: LISA ARNOLD  129 MILL ST	<sub>\$</sub> 10.00	<sub>\$</sub> 10.00
IONIA, MI 48846	<u>\$ 10.00</u>	\$ 10.00
5. If over \$100.00 cumulative, please provide:  ACCOUNTING ASSISTANT _ SPARTAN NASH		
Occupation ACCOUNTING ASSISTANT Employer SPARTAN NASH  Business Address 850 76TH ST SW, BYRON CENTER, MI 49315		
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/04/2024		
Name & Address		
AMANDA REDER	05.00	05.00
4931 FLAJOLE RD MIDLAND, MI 48642	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 Name & Address:  DAN HESSE  117 KNAPP ST NE  GRAND RAPIDS, MI 49505	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation IT MANAGER Employer ROYCE ROLLS RINGER CO.		
Business Address 16 RIVERVIEW TERRACE NE, GRAND RAPIDS, MI 49505		
Type of Contribution:  Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/06/2024		_
SAM WOLFE 1122 SIBLEY ST NW GRAND RAPIDS, MI 49504	<sub>§</sub> 20.00	<sub>\$</sub> 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation POLITICAL ORGANIZER Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	80.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)  Page 5 of 15	Enter this total on line 3a of Summary Page.	•



1. Committee I.D. Number 2024009

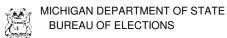
2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/06/2024  Name & Address: GRIFFIN LESLIE 913 FLAT ST NE GRAND RAPIDS, MI 49503	<sub>\$</sub> 20.00	<sub>\$</sub> 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation PSYCH TECH Employer PINE REST		
Business Address 300 68TH ST SE, GRAND RAPIDS, MI 49548		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2024  Name & Address		
BRIGITTE PFEIFFELMANN 123 DWIGHT AVE SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
,		
5. If over \$100.00 cumulative, please provide:  Occupation PUBLIC RELATIONS Employer SPECTACLE CREATIVE MEDIA		
Business Address 547 FULTON ST E, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/06/2024  Name & Address:  MARTA JOHNSON 1343 LOGAN ST SE GRAND RAPIDS, MI 49506	§ 60.00	<sub>\$</sub> 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/06/2024		
Name & Address KATE ROOD 49 STRAIGHT AVE NW GRAND RAPIDS, MI 49504	<sub>\$</sub> 100.00	<sub>\$</sub> _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation PUBLIC HEALTH Employer MPHI		
Business Address 49 STRAIGHT AVE NW, GRAND RAPIDS, MI 49504		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	205.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 6 of 15	Enter this total on line 3a of Summary Page.	



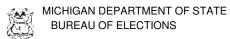
1. Committee I.D. Number \_\_2024009

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/06/2024  Name & Address: HERBERT SEAMONS 139 LANGDON AVE NE GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 20.00	<sub>\$</sub> 20.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2024  Name & Address  GUSTAV HONL-STUENKEL  1265 WASHINGTON BLVD  DETROIT, MI 48226	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONTRACTOR Employer CAMPAIGNS		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/06/2024  Name & Address:  MICHAEL GIBSON 2949 WEST AVE SW  WYOMING, MI 49519	\$ 15.00	<sub>\$</sub> _15.00
5. If over \$100.00 cumulative, please provide:		
Occupation AMAZON WAREHOUSE Employer AMAZON, INC.		
Business Address 4500 68TH ST SE, CALEDONIA, MI 49316		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/06/2024  Name & Address  KENT COUNT DEMOCRATIC PARTY  301 FULTON ST W  GRAND RAPIDS, MI 49504	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	110.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 7 of 15	Page.	



1. Committee I.D. Number \_\_2024009

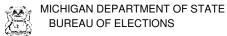
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/06/2024  Name & Address: ARTI PATEL 712 BRIDGE ST NW GRAND RAPIDS, MI 49504	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:  Occupation BUSINESS OWER Employer WEST SIDE SMOKE SHOP  Business Address 712 BRIDGE ST NW, GRAND RAPIDS, MI 49504  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2024  Name & Address  WILLIAM MILZARSKI 6135 ALFALFA LN SE	<sub>\$</sub> 75.00	<sub>\$</sub> 75.00
GRAND RAPIDS, MI 49508  5. If over \$100.00 cumulative, please provide:  Occupation DELI MANAGER Employer FAMILY FARE	*	Ψ
Business Address 9375 CHERRY VALLEY AVE SE, CALEDONIA, MI 49316  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/06/2024  Name & Address:  MARIE CHIMOCHOWICZ 240 PINE AVE NW GRAND RAPIDS, MI 49504	<u>\$</u> 30.00	§ 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 06/07/2024 Name & Address ROBERT BURKHART 4125 PARK ST N ST. PETERSBURG, FL 33709	<sub>\$</sub> 200.00	<sub>\$</sub> 450.00
5. If over \$100.00 cumulative, please provide:  Conversion LEADER  Final year QUANTUM LEAN LLC		
Employer		
Business Address PO BOX 6708, NORTH PORT, FL 34291  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	805.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 6 of 15	Enter this total on line 3a of Summary	
Page O of 15	Page.	



1. Committee I.D. Number \_\_2024009

#### **CANDIDATE COMMITTEE**

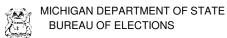
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/13/2024  Name & Address: GREGORY GARNER 1611 FAIRLANE DR NE GRAND RAPIDS, MI 49505  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
Occupation Employer		
Business Address  Type of Contribution:   Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/13/2024	1	
Name & Address  KENT COUNT DEMOCRATIC PARTY 301 FULTON ST W GRAND RAPIDS, MI 49504	<sub>\$</sub> 500.00	<sub>\$</sub> 550.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/24/2024  Name & Address:  MATTHEW MOREY  956 JENNETTE AVE NW  GRAND RAPIDS, MI 49504	<sub>\$</sub> 10.00	<sub>\$</sub> 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation OFFICE MANAGER Employer KENT COUNTY DEMOCRATIC PARTY		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/09/2024  Name & Address  JNNIFER MCCOWN  1142 VETO ST NW  GRAND RAPIDS, MI 49504	<sub>\$</sub> 100.00	<sub>\$</sub> _100.00
5. If over \$100.00 cumulative, please provide:  Occupation LIBRARY ASSISTANT II Employer GRAND RAPIDS PUBLIC LIBRARY		
Business Address 1017 LEONARD ST NW, GRAND RAPIDS, MI 49504		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 9 of 15	Enter this total on line 3a of Summary	



1. Committee I.D. Number \_\_2024009

#### **CANDIDATE COMMITTEE**

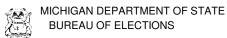
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/14/2024  Name & Address: GEORGE HEARTWELL  8928 S PARSON AVE NEWAYGO, MI 49412  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Baiser	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/14/2024		
Name & Address  ALEX TOREN  13 ELMWOOD ST NE  GRAND RAPIDS, MI 49505	<sub>\$</sub> 10.00	<sub>\$</sub> 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation CAMPAIGN STAFFER Employer SCHOLTEN FOR CONGRESS		
Business Address 560 5TH ST NW, GRAND RAPIDS, MI 49504		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/15/2024  Name & Address:  MATTHEW MOREY  956 JENNETTE AVE NW  GRAND RAPIDS, MI 49504	<u>\$ 10.00</u>	<sub>\$</sub> 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation OFFICE MANAGER Employer KENT COUNTY DEMOCRATIC PARTY		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/15/2024  Name & Address  JULIA KELLY  608 PROSPECT AVE SE  GRAND RAPIDS, MI 49503	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WILLEY & CHAMBERLAIN		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	370.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 10 of 15	line 3a of Summary Page.	



1. Committee I.D. Number 2024009

2. Committee Name

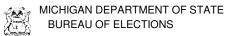
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/15/2024  Name & Address: JUSTINE BRYANT  1864 GEORGETOWN DR SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide: Occupation ASSISTANT PROFESSOR Employer GRCC  Business Address	<sub>\$</sub> 20.00	<sub>\$</sub> 20.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/15/2024  Name & Address  HUGH M WILLIAMS 538 BOND AVE NW  GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 180.00	<sub>\$</sub> 180.00
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/15/2024  Name & Address:  RAE WESTERHOF  1002 WALSH ST SE  GRAND RAPIDS, MI 49507  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person  Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/15/2024  Name & Address  CHARISSA HUANG  1317 NORTHLAWN ST NE  GRAND RAPIDS, MI 49505	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SMITH HAUGHEY RICE & ROEGGE		
Business Address 100 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	250.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 11 of 15	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number \_\_2024009

#### **CANDIDATE COMMITTEE**

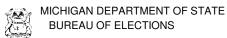
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/15/2024  Name & Address: JEFFREY THOMAS  447 CEDAR ST NE GRAND RAPIDS, MI 49503	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:  Occupation WEB DESIGNER/DEVELOPER Employer GRANDESIGNS  Business Address 447 CEDAR ST NE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/15/2024  Name & Address  JEFFREY THOMAS  447 CEDAR ST NE	<sub>\$</sub> 25.00	<sub>\$</sub> 75.00
GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide:  Occupation WEB DESIGNER/DEVELOPER Employer GRANDESIGNS	\$ <u></u>	\$ <b>7 0.00</b>
Business Address 447 CEDAR ST NE, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/15/2024  Name & Address:  NANCY MORALES  1805 BERKLEY AVE SW  WYOMING, MI 49509	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:  Occupation CLIMATE JUSTICE ORGANIZER Employer URBAN CORE COLLECTIVE  Business Address 1646 HAVANA AVE SW, WYOMING, MI 49509  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/15/2024 Name & Address TAMI VANDENBERG 1450 MILTON ST SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:  Occupation BUSINESS OWNER Employer THE PYRAMID SCHEME & THE MEANWHILE		
Business Address 68 COMMERCE AVE SW, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	600.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 12 of 15	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number \_\_2024009

#### **CANDIDATE COMMITTEE**

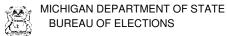
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/15/2024  Name & Address: CLAY WEST		
1600 GLEN FOREST DR SE	50.00	50.00
ADA, MI 49301	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation JUDGE Employer KENT COUNTY, MI		
Business Address 180 OTTAWA AVE SW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/15/2024		
Name & Address GREGORY GARNER		
1611 FAIRLANE DR NE	<sub>\$</sub> 25.00	<sub>\$</sub> 50.00
GRAND RAPIDS, MI 49505	<u>\$ 20.00</u>	\$ <b>30.00</b>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/15/2024  Name & Address:  BETH BOLTINGHOUSE 2730 LEONARD ST NW GRAND RAPIDS, MI 49504	§ 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/16/2024		
Name & Address SAM WOLFE		
1122 SIBLEY ST NW	25.00	4F 00
GRAND RAPIDS, MI 49504	<sub>\$</sub> 25.00	<sub>\$_</sub> 45.00
5. If over \$100.00 cumulative, please provide:		
Occupation CAMPAIGN MANAGER Employer MDHF		
Business Address S WASHINGTON AVE, USA SUITE E, LANSING, MI 48933		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	150.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	_
Page 13 of 15	line 3a of Summary Page.	



1. Committee I.D. Number \_\_2024009

#### **CANDIDATE COMMITTEE**

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/17/2024  Name & Address: CHRISTINE MULLAN 2530 LEONARD ST NW		
GRAND RAPIDS, MI 49504	<sub>\$</sub> 25.00	<sub>s</sub> 25.00
5. If over \$100.00 cumulative, please provide:	Ψ	<u>*</u>
Occupation SOCIAL WORKER Employer D.A. BLODGETT-ST. JOHN'S		
Business Address 805 LEONARD ST NE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/18/2024		
Name & Address  JESSIE EMDIN-HILL		
1439 TRAILSIDE CT NW	<sub>\$</sub> 10.00	<sub>\$</sub> 10.00
GRAND RAPIDS, MI 49504	\$	\$ 10100
5. If over \$100.00 cumulative, please provide:		
Occupation ACCOUNT MANAGER Employer BSWIFT		
Business Address 500 W MONROE ST, CHICAGO, IL 60661		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/18/2024		
Name & Address:		
1346 DERBY DR NW	<sub>\$</sub> 15.00	<sub>s</sub> 15.00
GRAND RAPIDS, MI 49504		Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/18/2024  Name & Address		
KELLY MOORE		
1013 WEBSTER ST NW	<sub>\$</sub> 10.00	<u>,</u> 10.00
GRAND RAPIDS, MI 49504	<b>5</b>	\$
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	60.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	<del>-</del>
Page 14 of 15	Page.	



1. Committee I.D. Number

2024009

#### **CANDIDATE COMMITTEE**

## CTE ALICIAMARIE BELCHAK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.			tion is from a Political Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: MICHELE COY 1633 6TH ST N GRAND RAPID	W		YES 4. Date of Receipt <u>07/20/2024</u>	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cum	ulative, please pro	vid	e:		
Occupation		_	Employer		
Business Address					
Type of Contribution:	Direct		Loan from a person Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Receipt		
				\$	\$
5. If over \$100.00 cum	ulative, please pro	vid	e:	Click Here fo	r Memo Itemization
Occupation		_ E	nployer		
Business Address					
Type of Contribution:	Direct		Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of Receipt		
				\$	\$
5. If over \$100.00 cum	ulative, please pro	vid	e:	Click Here for	Memo Itemization
Occupation			Employer		
Business Address					
Type of Contribution:	Direct		Loan from a person Fund Raiser		_
Contribution # 4     Name & Address	PAC Receipt?		YES 4. Date of Receipt		
				\$	\$
5. If over \$100.00 cum	ulative, please pro	vid	e:	Click Here for	Memo Itemization
Occupation		_	Employer		
Business Address		_			
Type of Contribution:	Direct		Loan from a person Fund Raiser		
			Page Subtotal	100.00	
			Grand Total of All Schedules 1A	4,756.00	
			(Complete on last page of Schedule)	Enter this total on	_l

Page 15 of 15

line 3a of Summary Page.



# **ITEMIZED IN-KIND CONTRIBUTIONS** SCHEDULE 1-IK 1. Committee I. D. Number 2024009 CANDIDATE COMMITTEE 2. Committee Name CTF ALICIA

## 2 Committee Name CTE ALICIAMARIE BELCHAK

CANDIDATE COMM	IITTEE 2. Committee Name 3 1 - 7 1 - 1 3 17 11		
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: WRITTER / JOURNALIST; LIFE & LEADERSHIP COACH Employer Name & Business Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504  Fund Raiser Contribution	4. Sendorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others Formation CREDIT UNION MEMBERSHIP / REQUIRED ACCOUNT BALANCE  5. Date Of Receipt: 02/23/2024 6. Vendor Name & Address: LAKE MICHIGAN CREDIT UNION P.O. BOX 2848, GRAND RAPIDS, MI 49501	5.00	\$5.00
Contribution # 2 PAC Receipt? Yes Name & Address ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504  If over \$100.00 cumulative, please provide:	Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others- LOAN  Description WEBSITE DOMAIN NAME		\$ <u>17.17</u>
Occupation: WRITER/JOURNALIST; LIFE & LEADERSHIP COACH Employer Name & Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504  Fund Raiser Contribution	5. Date Of Receipt: 05/10/2024  6. Vendor Name & Address: GODADDY INC / GODADDY.COM, LLC 2155 E GODADDY WAY, TEMPE, AZ 85284		
Contribution #3 PAC Receipt? Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: writer/Journalist; Life & LEADERSHIP COACH Employer Name & Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504  Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description VOTER ACTIVATION NETWORK (VAN)  5. Date Of Receipt: 05/28/2024 6. Vendor Name & Address: MICHIGAN DEMOCRATIC PARTY 606 TOWNSEND ST, LANSING, MI 48933	150.00	167.17
	Page Subtot	167.17	0.00
	Grand Total of all Schedules 1- (Complete on last page of Schedu		

Enter this total on line 6 of Summary Page

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

1. Committee I. D. Number 2024009

#### CANDIDATE COMMITTEE

CANDIDATE COMIN			
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	39.17	\$ 206.34
GRAND RAPIDS, MI 49504  If over \$100.00 cumulative, please provide: Occupation: WRITER / JOURNALIST; LIFE & LEADERSHIP COACH  Employer Name & Business Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504  Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others- LOAN  Description PARTY SUPPLIES FOR CAMPAIGN LAUNCH  5. Date Of Receipt: 06/03/2024  6. Vendor Name & Address: AMAZON, INC. (ORDER # 111-0710734-7194668) 410 TERRY AVE N, SEATTLE, WA 98109		
Contribution # 2 PAC Receipt? Yes Name & Address ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504  If over \$100.00 cumulative, please provide: Occupation: WRITER/JOURNALIST; LIFE & LEADERSHIP COACH Employer Name & Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504  Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description PARTY SUPPLIES & BALOONS  5. Date Of Receipt: 06/06/2024  6. Vendor Name & Address: MICHAEL'S STORES 9189 WALKER AVE NW, COMSTOCK PARK, MI 49321	ł.22	210.56
Contribution #3 PAC Receipt? Yes Name & Address:  ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504  If over \$100.00 cumulative, please provide:  Occupation: writer/journalist; life & LEADERSHIP COACH Employer Name & Address:  SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504  Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated \$ 16 ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description PARTY SUPPLIES & BALLOONS  5. Date Of Receipt: 06/06/2024 6. Vendor Name & Address: DOLLAR TREE 3343 ALPINE AVE NW, GRAND RAPIDS, MI 49544	6.97 <sub>\$</sub>	227.53
	Page Subtotal	60.36	0.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		



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

1. Committee I. D. Number <u>202</u>4009

CANDIDATE COMIV	IIIIIEE 2. Committee Name		<del></del>
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: WRITER / JOURNALIST; LIFE & LEADERSHIP COACH Employer Name & Business Address: SELF-EMPLOYED	Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others-LOAN  Description  CAMPAIGN LAUNCH:500 RACK CARDS, 36X72 VINYL BANNER  5. Date Of Receipt:  O6/15/2024  6. Vendor Name & Address:		\$ 408.37
710 JACKSON ST NW, GRAND RAPIDS, MI 49504  Fund Raiser Contribution	THE ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD, PONTIAC, MI 48341	mo Itemization Beld	)W
Contribution # 2 PAC Receipt? Yes Name & Address ALICIAMARIE BELCHAK 710 JACKSON ST NW	4.  Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others  \$ (9)	95.00)	0.00
GRAND RAPIDS, MI 49504  If over \$100.00 cumulative, please provide: Occupation: WRITER / JOURNALIST; LIFE & LEADERSHIP COACH Employer Name & Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504  Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others- LOAN  Description CAMPAIGN LAUNCH: 500 RACK CARDS  5. Date Of Receipt: 06/15/2024  6. Vendor Name & Address:  THE ORIGINAL PRINT SHOPPE  270 S TELEGRAPH RD,  PONTIAC, MI 48341	emo Itemization)	
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$ (7)	'5.60) <sub>\$</sub>	0.00
ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: WRITER/JOURNALIST; LIFE & LEADERSHIP COACH Employer Name & Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504  Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN  Description CAMPAIGN LAUNCH: 36X72 VINYL BANNER  5. Date Of Receipt: 06/15/2024  6. Vendor Name & Address:	emo Itemization)	
	Page Subtotal	180.84	0.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		



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

1. Committee I. D. Number 2024009

#### CANDIDATE COMMITTEE

# 2. Committee Name CTE ALICIAMARIE BELCHAK

0, 11, 12, 11, 12, 11, 12, 11, 11, 11, 11	··· ·		
3. Name and Address from whom received If contribution is from an individual, enter last	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market	8. Cumulative
name first. Check box to indicate if contribution	5. Date of Receipt	Value	for Election Cycle (Through
is from a Political Committee or an Independent Committee (Both are commonly called PACs).	<ol><li>Name &amp; Address of Vendor from whom goods or services were purchased</li></ol>	<del>)</del>	date in Item 5)
Report all in-kind contributions.			
Contribution # 1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address: ALICIAMARIE BELCHAK	Goods Donated or Loaned Services Donated	s (10.24)	0.00
710 JACKSON ST NW	Goods or Services Purchased by Candidate or Others	φ <u>( -                                   </u>	
GRAND RAPIDS, MI 49504	Goods or Services Purchased by Candidate or Others- LOAN	I	
If over \$100.00 cumulative, please provide:	Description MICHIGAN SALES TAX		
Occupation: WRITER / JOURNALIST; LIFE & LEADERSHIP COACH			
Employer Name & Business Address:	5. Date Of Receipt: 06/15/2024		
SELF-EMPLOYED 710 JACKSON ST NW,	6. Vendor Name & Address: THE ORIGINAL PRINT SHOPPE	(NA   t   t	
GRAND RAPIDS, MI 49504	270 S TELEGRAPH RD,	(Memo Itemization)	
	PONTIAC, MI 48341		
Fund Raiser Contribution			
Contribution # 2 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address ALICIAMARIE BELCHAK	Goods Donated or Loaned Services Donated	000.00	1 005 01
710 JACKSON ST NW	Goods or Services Purchased by Candidate or Others	636.00 s	1,225.21
GRAND RAPIDS, MI 49504	Goods or Services Purchased by Candidate or Others- LOAI	N	
·	Description 5000 RACK CARDS / DOOR LITERATURE		
If over \$100.00 cumulative, please provide: Occupation: WRITER / JOURNALIST; LIFE & LEADERSHIP COACH	5. Date Of Receipt: 06/25/2024	-	
Employer Name & Address:	5. Date Of Receipt: OO/LO/LOLI		
SELF-EMPLOYED	6. Vendor Name & Address:		
710 JACKSON ST NW,	THE ORIGINAL PRINT SHOPPE		
GRAND RAPIDS, MI 49504	270 S TELEGRAPH RD,		
Fund Baisan Cantribution	PONTIAC, MI 48341		
Fund Raiser Contribution	. 🗖		
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan		
Name & Address.	Goods Donated or Loaned Services Donated \$_	\$	
	Goods or Services Purchased by Candidate or Others		
	Goods or Services Purchased by Candidate or Others- LOAN	I	
If over \$100.00 cumulative, please provide:	Description		
Occupation:		-	
Employer Name & Address:	5. Date Of Receipt:  6. Vendor Name & Address:		
	0. Venuoi name & Address.	Click Here for Memo It	emization
Fund Raiser Contribution			
			4 00= 0:
	Page Subto	otal   636.00	1,225.21
	Grand Total of all Schedules	I-IK 1 044 07	
	(Complete on last page of Schedi		

Enter this total on line 6 of Summary Page



#### **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number 2024009

## 2 Committee Name CTE ALICIAMARIE BELCHAK

2.0	ommittee name		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ACTBLUE		03/01/2024	. 0.01
AOTBLUL			\$ <u>6.01</u>
Address	Purpose: CREDIT CARD SERVICE FEES	Date	
PO BOX 441146	,		
SOMERVILLE, MA 02144			
,	Check box if this expenditure is payment of		
□ <sub>-</sub>	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name ACTBLUE		04/01/2024	
ACTBLOL			\$ 7.51
Address	Purpose: CREDIT CARD SERVICE FEES	Date	
PO BOX 441146	- Larpose.		
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Experience #0			
Name ACTBLUE		05/01/2024	0.75
7.6.2262			\$ <u>0.75</u>
Address	Purpose: CREDIT CARD SERVICE FEES	Date	
PO BOX 441146			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name ACTBLUE		06/01/2024	
		Date	\$ 5.50
Address	Purpose: CREDIT CARD SERVICE FEES	Dale	
PO BOX 441146			
SOMERVILLE, MA 02144			
,	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
'			
Name THE ORIGINAL PRINT SHOPPE		06/25/2024	* 4 00 4 07
Address	Purpose: BULK MAIL PIECE	Date	\$ <u>1,804.37</u>
270 S TELEGRAPH RD	ruipose. — S — S — S — S — S — S — S — S — S —		
PONTIAC, MI 48341	Memo	Itemization Bel	ow
1 01411/10, WII 10011	Check box if this expenditure is payment of		
П	debt or obligation reported on previous		
Fund Raiser	statement		
	Subtot	tal this page	1,824.14
		<u> </u>	1,027.17
	Grand Total of all S		
	(Complete on last page	or Scheanie)	

Enter this total on line 8a of Summary Page



#### **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

## 2. Committee Name CTE ALICIAMARIE BELCHAK

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name THE ORIGINAL PRINT SHOPPE  Address 270 S TELEGRAPH RD PONTIAC, MI 48341	Purpose: BULK MAIL PIECE: 4010 8.5X5.5 POSTCARDS	06/25/2024 Date Date	\$ <u>(300.75)</u>
Fund Raiser	statement		
Name THE ORIGINAL PRINT SHOPPE	BULK MAIL PIECE: POSTAGE AND HANDLING Purpose:	06/25/2024 Date	\$ <u>(1,485.58)</u>
Address 270 S TELEGRAPH RD PONTIAC, MI 48341	(Memo	Itemization)	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3  Name THE ORIGINAL PRINT SHOPPE		06/25/2024	\$ (18.04)
Address 270 S TELEGRAPH RD PONTIAC, MI 48341	<b> </b>	Date Itemization)	<u>(:::::::)</u>
Fund Raiser	LICheck box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: CREDIT CARD SERVICE FEES	07/01/2024 Date	\$ 8.50
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name			
Address	Purpose:	Date	\$
Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Memo	Itemization Type
	Subto	tal this page	8.50
	Grand Total of all S		1,832.64

Enter this total on line 8a of Summary Page



## **DEBTS AND OBLIGATIONS SCHEDULE 1E**

1. Committee I.D. Number \_\_\_\_\_2024009

<b>CANDIDATE</b>	COMMITTEE

2. Committee Name CTE ALICIAMARIE BELCHAK

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee <b>OR</b> b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> rpose checked.)	or forgiven <u>by</u> the cor	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: UNREIMBURSED EXPENSE / IN-KIN  5. Date Debt Was Incurred:	\$ \$ \$	\$ 0.00	\$_12.17_
	\$ 12.17	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW	4. Type:	\$ \$		
GRAND RAPIDS, MI 49504	05/28/2024 6. Original Amount of Debt:  \$ 150.00	\$	\$ 0.00	\$_150.00
		<u> </u>		
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	<u> </u>
Debt #3 Corp? Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type:CAMPAIGN LAUNCH AMAZON SUP  5. <u>Date Debt Was Incurred</u> :06/03/2024  6. <u>Original Amount of Debt</u> :39.17	\$ \$ \$ \$	\$_0.00	\$ 39.17
If bank loan, name of endorser or guarantor:		\$ 	Amount Endorsed: \$_	
		Page Subtota	al (Outstanding debt)	201.34
(C	omplete on last page of Schedule s	Grand Tota	al of all Schedules 1E	
	-	•	,	Enter this total

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

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

Page 1 of 3



## **DEBTS AND OBLIGATIONS SCHEDULE 1E**

1. Committee I.D. Number \_\_\_\_\_2024009

•		- —
<b>CANDIDA</b>	TE COM	MITTEE

## 2. Committee Name CTE ALICIAMARIE BELCHAK

OANDIDATE OOMINITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee <b>OR</b> b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	or forgiven <u>by</u> the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW	4. Type: CAMPAIGN LAUNCH PARTY SUPPL  5. Date Debt Was Incurred:  0.0 (0.0 (0.0 0.0 4)	* *		
GRAND RAPIDS, MI 49504	06/06/2024	\$	\$ 0.00	<sub>\$</sub> 21.19
	6. Original Amount of Debt	\$	\$ 0.00	<b>—</b>
	\$ <u>21.19</u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			nount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: ALICIAMARIE BELCHAK	4. Type: UNREIMBURSED EXPENSE / IN-KIN	\$		
710 JACKSON ST NW	5. <u>Date Debt Was Incurred</u> : 06/15/2024	\$		
GRAND RAPIDS, MI 49504	6. Original Amount of Debt:	\$	\$ 0.00	\$_180.84
	<sub>\$</sub> _180.84	\$		FORGIVEN
		\$		TONGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
ALICIAMARIE BELCHAK	5. <u>Date Debt Was Incurred</u> :	\$		
710 JACKSON ST NW GRAND RAPIDS, MI 49504	06/25/2024	<u> </u>		
CITAND HALIDS, WII 49304	6. Original Amount of Debt:	\$	\$_0.00	\$_636.00
	<sub>\$</sub> 636.00	·		FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$	
		Page Subtota	al (Outstanding debt)	838.03
(C	complete on last page of Schedule s	Grand Tota showing amounts owed by	l of all Schedules 1E or to the committee)	Enter this total

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

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

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## **DEBTS AND OBLIGATIONS SCHEDULE 1E**

1. Committee I.D. Number 2024009

OUNIEDOLL IL		( '	Ĺ
CANDIDATE COMMITTEE	2. Committee Name	CI	ı
CANDIDATE COMMITTEE			

E ALICIAMARIE BELCHAK

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Chec	mittee <b>OR</b> b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> curpose checked.)	or forgiven <u>by</u> the cor	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: THE ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD	4. Type:  5. <u>Date Debt Was Incurred</u> :	\$		
PONTIAC, MI 48341	07/03/2024 6. Original Amount of Debt: \$ 710.20	\$	\$ 0.00	\$_710.20
If bank loan, name of endorser or guarantor:	\$	 \$ Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$ \$		
	6. Original Amount of Debt:	\$ \$	\$	\$
If bank loan, name of endorser or guarantor:	Ψ	\$Aı	mount Endorsed: \$_	FORGIVEN
Debt #3 Corp? Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred:	\$ \$		
	6. Original Amount of Debt:	\$	\$	\$FORGIVEN
If bank loan, name of endorser or guarantor:		\$A	.mount Endorsed: \$_	
		Page Subtota	l (Outstanding debt)	710.20
(C	omplete on last page of Schedule s	Grand Tota showing amounts owed by	of all Schedules 1E or to the committee)	1,749.57

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

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

Page 3 of 3



Summary Page.

Page 1 of 2

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

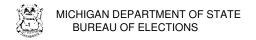
1. Committee I.D. Number 2024009

## 2. Committee Name CTE ALICIAMARIE BELCHAK

	- USE A SEPARATE SH	EET FOR EACH EVENT -	
. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. FULTON STREET PUB & GRI
06/06/2024	40	CAMPAIGN LAUNCH	801 FULTON ST W GRAND RAPIDS, MI 49504  Private Residence
Total Contributions	1,200.00		
Other Receipts	0.00	<del> </del>	
Gross Receipts (Add lines 7	and 8) 1,200.00	<del> </del>	
. Total Cost of Event otal Cost includes In-Kind Co	60.36 ontributions and All Expenditures	Made For the Event)	
. Check if event was a jo	oint fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S	Split	Expenditure Split
	(%)		(%)
			(%) 
			(%) 
	(%) 		(%) 
	(%) 		(%) 
	(%) -		(%) 
	(%) -		(%)
	(%)		(%)

Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the

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



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

1. Committee I.D. Number 2024009

	- USE A SEPARATE SH	EET FOR EACH EVENT -		
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. THE PYRAMID SCHEME	
07/15/2024	20	FUNDRAISER FOR FIRST WARD	68 COMMERCE AVE SW GRAND RAPIDS, MI 49503 Private Residence	
7. Total Contributions	1,370.00			
8. Other Receipts	0.00			
9. Gross Receipts (Add lines 7 a	and 8) 1,370.00	<del> </del>		
10. Total Cost of Event (Total Cost includes In-Kind Cor	0.00  ntributions and All Expenditures	Made For the Event)		
11. Check if event was a join	int fund raiser and complete the	following:		
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)	
	<u></u>			
-	-			
	<del>-</del>			
	-			
The committee is require	red to file a separate Fund Raise	er Schedule for each fund raising	event held during the	

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

Page	2	of 2
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