



FILED

26 JUL 2024 PM 04:39

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: 02/15/2024 to 07/21/2024

1. Committee I.D. Number

2024009

4. Candidate Last Name

BELCHAK

First Name

ALICIAMARIE

M.I.

A

2. Committee Name

CTE ALICIAMARIE BELCHAK

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

CITY COMMISSIONER, WARD 1, GRAND RAPIDS

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

5. Committee's Mailing Address

**710 JACKSON ST. NW
GRAND RAPIDS, MI 49504**

6. Treasurer's Name & Residential Address

**ALICIAMARIE A BELCHAK
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 be sent to this address by the filing official.

Area Code & Phone (616) 459-4888

7. Treasurer's Business Address

**710 JACKSON ST. NW
GRAND RAPIDS, MI 49504**

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

Area Code and Phone (616) 459-4888

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 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,756.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4,756.00</u>	(18.) \$ <u>4,756.00</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>4,756.00</u>	(20.) \$ <u>4,756.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,044.37</u>	(21.) \$ <u>1,044.37</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>1,832.64</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>1,832.64</u>	(23.) \$ <u>1,832.64</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>1,749.57</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>4,756.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4,756.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,832.64</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,923.36</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024009
2. Committee Name 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 <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>02/26/2024</u>	
Name & Address: LUCAS LEVERETT 938 WALKER AVE NW GRAND RAPIDS, MI 49504		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING</u> Employer <u>MARKETREACH, INC.</u> Business Address <u>938 WALKER AVE NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/26/2024</u>	
Name & Address: KIM GATES 7135 MCCORDS AVE SE ALTO, MI 49302		\$ <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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/26/2024</u>	
Name & Address: ROBERT BURKHART 4125 PARK ST N ST. PETERSBURG, FL 33709		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEADER</u> Employer <u>QUANTUM LEAN LLC</u> Business Address <u>PO BOX 6708, NORTH PORT, FL 34291</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>02/27/2024</u>	
Name & Address: LINDA VANWERDEN 8236 CLARKLAND DR SE ALTO, MI 49302		\$ <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			

Page Subtotal 325.00

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 2024009
2. Committee Name 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 <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: WILLIAM HIGGINS 7055 WELLER AVE NE ROCKFORD, MI 49341		\$ <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>03/03/2024</u>	
Name & Address: SHELLY KOSICK 2929 GERALD AVE NE GRAND RAPIDS, MI 49505		\$ <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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/2024</u>	
Name & Address: ETHAN PETZOLD 1755 REGENCY ST CANTON, MI 48188		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICAL COORDINATOR</u> Employer <u>MICHIGAN LEAGUE OF CONSERVATION VOTERS</u> Business Address <u>340 BEAKES ST, ANN ARBOR, MI 48104</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>03/12/2024</u>	
Name & Address: MICHAEL YEH 77 WAVERLY AVE PATCHOGUE, NY 11772		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>CDC</u> Business Address <u>855 PEACHTREE ST NE, ATLANTA, GA 30308</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 375.00

Grand Total of All Schedules 1A
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CANDIDATE COMMITTEE**

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2. Committee Name 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 <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>03/15/2024</u>	
Name & Address: ROMEO FERRER 8064 CROWLEY DR SW BYRON CENTER, MI 49315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM MANAGER</u> Employer <u>LINKEDIN</u> Business Address <u>8064 CROWLEY DR SW, BYRON CENTER, MI 49315</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>03/21/2024</u>	
Name & Address: CHRIS HERWEYER 2560 WOODLAKE RD SW WYOMING, MI 49519		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>MICHIGAN LCV</u> Business Address <u>1345 MONROE AVE NW, GRAND RAPIDS, MI 49505</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>04/08/2024</u>	
Name & Address: JOSIE RAYMOND 3704 TAN BARK CT LOUISVILLE, KY 40220		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>COMMONWEALTH OF KENTUCKY</u> Business Address <u>3704 TAN BARK CT, LOUISVILLE, KY 40220</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>04/10/2024</u>	
Name & Address: CYNTHIA KRIEG 1939 DIAMOND AVE NE GRAND RAPIDS, MI 49505		\$ <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 325.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/08/2024</u> Name & Address: RICHARD THRUSH 214 BALL PARK BLVD NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ 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>05/13/2024</u> Name & Address: MATTHEW FLANNIGAN 4230 TOMPKINS CT 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>ECS</u> Business Address <u>4100 EMBASSY DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/17/2024</u> Name & Address: ROBERT PAWLOWSKI 12757 CHESTNUT ST SOUTHGATE, MI 48195		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY MEMBERSHIP DIRECTOR</u> Employer <u>MICHIGAN COLLEGE DEMOCRATS</u> Business Address <u>12757 CHESTNUT ST, SOUTHGATE, MI 48195</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>05/17/2024</u> Name & Address: ROBERT PAWLOWSKI 12757 CHESTNUT ST SOUTHGATE, MI 48195		\$ <u>1.00</u>	\$ <u>16.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY MEMBERSHIP DIRECTOR</u> Employer <u>MICHIGAN COLLEGE DEMOCRATS</u> Business Address <u>12757 CHESTNUT ST, SOUTHGATE, MI 48195</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **366.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 2024009
2. Committee Name 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 <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>06/02/2024</u>	
Name & Address: LISA ARNOLD 129 MILL ST IONIA, MI 48846		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTING ASSISTANT</u> Employer <u>SPARTAN NASH</u> Business Address <u>850 76TH ST SW, BYRON CENTER, MI 49315</u> Type of Contribution: <input 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>06/04/2024</u>	
Name & Address: AMANDA REDER 4931 FLAJOLE RD MIDLAND, MI 48642		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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>06/06/2024</u>	
Name & Address: DAN HESSE 117 KNAPP ST NE GRAND RAPIDS, MI 49505		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT MANAGER</u> Employer <u>ROYCE ROLLS RINGER CO.</u> Business Address <u>16 RIVERVIEW TERRACE NE, GRAND RAPIDS, MI 49505</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>06/06/2024</u>	
Name & Address: SAM WOLFE 1122 SIBLEY ST NW GRAND RAPIDS, MI 49504		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICAL ORGANIZER</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **80.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: GRIFFIN LESLIE 913 FLAT ST NE GRAND RAPIDS, MI 49503		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCH TECH</u> Employer <u>PINE REST</u> Business Address <u>300 68TH ST SE, GRAND RAPIDS, MI 49548</u> Type of Contribution: <input 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>06/06/2024</u>	
Name & Address: BRIGITTE PFEIFFELMANN 123 DWIGHT AVE SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC RELATIONS</u> Employer <u>SPECTACLE CREATIVE MEDIA</u> Business Address <u>547 FULTON ST E, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: MARTA JOHNSON 1343 LOGAN ST SE GRAND RAPIDS, MI 49506		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: KATE ROOD 49 STRAIGHT AVE NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC HEALTH</u> Employer <u>MPHI</u> Business Address <u>49 STRAIGHT AVE NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 205.00

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

1. Committee I.D. Number 2024009
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: HERBERT SEAMONS 139 LANGDON AVE NE GRAND RAPIDS, MI 49503		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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>06/06/2024</u>	
Name & Address: GUSTAV HONL-STUENKEL 1265 WASHINGTON BLVD DETROIT, MI 48226		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>CAMPAIGNS</u> Business Address _____ Type of Contribution: <input 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>06/06/2024</u>	
Name & Address: MICHAEL GIBSON 2949 WEST AVE SW WYOMING, MI 49519		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AMAZON WAREHOUSE</u> Employer <u>AMAZON, INC.</u> Business Address <u>4500 68TH ST SE, CALEDONIA, MI 49316</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: KENT COUNT DEMOCRATIC PARTY 301 FULTON ST W GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **110.00**

Grand Total of All Schedules 1A
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2. Committee Name 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 <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>06/06/2024</u>	
Name & Address: ARTI PATEL 712 BRIDGE ST NW GRAND RAPIDS, MI 49504		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWER</u> Employer <u>WEST SIDE SMOKE SHOP</u> Business Address <u>712 BRIDGE ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input 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>06/06/2024</u>	
Name & Address: WILLIAM MILZARSKI 6135 ALFALFA LN SE GRAND RAPIDS, MI 49508		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DELI MANAGER</u> Employer <u>FAMILY FARE</u> Business Address <u>9375 CHERRY VALLEY AVE SE, CALEDONIA, MI 49316</u> Type of Contribution: <input 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>06/06/2024</u>	
Name & Address: MARIE CHIMOWICZ 240 PINE AVE NW GRAND RAPIDS, MI 49504		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/07/2024</u>	
Name & Address: ROBERT BURKHART 4125 PARK ST N ST. PETERSBURG, FL 33709		\$ <u>200.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEADER</u> Employer <u>QUANTUM LEAN LLC</u> Business Address <u>PO BOX 6708, NORTH PORT, FL 34291</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 805.00

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 2024009
2. Committee Name 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 <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>06/13/2024</u> Name & Address: GREGORY GARNER 1611 FAIRLANE DR NE GRAND RAPIDS, MI 49505		\$ <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>06/13/2024</u> Name & Address: KENT COUNT DEMOCRATIC PARTY 301 FULTON ST W GRAND RAPIDS, MI 49504		\$ <u>500.00</u>	\$ <u>550.00</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>06/24/2024</u> Name & Address: MATTHEW MOREY 956 JENNETTE AVE NW GRAND RAPIDS, MI 49504		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE MANAGER</u> Employer <u>KENT COUNTY DEMOCRATIC PARTY</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: JNNIFER MCCOWN 1142 VETO ST NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIBRARY ASSISTANT II</u> Employer <u>GRAND RAPIDS PUBLIC LIBRARY</u> Business Address <u>1017 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			

Page Subtotal **635.00**

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 2024009
2. Committee Name 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/2024</u>	
Name & Address: GEORGE HEARTWELL 8928 S PARSON AVE NEWAYGO, MI 49412		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input 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>07/14/2024</u>	
Name & Address: ALEX TOREN 13 ELMWOOD ST NE GRAND RAPIDS, MI 49505		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPAIGN STAFFER</u> Employer <u>SCHOLTEN FOR CONGRESS</u> Business Address <u>560 5TH ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input 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>07/15/2024</u>	
Name & Address: MATTHEW MOREY 956 JENNETTE AVE NW GRAND RAPIDS, MI 49504		\$ <u>10.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE MANAGER</u> Employer <u>KENT COUNTY DEMOCRATIC PARTY</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: JULIA KELLY 608 PROSPECT AVE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WILLEY & CHAMBERLAIN</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 370.00

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 2024009
2. Committee Name 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: JUSTINE BRYANT 1864 GEORGETOWN DR SE GRAND RAPIDS, MI 49506		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROFESSOR</u> Employer <u>GRCC</u> Business Address _____ Type of Contribution: <input 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>07/15/2024</u>	
Name & Address: HUGH M WILLIAMS 538 BOND AVE NW GRAND RAPIDS, MI 49503		\$ <u>180.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input 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>07/15/2024</u>	
Name & Address: RAE WESTERHOF 1002 WALSH ST SE GRAND RAPIDS, MI 49507		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: CHARISSA HUANG 1317 NORTHLAWN ST NE GRAND RAPIDS, MI 49505		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</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 type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 250.00

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 2024009
2. Committee Name 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: JEFFREY THOMAS 447 CEDAR ST NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WEB DESIGNER/DEVELOPER</u> Employer <u>GRANDESIGNS</u> Business Address <u>447 CEDAR ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: JEFFREY THOMAS 447 CEDAR ST NE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WEB DESIGNER/DEVELOPER</u> Employer <u>GRANDESIGNS</u> Business Address <u>447 CEDAR ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: NANCY MORALES 1805 BERKLEY AVE SW WYOMING, MI 49509		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLIMATE JUSTICE ORGANIZER</u> Employer <u>URBAN CORE COLLECTIVE</u> Business Address <u>1646 HAVANA AVE SW, WYOMING, MI 49509</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: TAMI VANDENBERG 1450 MILTON ST SE GRAND RAPIDS, MI 49506		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>THE PYRAMID SCHEME & THE MEANWHILE</u> Business Address <u>68 COMMERCE AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 600.00

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 2024009
2. Committee Name 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: CLAY WEST 1600 GLEN FOREST DR SE ADA, MI 49301		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>KENT COUNTY, MI</u> Business Address <u>180 OTTAWA AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: GREGORY GARNER 1611 FAIRLANE DR NE GRAND RAPIDS, MI 49505		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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>07/15/2024</u>	
Name & Address: BETH BOLTINGHOUSE 2730 LEONARD ST NW GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2024</u>	
Name & Address: SAM WOLFE 1122 SIBLEY ST NW GRAND RAPIDS, MI 49504		\$ <u>25.00</u>	\$ <u>45.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPAIGN MANAGER</u> Employer <u>MDHF</u> Business Address <u>S WASHINGTON AVE, USA SUITE E, LANSING, MI 48933</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **150.00**

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 2024009
2. Committee Name 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/17/2024</u>	
Name & Address: CHRISTINE MULLAN 2530 LEONARD ST NW GRAND RAPIDS, MI 49504		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>D.A. BLODGETT-ST. JOHN'S</u> Business Address <u>805 LEONARD ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/2024</u>	
Name & Address: JESSIE EMDIN-HILL 1439 TRAILSIDE CT NW GRAND RAPIDS, MI 49504		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNT MANAGER</u> Employer <u>BSWIFT</u> Business Address <u>500 W MONROE ST, CHICAGO, IL 60661</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/2024</u>	
Name & Address: SARAH SAK-SMITH 1346 DERBY DR NW GRAND RAPIDS, MI 49504		\$ <u>15.00</u>	\$ <u>15.00</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>07/18/2024</u>	
Name & Address: KELLY MOORE 1013 WEBSTER ST NW GRAND RAPIDS, MI 49504		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **60.00**

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 2024009
2. Committee Name CTE ALICIAMARIE BELCHAK

<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>07/20/2024</u> Name & Address: MICHELE COYNE 1633 6TH ST 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 _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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 _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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 _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **100.00**

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

4,756.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **2024009**

CANDIDATE COMMITTEE

2. Committee Name **CTE ALICIAMARIE BELCHAK**

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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: <small>WRITER / JOURNALIST; LIFE & LEADERSHIP COACH</small> Employer Name & Business Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CREDIT UNION MEMBERSHIP / REQUIRED ACCOUNT BALANCE</u> 5. Date Of Receipt: <u>02/23/2024</u> 6. Vendor Name & Address: LAKE MICHIGAN CREDIT UNION P.O. BOX 2848, GRAND RAPIDS, MI 49501	\$ 5.00	\$ 5.00
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: <small>WRITER / JOURNALIST; LIFE & LEADERSHIP COACH</small> Employer Name & Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>WEBSITE DOMAIN NAME</u> 5. Date Of Receipt: <u>05/10/2024</u> 6. Vendor Name & Address: GODADDY INC / GODADDY.COM, LLC 2155 E GODADDY WAY, TEMPE, AZ 85284	\$ 12.17	\$ 17.17
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: <small>WRITER / JOURNALIST; LIFE & LEADERSHIP COACH</small> Employer Name & Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>VOTER ACTIVATION NETWORK (VAN)</u> 5. Date Of Receipt: <u>05/28/2024</u> 6. Vendor Name & Address: MICHIGAN DEMOCRATIC PARTY 606 TOWNSEND ST, LANSING, MI 48933	\$ 150.00	\$ 167.17
Page Subtotal		167.17	0.00
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)			

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **2024009**

2. Committee Name **CTE ALICIAMARIE BELCHAK**

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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: <small>WRITER / JOURNALIST; LIFE & LEADERSHIP COACH</small> Employer Name & Business Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>PARTY SUPPLIES FOR CAMPAIGN LAUNCH</u> 5. Date Of Receipt: <u>06/03/2024</u> 6. Vendor Name & Address: AMAZON, INC. (ORDER # 111-0710734-7194668) 410 TERRY AVE N, SEATTLE, WA 98109	\$ 39.17	\$ 206.34
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: <small>WRITER / JOURNALIST; LIFE & LEADERSHIP COACH</small> Employer Name & Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>PARTY SUPPLIES & BALLOONS</u> 5. Date Of Receipt: <u>06/06/2024</u> 6. Vendor Name & Address: MICHAEL'S STORES 9189 WALKER AVE NW, COMSTOCK PARK, MI 49321	\$ 4.22	\$ 210.56
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: <small>WRITER / JOURNALIST; LIFE & LEADERSHIP COACH</small> Employer Name & Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>PARTY SUPPLIES & BALLOONS</u> 5. Date Of Receipt: <u>06/06/2024</u> 6. Vendor Name & Address: DOLLAR TREE 3343 ALPINE AVE NW, GRAND RAPIDS, MI 49544	\$ 16.97	\$ 227.53

Page Subtotal

60.36

0.00

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **2024009**

CANDIDATE COMMITTEE

2. Committee Name **CTE ALICIAMARIE BELCHAK**

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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: <small>WRITER / JOURNALIST; LIFE & LEADERSHIP COACH</small> Employer Name & Business Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAMPAIGN LAUNCH:500 RACK CARDS, 36X72 VINYL BANNER</u> 5. Date Of Receipt: <u>06/15/2024</u> 6. Vendor Name & Address: THE ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD, PONTIAC, MI 48341 Memo Itemization Below	\$ 180.84	\$ 408.37
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: <small>WRITER / JOURNALIST; LIFE & LEADERSHIP COACH</small> Employer Name & Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAMPAIGN LAUNCH: 500 RACK CARDS</u> 5. Date Of Receipt: <u>06/15/2024</u> 6. Vendor Name & Address: THE ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD, PONTIAC, MI 48341 (Memo Itemization)	\$ (95.00)	\$ 0.00
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: <small>WRITER / JOURNALIST; LIFE & LEADERSHIP COACH</small> Employer Name & Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAMPAIGN LAUNCH: 36X72 VINYL BANNER</u> 5. Date Of Receipt: <u>06/15/2024</u> 6. Vendor Name & Address: THE ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD, PONTIAC, MI 48341 (Memo Itemization)	\$ (75.60)	\$ 0.00

Page Subtotal

180.84

0.00

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **2024009**

2. Committee Name **CTE ALICIAMARIE BELCHAK**

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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: <small>WRITER / JOURNALIST; LIFE & LEADERSHIP COACH</small> Employer Name & Business Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description MICHIGAN SALES TAX 5. Date Of Receipt: 06/15/2024 6. Vendor Name & Address: THE ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD, PONTIAC, MI 48341 (Memo Itemization)	\$ (10.24)	\$ 0.00
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: <small>WRITER / JOURNALIST; LIFE & LEADERSHIP COACH</small> Employer Name & Address: SELF-EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5000 RACK CARDS / DOOR LITERATURE 5. Date Of Receipt: 06/25/2024 6. Vendor Name & Address: THE ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD, PONTIAC, MI 48341	\$ 636.00	\$ 1,225.21
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal

636.00

1,225.21

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

1,044.37

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**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD SERVICE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/01/2024</u> Date	\$ <u>6.01</u>
Expenditure #2 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD SERVICE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/01/2024</u> Date	\$ <u>7.51</u>
Expenditure #3 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD SERVICE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	\$ <u>0.75</u>
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD SERVICE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/2024</u> Date	\$ <u>5.50</u>
Expenditure #5 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>BULK MAIL PIECE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	<u>06/25/2024</u> Date	\$ <u>1,804.37</u>

Subtotal this page **1,824.14**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2024009**
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
Expenditure #1 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>BULK MAIL PIECE: 4010 8.5X5.5 POSTCARDS</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/2024</u> Date	\$ <u>(300.75)</u>
Expenditure #2 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>BULK MAIL PIECE: POSTAGE AND HANDLING</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/2024</u> Date	\$ <u>(1,485.58)</u>
Expenditure #3 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>BULK MAIL PIECE: MICHIGAN SALES TAX</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/2024</u> Date	\$ <u>(18.04)</u>
Expenditure #4 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD SERVICE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2024</u> Date	\$ <u>8.50</u>
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	<u> </u> Date	\$ <u> </u>

Subtotal this page **8.50**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **1,832.64**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024009
2. Committee Name CTE ALICIAMARIE BELCHAK

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. 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 endorser 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? <input type="checkbox"/> Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: <u>UNREIMBURSED EXPENSE / IN-KIP</u> 5. <u>Date Debt Was Incurred:</u> <u>05/10/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>12.17</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>12.17</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: <u>UNREIMBURSED EXPENSE / IN-KIP</u> 5. <u>Date Debt Was Incurred:</u> <u>05/28/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>150.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>150.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: <u>CAMPAIGN LAUNCH AMAZON SUP</u> 5. <u>Date Debt Was Incurred:</u> <u>06/03/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>39.17</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>39.17</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

201.34

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024009
2. Committee Name CTE ALICIAMARIE BELCHAK

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. 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 endorser 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? <input type="checkbox"/> Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: <u>CAMPAIGN LAUNCH PARTY SUPPL</u> 5. <u>Date Debt Was Incurred:</u> <u>06/06/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 21.19</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 21.19</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: <u>UNREIMBURSED EXPENSE / IN-KIP</u> 5. <u>Date Debt Was Incurred:</u> <u>06/15/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 180.84</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 180.84</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: <u>UNREIMBURSED EXPENSE / IN-KIP</u> 5. <u>Date Debt Was Incurred:</u> <u>06/25/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 636.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 636.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

838.03

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024009
2. Committee Name CTE ALICIAMARIE BELCHAK

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. 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 endorser 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? <input type="checkbox"/> Yes Owed to or by: THE ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD PONTIAC, MI 48341	4. Type: <u>OUTSTANDING INVOICE FOR YARI</u> 5. <u>Date Debt Was Incurred:</u> <u>07/03/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 710.20</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>710.20</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

710.20

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

1,749.57

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

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2024009**
2. Committee Name **CTE ALICIAMARIE BELCHAK**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/06/2024	4. Number of Individuals Attending or Participating (whichever is greater) 40	5. Type of Fund Raising Activity CAMPAIGN LAUNCH	6. Address and Name (If any) of the place where the activity was held. FULTON STREET PUB & GRILL 801 FULTON ST W GRAND RAPIDS, MI 49504 <input type="checkbox"/> Private Residence
---	---	--	---

7. Total Contributions **1,200.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,200.00**
10. Total Cost of Event **60.36**
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2024009**
2. Committee Name **CTE ALICIAMARIE BELCHAK**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/15/2024	4. Number of Individuals Attending or Participating (whichever is greater) 20	5. Type of Fund Raising Activity FUNDRAISER FOR FIRST WARD	6. Address and Name (If any) of the place where the activity was held. THE PYRAMID SCHEME 68 COMMERCE AVE SW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Private Residence
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7. Total Contributions **1,370.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,370.00**
10. Total Cost of Event **0.00**
(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.