

CANDIDATE COMMITTEE COVER PAGE

FILED 22 OCT 2024 AM 08:53

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

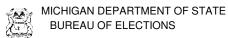
FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	I signed by andidate.	3. This Statement covers From	n: <u>06/21/2024</u> to <u>1</u>	0/20/2024
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
2024146		KILPATRICK	AMBER	Z
2. Committee Name		4a. Office Sought Including Dis	strict # or Community Served (I	, , , ,
CTE AMBER Z. KILPAT	RICK		•	. 05210 00110020 05
5 Operative de Melling Address		4b. County of Residence KEI		
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address	
238 BRISTOL AVE NW		AMBER Z KILPATR	ICK	
GRAND RAPIDS, MI 49504		238 BRISTOL AVE	NW	
		GRAND RAPIDS, M	II 49504	
Area Code and Phone (616) 516-6817				
If the address in this box is different from the comm mailing address on the Statement of Organization,	ittee mail may	(010)	E10 0017	
be sent to this address by the filing official.		Area Code & Phone (616)		
7. Treasurer's Business Address		Designated Record keeper Designated Record keeper)	's Name and Mailing Address (If the committee has a
238 BRISTOL AVE NW				
GRAND RAPIDS, MI 49504				
Area Code and Phone (616) 516-6817		Area Code and Phone () -		
9. TYPE OF STATEMENT		Area oode and mone	9e. Dissolution of Candida	ate Committee
9a. X Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the	By checking this item I/V	Ve certify any outstanding debt
	current year		by the committee to the cand	didate or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	July Quar	terly		and no longer collectible from ee has no oustanding assets,
Primary		·	owes no lates fees or has an	y oustanding debt.
X General	October C	Quarterly	Further, if the dissolution can	
Convention			considered a request for the l	Reporting Waiver.
Special	9c. Annu	al Statement ()	F# "	
School		Coverage Year	Effective date of di	ssolution
Caucus	9d. Amen	dment to Campaign Statement plete Item 9a, 9b , 9c or 9e to		
	indicat	e which Statement is being	Note: The disposition of residue 1B and the Summa	dual funds must be reported on
	ameno	ieu.)	Schedule 15 and the Summe	ary rage.
Date of Election, Convention or Caucus				
11/05/2024				
	onco was used	in the propagation of this statem	pont and attached achedulas (if	(any) and to the heat of
my\our knowledge and belief the contents are true,			ient and attached schedules (II	any) and to the best of
Current Treasurer or		,	Submitted electronically, signature on file	10/22/2024
Designated Record keeper Type or Print Name		/ Signature	Date	10/22/2024
7,500 200 1000		5	Submitted electronically,	
Candidate		1	signature on file Date	10/22/2024
Type or Print Name	<u> </u>	Signature	_ 4.0	

1. Committee I.D. Number 2024146

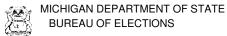
SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Sumulative this election by the
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 7,462.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ _7,462.00	(18.) \$ 7,462.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _7,462.00	(20.) \$ 7,462.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 6,666.41	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 6,666.41	(23.) \$ 6,666.41
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS		
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 0.00	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 7,462.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_7,462.00	
15. SUBTOTAL Add lines 13 and 1416. Amount expended during reporting period		
(Add lines 9 and 11)	(16.) - \$ 6,666.41	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 795.59	•



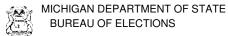
1. Committee I.D. Number __2024146

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/12/2024 Name & Address: JAY KILPATRICK 5424 DISCOVERY SE GRAND RAPIDS, MI 49508 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	_{\$} 100.00	_{\$} 100.00
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/12/2024 Name & Address LAURA BURKETT 100 MADISON AVE SE GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 25.00
Occupation THERAPIST Employer SELF EMPLOYED		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/12/2024 Name & Address: CHRISTINE MULLAN 2530 LEONARD ST NW GRAND RAPIDS, MI 49504	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation SOCIAL WORKER Employer DA BLODGETT ST JOHNS		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/12/2024 Name & Address SHANNON BEHR DENOBLE 1865 PLAINFIELD AVE NE GRAND RAPIDS, MI 49505	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation IT SPECIALIST PEACE CORPS		
Business Address Type of Contribution:		
Page Subtotal	225.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2024146

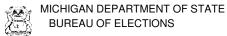
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/12/2024 Name & Address: KEVIN GEARY 2555 ABBINGTON DR SE GRAND RAPIDS, MI 49506	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation TEACHER Employer GRAND RAPIDS PUBLIC SCHOOLS Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/12/2024 Name & Address KIMBERLY BARON 2238 GODWIN AVE SE GRAND RAPIDS, MI 49507	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation RN Employer GRAND RAPIDS PUBLIC SCHOOLS		
Business Address Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/12/2024 Name & Address: EMILY STAPLETON 7558 FULTON ST ADA, MI 49301	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation SALES Employer SELF EMPLOYED		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/12/2024 Name & Address TAYLOR CORRADO 10 WOODLAND AVE BEVERLY, MA 1951	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) 2 35	Enter this total on line 3a of Summary	J
Page 2 of 35	Page.	



CANDIDATE COMMITTEE

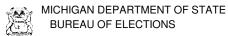
2. Committee Name CTE AMBER Z. KILPATRICK

Enter contributor's name and address. If contribution is from an middle initial. Check box to indicate if contribution is from a Poli Committee (PAC) Report <u>all</u> contributions regardless of amount	tical Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Do Name & Address: LAURA BAILEY 435 OAKLEIGH AVE NW GRAND RAPIDS, MI 49504	ate of Receipt 07/12/2024	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer	_		
Business Address			
Type of Contribution: Direct Loan from a per	son Fund Raiser		
	te of Receipt 07/12/2024		
Name & Address SARA KERAI 1568 MT MERCY DR NW GRAND RAPIDS, MI 49504		<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	EMPLOVED		
Occupation THERAPIST Employer SELF	EMPLOYED		
Business Address			
Type of Contribution: Direct Loan from a pers	on Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. D Name & Address: CLAIRE RAZMUS 1251 EDITH NE GRAND RAPIDS, MI 49505	ate of Receipt <u>07/12/2024</u>	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a per	son Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. [Name & Address DONNA WEST 128 DALE ST NE GRAND RAPIDS, MI 49505	Date of Receipt <u>07/12/2024</u>	_{\$} 10.00	_{\$_} 10.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a per	son Fund Raiser		
	Page Subtotal	210.00	
	Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 3 of 35		line 3a of Summary Page.	



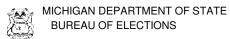
1. Committee I.D. Number __2024146

Enter contributor's name and address. If contribution is from an individua middle initial. Check box to indicate if contribution is from a Political ComCommittee (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 PARB DALMAN 1043 HAVEN DR PARB DALMER, MI 49315	eeipt 07/13/2024	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer			
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Rec Name & Address TODD JOHNSON 5725 IVANREST AVE SW WYOMING, MI 49418	eipt <u>07/13/2024</u>	_{\$} 50.00	_{\$} 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 # 3 PAC Receipt? YES 4. Date of Receipt YES 4. Date	07/13/2024	\$ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation ADMINISTRATIVE Employer GRAND VALLE Business Address Direct Loan from a person	EY STATE UNIVERSITY Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Re Name & Address LISA ABBOTT	eceipt <u>07/13/2024</u>	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	275.00	
	Grand Total of All Schedules 1A nplete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



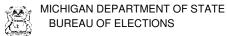
1. Committee I.D. Number __2024146

Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address: KYLE BRENNER 738 MORRIS AVE SE GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	07/13/2024	_{\$} 100.00	_{\$} 100.00
Occupation Employer Business Address Type of Contribution:	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address ELIZABETH TUCKER 1146 EDNA ST SE GRAND RAPIDS, MI 49507 5. If over \$100.00 cumulative, please provide:	07/13/2024	_{\$} 25.00	_{\$} 25.00
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: ALESHA ERBTER 10500 SUN-DA-GO DR MIDDLEVILLE, MI 49333	07/14/2024	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	OVED		
Occupation REIKI Employer SELF EMPLO	JYED		
Business Address Type of Contribution:	Fund Raiser		
	ot 07/14/2024	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation EDUCATOR Employer GRAND RAPIDS (CHILD DISCOVERY CENTER		
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	325.00	
(Comple	nd Total of All Schedules 1A te on last page of Schedule)	Enter this total on line 3a of Summary	
Page 5 of 35		Page.	



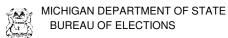
1. Committee I.D. Number __2024146

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 07/14/2024 Name & Address: JESSIE EMDIN-HILL 1439 TRAILSIDE CT NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation ACCOUNT MANAGER Employer BSWIT Business Address	\$ 100.00	_{\$} 100.00
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/15/2024 Name & Address TRACI MONTGOMERY 311 EUREKA AVE SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Occupation YOGA TEACHER Employer SELF EMPLOYED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/17/2024 Name & Address: SAMANTHA SEARL 637 INNES ST NE GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation REALTOR Employer KELLER WILLLIAMS NORTH		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/17/2024		
Name & Address ASHLEY BOELENS 4634 BRIDLEWOOD DR HUDSONVILLE, MI 49426	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation CORRECTIONS Employer COUNTY OF KENT		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	350.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 6 of 35	Enter this total on line 3a of Summary Page.	



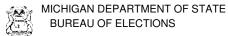
1. Committee I.D. Number __2024146

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 07/18/2024 Name & Address: TRACY KRAFT 4873 RAPID RIVER AVE WYOMING, MI 49418 5. If over \$100.00 cumulative, please provide:	_{\$} 10.00	_{\$} 10.00
Occupation Employer Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address KRISTEN KEYS 1251 BRADFORD ST NE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/18/2024 SARAH SAK-SMITH 1346 DERBY DR NW GRAND RAPIDS, MI 49504	_{\$} 15.00	_{\$} 15.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/18/2024		
Name & Address JENNIFER STANCATI 1633 WINICK ST SE GRAND RAPIDS, MI 49506	_{\$} 10.00	_{\$} _10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	60.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 7 of 35	Enter this total on line 3a of Summary Page.	



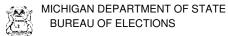
1. Committee I.D. Number __2024146

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 Name & Address: KRISTIN REVERE 1060 INNES ST NE GRAND RAPIDS, MI 49503	of Rece	ipt 07/19/2024	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:				
Occupation Employer				
Business Address				
Type of Contribution: Direct Loan from a person		Fund Raiser		
	of Recei	pt 07/19/2024		
JORDON HOYER 1110 BRETON RD SE GRAND RAPIDS, MI 49506			\$ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:				
Occupation ATTORNEY Employer SELF EI	MPL	OYED		
Business Address				
Type of Contribution: Direct Loan from a person		Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Name & Address: TERRI DOEZEMA 742 OAKLEIGH AVE NW GRAND RAPIDS, MI 49504	of Rece	oipt 07/19/2024	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:				
Occupation Employer				
Business Address				
Type of Contribution: Direct Loan from a person		Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date Name & Address MARINA KARASSELLOS 160 GUILD ST NE GRAND RAPIDS, MI 49505	of Rec	eipt <u>07/22/2024</u>	_{\$} 50.00	_{\$_} 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	195.00	_
Page 8 of 35		rand Total of All Schedules 1A blete on last page of Schedule)	Enter this total on line 3a of Summary	J
Page O of OS			Page.	



1. Committee I.D. Number __2024146

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 07/24/2024 Name & Address: SHANE BRIDGES 1140 FOREST HILL AVE SE GRAND RAPIDS, MI 49546	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation ACCOUNTING Employer TRIDENT FASTENERS		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address PAULA DOYLE 2357 ACADEMY DR NE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/28/2024 Name & Address: MARK TWICHEL 325 ROBINSON AVE #203 SAN DIEGO, CA 92103 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 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 07/28/2024 Name & Address CLAIRE RAZMUS 1252 EDITH NE GRAND RAPIDS, MI 49505	_{\$} 50.00	_{\$} 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 Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

2. Committee Name CTE AMBER Z. KILPATRICK

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 07/28/2024 Name & Address: BRYNNE DIKA 1544 10TH ST NW GRAND RAPIDS, MI 49504	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/28/2024 Name & Address SHEONA JOY NIDEFSKI 535 VALLEY AVE NW GRAND RAPIDS, MI 49504	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/28/2024 Name & Address: JAY KILPATRICK 5424 DISCOVERY DR SE KENTWOOD, MI 49508	\$ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address Type of Contribution		
Type of Contribution.		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/28/2024 Name & Address ANNIE BISHOP 939 LYON ST NE GRAND RAPIDS, MI 49503	_{\$} 50.00	_{\$} 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	225.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	•

Page 10 of 35

Page.



1. Committee I.D. Number __2024146

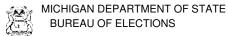
CANDIDATE COMMITTEE

2. Committee Name CTE AMBER Z. KILPATRICK

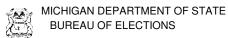
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/28/2024 Name & Address: NINA DITTMER 2143 LANCO DR NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 15.00	_{\$} 15.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/28/2024 Name & Address SAVANNAH SMITH 4005 SILVERGRASS DR NE GRAND RAPIDS, MI 49525	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/28/2024 Name & Address: CHAD BEYER 2210 SKYLINE DR NW GRAND RAPIDS, MI 49504	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/28/2024 Name & Address ELIZABETH MARCHENA 2621 WESTBROOK DR NW GRAND RAPIDS, MI 49504	_{\$} 111.00	_{\$} 111.00
5. If over \$100.00 cumulative, please provide: Occupation INSURANCE Employer FARMERS		
Business Address 5565 N KRAFT LAKE DR, CALEDONIA, MI 49316 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

Page II of 33

Page.

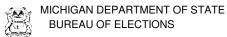


Enter contributor's name and address. If contribution is from middle initial. Check box to indicate if contribution is from a F Committee (PAC) Report <u>all</u> contributions regardless of amo	Political Committee o		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4 Name & Address: JANE HINTON 2313 MCKINLEY AVE VENICE, CA 90291	. Date of Receipt	07/28/2024	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:				
Occupation Employer				
Business Address				
Type of Contribution: Direct Loan from a	person Fu	nd Raiser		
	Date of Receipt 0	7/29/2024		
Name & Address LARISSA LINK				
2906 BELKNAP AVE NE			_{\$} 25.00	_{\$} 25.00
GRAND RAPIDS, MI 49505			<u>\$ 20.00</u>	<u>\$ 23.00</u>
5. If over \$100.00 cumulative, please provide:				
Occupation Employer				
Business Address				
Type of Contribution: Direct Loan from a p	erson F	und Raiser		
3. Contribution # 3 PAC Receipt? YES 4 Name & Address: KIM PANTER 1859 LEONARD ST NW GRAND RAPIDS, MI 49504	. Date of Receipt <u>O</u>	7/29/2024	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:				
Occupation Employer				
Business Address				
Type of Contribution: Direct Loan from a p	person F	und Raiser		
	4. Date of Receipt (7/29/2024		
Name & Address CLAIRE KUPRIS 1739 4TH ST NW GRAND RAPIDS, MI 49504	_		_{\$} 10.00	_{\$} _10.00
5. If over \$100.00 cumulative, please provide:				
Occupation Employer _				
Business Address				
Type of Contribution: Direct Loan from a	person Fu	ınd Raiser		
		Page Subtotal	110.00	
	Grand T	Total of All Schedules 1A		
	(Complete of	on last page of Schedule)	Enter this total on	J
Page 12 of 35			line 3a of Summary Page.	



1. Committee I.D. Number __2024146

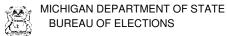
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/29/2024 Name & Address: AMY PETERSON 2700 WESTBROOK DR NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 25.00
Occupation Employer Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/2024 Name & Address GRACE JOHNSON 1916 8TH ST NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	_{\$} 75.00	_{\$} 75.00
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/30/2024 JENNIFER PETERSEN 1050 PULAWSKI ST SW GRAND RAPIDS, MI 49504	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/30/2024 Name & Address AMANDA MICHAEL 357 MARKET ST WILLIAMSPORT, PA 17701	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
Page Subtotal	150.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 13 of 35	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

2024146 1. Committee I.D. Number

Enter contributor's name and address. If contribution middle initial. Check box to indicate if contribution is f Committee (PAC) Report <u>all</u> contributions regardless	rom a Political Comr		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES Name & Address: JENNIFER GOFF 234 WARREN AVE SE GRAND RAPIDS, MI 49506	4. Date of Rece	eipt 07/31/2024	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:				
Occupation Employ	er			
Business Address	<u></u> -			
Type of Contribution: Direct Loan	rom a person	Fund Raiser		
3. Contribution #2 PAC Receipt? YES	4. Date of Rece	eipt 07/31/2024		
Name & Address ANNE K BUENO 143 BENJAMIN AVE SE GRAND RAPIDS, MI 49506			_{\$} 5.00	§ 5.00
5. If over \$100.00 cumulative, please provide:				
Occupation Employer				
Business Address				
Type of Contribution: Direct Loan for	om a person	Fund Raiser		
3. Contribution #3 PAC Receipt? YES Name & Address: JACKIE WOLTERS 431 HOOVER ST NE GRAND RAPIDS, MI 49505	4. Date of Rec	08/02/2024	§ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:				
Occupation Employ	er			
Business Address				
Type of Contribution: Direct Loan f	rom a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES Name & Address BETH NELSON 155 E 48TH ST HOLLAND, MI 49423	4. Date of Red	ceipt 08/02/2024	_{\$} 10.00	_{\$_} 10.00
5. If over \$100.00 cumulative, please provide:				
Occupation Emp	loyer			
Business Address				
	rom a person	Fund Raiser		
		Page Subtotal	90.00	
Page 14 of 35		Grand Total of All Schedules 1A aplete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 17 of 00			Page.	



CANDIDATE COMMITTEE

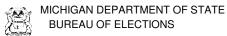
1. Committee I.D. Number __2024146

2. Committee Name CTE AMBER Z. KILPATRICK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/02/2024 Name & Address: LORANELL BREYLEY 6880 DREXEL DR SEVEN HILLS, OH 44131 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 100.00	_{\$} 100.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/02/2024 Name & Address JOAN DAY 1540 MC DONALD ST NW GRAND RAPIDS, MI 49504	_{\$_} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/03/2024 Name & Address: RACHAEL KOHN 40 LAWNDALE AVE NE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/05/2024 Name & Address EMILY TAPHOUSE 150 FITZHUGH AVE SE GRAND RAPIDS, MI 49506	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

Page 15 of 35

Page.



1. Committee I.D. Number __2024146

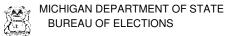
CANDIDATE COMMITTEE

2. Committee Name CTE AMBER Z. KILPATRICK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/05/2024 Name & Address: ELIZABETH SHARDA 214 VALLEY AVE SW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	_{\$} 20.00	_§ 20.00
Occupation Employer Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/06/2024 Name & Address ALEXANDER ZIDAREVICH 21215 WABASHA COUNTY RD 10 WABASHA, MN 55981	\$200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation BIOMEDICAL SALES REP Employer AMERICAN RED CROSS Business Address 100 S ROBERT ST, WEST ST PAUL, MN 55107		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/09/2024 ALYSSA JESTER 2107 MEADOWDALE DR NW GRAND RAPIDS, MI 49504	§ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/09/2024 Name & Address MOLLY SINGLETERRY 1011 DORROLL ST NE GRAND RAPIDS, MI 49505 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	320.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	J

Page ID of 35

Page.



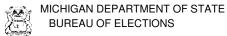
1. Committee I.D. Number

2024146

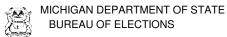
2. Committee Name

CTE AMBER Z. KILPATRICK

Enter contributor's name and address. If commiddle initial. Check box to indicate if contributions report all contributions reports all contributions	ribution 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: CHRISTOPHER D ROMERC 2149 E SHIAWASSEE RD SI GRAND RAPIDS, MI 49506)	eipt <u>08/09/2024</u>	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	_ Employer			
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt?	YES 4. Date of Rece	eipt 08/10/2024		
JENNIFER LIPNER 7117 DEVONSHIRE RD ALEXANDRIA, VA 22307			_{\$} 20.00	§ 20.00
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	_ Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: CHRISTINE MULLAN 2530 LEONARD ST NW GRAND RAPIDS, MI 49504	YES 4. Date of Rec	08/12/2024	_{\$} 7.00	_{\$} 7.00
5. If over \$100.00 cumulative, please pro-	vide:			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address KARA SHOUR 2260 SYLVAN AVE SE GRAND RAPIDS, MI 49506	YES 4. Date of Re	ceipt <u>08/14/2024</u>	_{\$} 10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	_ Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
		Page Subtotal	62.00	
		Grand Total of All Schedules 1A nplete on last page of Schedule)	Enter this total on	
Page 17 of 35			line 3a of Summary Page.	

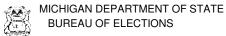


Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/16/2024 Name & Address: CELESTE U RITSEMA 2267 CLOVER DR NW GRAND RAPIDS, MI 49504	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/21/2024 Name & Address KIM MACK 665 OAKLEIGH AVE NW GRAND RAPIDS, MI 49504	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address: ANNIE BISHOP 939 LYON ST NE GRAND RAPIDS, MI 49503	\$50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Loan from a person		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/27/2024 Name & Address GRACE JOHNSON 1916 8TH ST NW GRAND RAPIDS, MI 49504	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation YOGA TEACHER Employer SELF EMPLOYED		
Business Address 1916 8TH ST NW, GRAND RAPIDS, MI 49504 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	375.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 18 of 35	Enter this total on line 3a of Summary Page.	



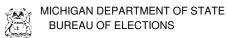
CANDIDATE COMMITTEE

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 08/28/2024 Name & Address: VICTORIA SZUBINSKI 1023 CHESTER ST SE GRAND RAPIDS, MI 49506	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/28/2024		
Name & Address KYLE LIM 333 SUNSET AVE NW APT 1 GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 25.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/28/2024 Name & Address: ANNA PETTINGA 316 BRISTOL AVE NW GRAND RAPIDS, MI 49504	\$ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/28/2024 Name & Address SARA KERAI 1568 MT MERCY DR NW GRAND RAPIDS, MI 49504	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation THERAPIST Employer SELF EMPLOYED		
Business Address 1568 MT MERCY DR NW, GRAND RAPIDS, MI 49504		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	275.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 19 of 35		



1. Committee I.D. Number __2024146

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/28/2024 Name & Address: JESSIE EMDIN-HILL 1439 TRAILSIDE CT NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation ACCOUNT MANAGER Employer BSWIT Business Address 500 W MONROE ST, SUITE 3800, CHICAGO, IL 60661 Type of Contribution: Direct Loan from a person Fund Raiser	§ 150.00	_{\$} 150.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/28/2024 Name & Address TERENCE MOORE 2250 ONEKAMA DR SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/28/2024 Name & Address: ELIZABETH VANKLOMPENBERG 3355 BRIGGS BLVD NE GRAND RAPIDS, MI 49525 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 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 08/29/2024 Name & Address GEORGE HEARTWELL 8928 S PARSONS AVE NEWAYGO, MI 49337	§200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Direct Down a person Fund Raiser Direct D		
Page Subtotal	475.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 0 of 35	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

2024146

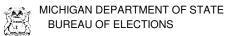
Page.

CANDIDATE COMMITTEE

2. Committee Name CTE AMBER Z. KILPATRICK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/29/2024 Name & Address: CLAIRE RAZMUS 1252 EDITH NE GRAND RAPIDS, MI 49505 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 25.00
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/29/2024 Name & Address ELIZABETH BLOEM 1516 BLYTHE CT NW GRAND RAPIDS, MI 49504	§ 35.00	_{\$} 35.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/30/2024 JESSIE EMDIN-HILL 1439 TRAILSIDE CT NW GRAND RAPIDS, MI 49504	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation ACCOUNT MANAGER Employer BSWIT		
Business Address 500 W MONROE ST, SUITE 3800, CHICAGO, IL 60661 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/30/2024 Name & Address SHANNON CAMPBELL 1691 GLENVALE CT SW WYOMING, MI 49519	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	135.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	<u>-</u> -

Page 21 of 35



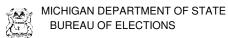
1. Committee I.D. Number __2024146

2. Committee Name CTE AMBER Z. KILPATRICK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/30/2024 Name & Address: FRANCES FOLEY 831 ABERDEEN ST NE GRAND RAPIDS, MI 49505	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/01/2024		
Name & Address KAROLINA LANINGA 864 BURKE AVE NE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/01/2024 SARA VAN 1130 GIDDINGS AVE SE GRAND RAPIDS, MI 49506	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/01/2024 Name & Address STEVE FABER 1845 MEADOWFIELD DR NE GRAND RAPIDS, MI 49505	_{\$} 45.00	_{\$} 45.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	120.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	

Page 22 of 35

Page.



1. Committee I.D. Number

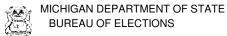
2024146

2. Committee Name CTE AMBER Z. KILPATRICK

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 09/02/2024 Name & Address: ALYSSA JESTER 2107 MEADOWDALE DR NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	_{\$} 45.00	_{\$} 45.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/03/2024 Name & Address MARGRETHE KEARNEY 116 SOMERSET DR NE GRAND RAPIDS, MI 49503	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/03/2024 Name & Address: KATE VANCE 1653 W KENTVIEW DR NE GRAND RAPIDS, MI 49505 5. If over \$100.00 cumulative, please provide:	_{\$} 70.00	_{\$} _70.00
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/03/2024 Name & Address LAUREN SEE-JACQUES 1359 CLOVER CREST NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	_{\$} 45.00	_{\$_} 45.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	210.00	

Page 23 of 35

line 3a of Summary Page.



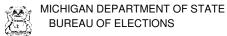
CANDIDATE COMMITTEE

2. Committee Name CTE AMBER Z. KILPATRICK

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 09/03/2024 Name & Address: AMARENA NELSON 1354 BEMIS ST SE GRAND RAPIDS, MI 49506	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation PRINCIPAL Employer GRAND RAPIDS PUBLIC SCHOOLS Business Address 2133 BUCHANAN AVE SW, GRAND RAPIDS, MI 49507 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/04/2024 Name & Address CLAIRE ROSE 336 BALL PARK BLVD NW GRAND RAPIDS, MI 49504	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/04/2024 Name & Address: AMANDA REDMAN 2360 BRISTOL AVE NW GRAND RAPIDS, MI 49544	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/04/2024 Name & Address AMY PETERSON 2700 WESTBROOK DR NW GRAND RAPIDS, MI 49504	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

Page 24 of 35

line 3a of Summary Page.



1. Committee I.D. Number _

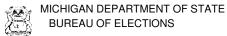
2024146

EE 2. Committee Na

2. Committee Name CTE AMBER Z. KILPATRICK

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 09/05/2024 Name & Address: KARA SHOUR 2260 SYLVAN AVE SE		
GRAND RAPIDS, MI 49506	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/06/2024 Name & Address JEFF SMITH 987 3 MILE RD NE GRAND RAPIDS, MI 49505	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/07/2024 Name & Address: CLAIRE KUPRIS 1739 4TH ST NW GRAND RAPIDS, MI 49504	§ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/07/2024 Name & Address LINDSEY HEINTZ 301 WOODSIDE DR NE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	125.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_1

Page 25 of 35



1. Committee I.D. Number __2024146

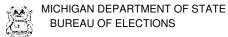
CANDIDATE COMMITTEE

2. Committee Name CTE AMBER Z. KILPATRICK

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 09/07/2024 Name & Address: SARA MELTON 812 LIVINGSTON AVE NE GRAND RAPIDS, MI 49503	_{\$} 25.00	^{25.00}
5. If over \$100.00 cumulative, please provide:	<u>Ф</u>	Ψ
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/07/2024 Name & Address LEAH RETTIG 9303 WILSON AVE SW BYRON CENTER, MI 49315	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/07/2024 Name & Address: TERRI PROSTCO 2111 BLUEBERRY DR NW GRAND RAPIDS, MI 49504	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/07/2024 Name & Address SARAH SAK-SMITH 1346 DERBY DR NW GRAND RAPIDS, MI 49504	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser	100.00	1
Page Subtotal	100.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		J
06 05	Enter this total on line 3a of Summary	

Page 26 of 35

Page.



1. Committee I.D. Number

2024146

CANDIDATE COMMITTEE

2. Committee Name CTE AMBER Z. KILPATRICK

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 09/08/2024 Name & Address: ASHLEY RUTH-BOWERS 4615 CHESTERFIELD BLVD NW GRAND RAPIDS, MI 49534	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/08/2024 Name & Address JANE TUUK 1888 ORCHARD LN NE GRAND RAPIDS, MI 49505	_{\$} 75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/08/2024 Name & Address: JILL MCCANN 757 HAWTHORNE ST NE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/08/2024 Name & Address TRACY SIEVERS 811 ROSALIE AVE NW GRAND RAPIDS, MI 49504	_{\$} 50.00	_{\$_} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution:		
Page Subtotal	200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

 $_{\text{Page}}\underline{27}_{\text{of}}\underline{35}$

line 3a of Summary Page.



1. Committee I.D. Number

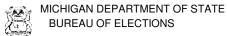
2024146

CANDIDATE COMMITTEE

2. Committee Name CTE AMBER Z. KILPATRICK

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 09/08/2024 Name & Address: KAREN VU 1534 BLYTHE DR NW GRAND RAPIDS, MI 49504	_{\$} 45.00	_{\$} 45.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/08/2024 Name & Address		
CHARISSA HUANG 1317 NORTHLAWN ST NE GRAND RAPIDS, MI 49505	_{\$} 25.00	\$ 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/08/2024 Name & Address: MARTA JOHNSON 1343 LOGAN ST SE GRAND RAPIDS, MI 49506	\$ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/08/2024 Name & Address MICAH PERKINS 2133 RICHMOND ST NW GRAND RAPIDS, MI 49504	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	145.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		_

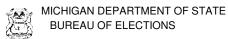
Page 28 of 35



1. Committee I.D. Number __2024146

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 09/08/2024 Name & Address: HERB SEAMONS 139 LANGDON AVE NE GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/08/2024 Name & Address JAQUY DOMBROWSKI 1710 HAVANA AVE SW WYOMING, MI 49509	_{\$} 70.00	_{\$} 70.00
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 09/08/2024 ROSELYN CHARLES-MAHER 814 MAYHEW WOOD DR SE GRAND RAPIDS, MI 49507	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 09/08/2024 Name & Address KIMBERLY BARON 2238 GODWIN AVE SE GRAND RAPIDS, MI 49507 5. If over \$100.00 cumulative, please provide: Occupation RN Employer GRAND RAPIDS PUBLIC SCHOOLS	_{\$} 25.00	_{\$} 25.00
Employer		
Business Address		
Page Subtotal	170.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 29 of 35	line 3a of Summary Page.	



1. Committee I.D. Number

2024146

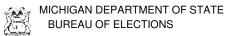
CANDIDATE COMMITTEE

2. Committee Name CTE AMBER Z. KILPATRICK

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 09/08/2024 Name & Address: THOMAS KOZIOL 2910 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504	_{\$} 45.00	_{\$} 45.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/08/2024 Name & Address ARICK DAVIS 814 PRINCE ST SE GRAND RAPIDS, MI 49507	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/08/2024 KASSIDY TUBERGEN 1490 KELSEY HWY IONIA, MI 48846 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/08/2024 Name & Address ERIKA VANDYKE 536 LYON ST NE APT 3 GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation PROJECT MANAGER Business Address 901 44TH ST SE, GRAND RAPIDS, MI 49508 Type of Contribution: Direct Loan from a person Fund Raiser	§ 150.00	\$ 150.00
Page Subtotal	270.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	J

 $_{\text{Page}}\underline{30}_{\text{ of }}\underline{35}$

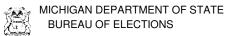
line 3a of Summary Page.



1. Committee I.D. Number

2024146

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 09/08/2024 Name & Address: KELI CHRISTOPHER 1420 BERKSHIRE DR SE GRAND RAPIDS, MI 49508	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/08/2024 Name & Address DAN HESSE 117 KNAPP ST NE GRAND RAPIDS, MI 49505	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/10/2024 Name & Address: KRIS SPAULDING 55 MAYFAIR DR NE GRAND RAPIDS, MI 49503	<u>\$ 100.00</u>	_{\$} 100.00
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 09/10/2024	101	
PROGRESSIVE WOMEN'S ALLIANCE OF WEST MICHIGAN PAC PO BOX 1315 GRAND RAPIDS, MI 49501	_{\$} 250.00	_{\$} _250.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
Page Subtota	400.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule Page of Schedule	Enter this total on line 3a of Summary Page.	_



1. Committee I.D. Number __2024146

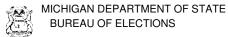
CANDIDATE COMMITTEE

2. Committee Name CTE AMBER Z. KILPATRICK

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 09/12/2024 Name & Address: CHRISTINE MULLAN 2530 LEONARD ST NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation SOCIAL WORKER Employer Business Address	_{\$} 7.00	_{\$} 7.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/12/2024 Name & Address MARY A WILLIAMS 1919 BOSTON ST SE GRAND RAPIDS, MI 49506	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/20/2024 Name & Address: EREK KOOYMAN 1411 LOGAN ST SE GRAND RAPIDS, MI 49506	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/20/2024 Name & Address REBECCA GAST 2026 LAFAYETTE AVE NE GRAND RAPIDS, MI 49505	_{\$} 10.00	_{\$} _10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

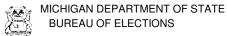
Page 32 of 35

Page.



1. Committee I.D. Number __2024146

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 Name & Address: LAURIE BROOKS 1085 RUNWAY PL BYRON CENTER, 5. If over \$100.00 cumulat Occupation	_ SW MI 49315 ive, please prov	ride:		09/24/2024	_{\$} 100.00	_{\$} 100.00
Business Address Type of Contribution:	Direct	Loan from a po	erson	Fund Raiser		
3. Contribution #2 Finance & Address DONNA WEST 128 DALE ST NE GRAND RAPIDS, 5. If over \$100.00 cumulati			Date of Receipt	10/06/2024	\$30.00	_{\$} 30.00
Occupation						
Business Address						
Type of Contribution:	Direct	Loan from a pe	erson	Fund Raiser		
3. Contribution #3 F Name & Address: WENDY WINSTOI 1525 FORREST A GRAND RAPIDS,	VE NE	YES 4.	Date of Receip	10/06/2024	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulat	ive, please prov	ide:				
Occupation		Employer				
Business Address Type of Contribution:	Direct	Loan from a pe	erson	Fund Raiser		
3. Contribution # 4 Name & Address SARA KERAI 1568 MT MERCY I GRAND RAPIDS,		YES 4	. Date of Receip	ot 10/06/2024	§30.00	_{\$} 30.00
5. If over \$100.00 cumulat	ive, please prov	ride:				
Occupation THERAP	PIST	Employer S	SELF EMF	PLOYED		
Business Address Type of Contribution:	Direct	Loan from a p	erson	Fund Raiser		
				Page Subtotal	185.00	
22 25				nd Total of All Schedules 1A te on last page of Schedule)	Enter this total on line 3a of Summary	
Page 33 of 35					Page.	



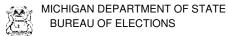
1. Committee I.D. Number __2024146

CANDIDATE COMMITTEE

2. Committee Name CTE AMBER Z. KILPATRICK

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 10/07/2024 Name & Address: ISMALIS NU??EZ 1038 BENJAMIN AVE SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer SELF EMPLOYED	_{\$} 135.00	_{\$} 135.00
Business Address 1038 BENJAMIN AVE SE, GRAND RAPIDS, MI 49506 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/10/2024 Name & Address JILL DEVRIES-DRYER 510 MULFORD DR SE GRAND RAPIDS, MI 49507 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 25.00	_{\$} 25.00
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/11/2024 Name & Address: MEA - PAC 1216 KENDALE BLVD EAST LANSING, MI 48823 5. If over \$100.00 cumulative, please provide:	_{\$} 200.00	_{\$} 200.00
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/12/2024 Name & Address CHRISTINE MULLAN 2530 LEONARD ST NW GRAND RAPIDS, MI 49504	_{\$} 7.00	_{\$_} 7.00
5. If over \$100.00 cumulative, please provide: Occupation SOCIAL WORKER Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 34 of 35	Enter this total on line 3a of Summary Page.	-

Page 34 of 33



1. Committee I.D. Number

2024146

CANDIDATE COMMITTEE

CTE AMBER Z. KILPATRICK

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 10/15/2024 Name & Address: TIMOTHY RUSS 24 ROBINHOOD DR SE GRAND RAPIDS, MI 49546	_{\$} 10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/20/2024 Name & Address ALICE GALLMEYER 1011 ALGER ST SE GRAND RAPIDS, MI 49507	_{\$} 50.00	_{\$} 50.00
, , , , , , , , , , , , , , , , , , ,		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/20/2024 Name & Address: KRISTIN REVERE 1060 INNES ST NE GRAND RAPIDS, MI 49503	_{\$} 10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	70.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	7,462.00	

 $_{\text{Page}}\underline{35}_{\text{of}}\underline{35}$



1. Committee I. D. Number 2024146

2. Committee Name CTE AMBER Z. KILPATRICK

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name BP #9332735		06/30/2024	\$ 63.12
Address	Purpose: GAS	Date	
2035 LAKE MICHIGAN DR NW	- dipose.		
GRAND RAPIDS, MI 49504			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name GOTPRINTCOM		07/22/2024	\$ 373.24
	Purpose: LITERATURE	Date	₹ <u>373.24</u>
Address 7651 SAN FERNANDO RD	Purpose: LITE 17 (1 OTTE		
BURBANK, CA 91505			
BOTTEANIX, OA 3 1303	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name GOTPRINTCOM		07/22/2024	\$ 942.83
Address	Purpose: SIGNS	Date	<u> </u>
7651 SAN FERNANDO RD	,		
BURBANK, CA 91505			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name HALL STREET BAKERY		07/30/2024	* 06 06
Address	Purpose: LUNCH MEETING	Date	\$ <u>36.26</u>
1200 HALL ST SE	Purpose:		
GRAND RAPIDS, MI 49506			
•	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #5	statement		
Name CIRCLE K 06207		07/30/2024	\$ 65.20
Address	Purpose: GAS	Date	* <u>00.20</u>
514 MICHIGAN ST NE GRAND RAPIDS, MI 49503			
CHAND HALIDO, WIL 43000	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	1	otal this page	1 400 05
			1,480.65
	Grand Total of all (Complete on last page		
	(Complete on last page	3 3. 33. 3daio)	



1. Committee I. D. Number 2024146

2 Committee Name CTE AMBER Z. KILPATRICK

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 GOTPRINTCOM		07/31/2024	. 400 54
GOTI TIIIVTOOW	LITEDATUDE	Data	\$ <u>426.5</u> 4
Address	Purpose: LITERATURE	Date	
7651 SAN FERNANDO RD			
BURBANK, CA 91505			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name HALL STREET BAKERY		08/07/2024	\$ 16.95
		Date	₹ 10.9 <u>3</u>
Address	Purpose: COFFEE MEETING	_ 5.1.5	
1200 HALL ST SE			
GRAND RAPIDS, MI 49506			
,	Check box if this expenditure is payment of		
Const Daires	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name GOTPRINTCOM		00/00/2024	
GOTITIINTOOM		08/08/2024	\$ 426.54
Address	Purpose: LITERATURE	Date	
7651 SAN FERNANDO RD			
BURBANK, CA 91505			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name MORNING RITUAL		08/12/2024	
		Date	\$ <u>6.75</u>
Address	Purpose: COFFEE MEETING	Date	
637 STOCKING AVE NW			
GRAND RAPIDS, MI 49504			
	Check box if this expenditure is payment of		
□	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name HALL STREET BAKERY		00/45/0004	
TIMEE OTTIEET BAINETT	LUNIOU MEETINIO	08/15/2024	\$ 37.27
Address	Purpose: LUNCH MEETING	Date	· <u>07.27</u>
1200 HALL ST SE			
GRAND RAPIDS, MI 49506			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	014.05
	Gusto		914.05
	Grand Total of all		
	(Complete on last page	of Schedule)	



1. Committee I. D. Number 2024146

2. Committee Name CTE AMBER Z. KILPATRICK

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THAT EARLY BIRD Address 1445 LAKE DR SE GRAND RAPIDS, MI 49506	Purpose: COFFEE MEETING	08/15/2024 Date	\$ <u>8.95</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name LAST MILE CAFE Address 1006 HALL ST SE	Purpose: COFFEE MEETING	08/15/2024 Date	\$ <u>7.36</u>
GRAND RAPIDS, MI 49507 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name WEST MICHIGAN VISUAL COMMUNICATIONS Address	Purpose: SIGNS	08/19/2024 Date	\$ <u>323.30</u>
4064 RONALDS RD DORR, MI 49323	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Address 335 BURTON ST SW GRAND RAPIDS, MI 49507	Purpose: GAS	08/22/2024 Date	\$ <u>79.38</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name THE STRAY CAFE Address 4253 DIVISION AVE S GRAND RAPIDS, MI 49548	Purpose: LUNCH MEETING Check box if this expenditure is payment of	08/22/2024 Date	\$ <u>24.38</u>
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	443.37
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number 2024146

2. Committee Name CTE AMBER Z. KILPATRICK

		1	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name WEALTHY ST BAKERY Address	Purpose: LUNCH MEETING	08/26/2024 Date	\$ <u>44.15</u>
610 WEALTHY ST SE GRAND RAPIDS, MI 49503			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name BESTSIDE BAR		08/26/2024 Date	\$ <u>27.80</u>
Address 1645 LEONARD ST NW GRAND RAPIDS, MI 49504	Purpose: LUNCH MEETING	Baic	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name MORNING RITUAL	COEEEE MEETING	08/28/2024 Date	\$ <u>4.50</u>
Address 637 STOCKING AVE NW GRAND RAPIDS, MI 49504	Purpose: COFFEE MEETING	Date	
S. B. B. D. S. F. B. S.	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name THE BITTER END COFFEE		08/29/2024	\$ 7.33
Address 752 FULTON ST W GRAND RAPIDS, MI 49504	Purpose: COFFEE MEETING	Date	<u> </u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name BROWNLEE PRESS		08/30/2024	\$ 137.80
Address 549 OTTAWA AVE NW GRAND RAPIDS, MI 49503	Purpose: LITERATURE	Date	107.00
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	221.58
	Grand Total of all	Schedules 1R	
	(Complete on last page		



1. Committee I. D. Number 2024146

2 Committee Name CTE AMBER Z. KILPATRICK

2. 0	ommittee rame		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name SCHUIL COFFE CO		08/30/2024	\$ 5.77
Address	Purpose: COFFEE MEETING	Date	
3679 29TH ST SE			
KENTWOOD, MI 49512			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name WEST MICHIGAN VISUAL COMMUNICATIONS		09/03/2024	\$ 323.30
Address	Purpose: CAMPAIGN SIGNS	Date	* <u>020:00</u>
Address 4064 RONALDS RD	ruipose		
DORR, MI 49323			
, , , , , , , , , , , , , , , , , , , ,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name SCORPION HEARTS CLUB		00/00/0004	
SCORFION FILANTS CLUB		09/03/2024	\$ 5.71
Address 1035 WEALTHY ST SE	Purpose: COFFEE MEETING	Date	
GRAND RAPIDS, MI 49506			
CITAND HAI 100, WII 40000	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name PULASKI DAYS PARADE		09/09/2024	\$ 175.00
Address	Purpose: PULASKI DAYS PARADE	Date	
PO BOX 2371			
GRAND RAPIDS, MI 49501			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name THE SOVENGARD		09/09/2024	
Address	Purpose: EVENT RENTAL	Date	\$ <u>756.00</u>
1232 BRIDGE ST NW	ruipose. <u>— </u>	-	
GRAND RAPIDS, MI 49504			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	1,265.78
	Grand Total of all S	Schedules 1B	•
	(Complete on last page	of Schedule)	



1. Committee I. D. Number 2024146

2. Committee Name CTE AMBER Z. KILPATRICK

4. Purpose (Required Information)	5. Date	6. Amount
Purpose: SUPPLIES	09/09/2024 Date	\$ <u>178.38</u>
Check box if this expenditure is payment of debt or obligation reported on previous statement		
DUTTO DE PARKING RAMP FEE	09/10/2024 Date	\$ <u>5.00</u>
rurpose		
Check box if this expenditure is payment of debt or obligation reported on previous statement		
BREAKEAST MEETING	09/10/2024 Date	\$ <u>57.23</u>
Purpose:		
Librian Check box if this expenditure is payment of debt or obligation reported on previous statement		
	09/11/2024 Date	\$ <u>75.00</u>
Purpose: IADLING EVEINI		
Check box if this expenditure is payment of debt or obligation reported on previous statement		
CAS	09/11/2024	\$ 60.02
Purpose: GAS	Date	<u> </u>
Check box if this expenditure is payment of debt or obligation reported on previous statement		
Subto	tal this page	375.63
F CS F CS	Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: PARKING RAMP FEE Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: BREAKFAST MEETING Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: TABLING EVENT Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: GAS Check box if this expenditure is payment of debt or obligation reported on previous statement Subto Grand Total of all S	Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: BREAKFAST MEETING Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: TABLING EVENT Check box if this expenditure is payment of debt or obligation reported on previous statement Og/11/2024 Date Date Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous Check box if this expenditure is payment of debt or obligation reported on previous Check box if this expenditure is payment of debt or obligation reported on previous



1. Committee I. D. Number 2024146

2 Committee Name CTE AMBER Z. KILPATRICK

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name BROWNLEE PRESS		09/11/2024	\$ 148.40
BROWNELL FREES	LITEDATLIDE	Date	\$ <u>140.40</u>
Address 549 OTTAWA AVE NW	Purpose: LITERATURE	Dato	
GRAND RAPIDS, MI 49503			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name CITY OF GRAND RAPIDS PARKING RAMP		09/12/2024	0.00
	54514116 5445 555	Date	\$ <u>8.00</u>
Address	Purpose: PARKING RAMP FEE	Date	
300 MONROE AVE NW			
GRAND RAPIDS, MI 49503			
•	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Experioriture #3			
Name ROAM BY SANCHEZ		09/12/2024	· 11 70
	Purpose: LUNCH MEETING	Date	\$ <u>44.73 </u>
Address 250 MONROE AVE NW	Purpose: LONGIT MILL TING	Date	
GRAND RAPIDS, MI 49503			
GHAND HAI 103, WII 49303			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name BRIDGE ST MARKET		09/12/2024	
	011001150	Date	\$ 22.07
Address	Purpose: SUPPLIES	Dale	
405 SEWARD AVE NW			
GRAND RAPIDS, MI 49504			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name GOTPRINTCOM		09/13/2024	
Address	Purpose: SIGNS	Date	\$ <u>969.92</u>
7651 SAN FERNANDO RD	Pulpose.		
BURBANK, CA 91505			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		etal thia name	1 100 10
	Subto	tal this page	1,193.12
	Grand Total of all		
	(Complete on last page	of Schedule)	



CTE AMBER Z. KILPATRICK

2. 0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name THAT EARLY BIRD		09/13/2024 Date	\$ <u>6.83</u>
Address 1445 LAKE DR SE	Purpose: COFFEE MEETING	Dale	
GRAND RAPIDS, MI 49506			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name BROWNLEE PRESS		09/16/2024	\$ 125.00
Address	Purpose: STICKERS	Date	
549 OTTAWA AVE NW			
GRAND RAPIDS, MI 49503			
and 114 11 11 11 11 11 11 11 11 11 11 11 11	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name GOTPRINTCOM		09/16/2024	\$ 144.56
Address	Purpose: LITERATURE	Date	
7651 SAN FERNANDO RD			
BURBANK, CA 91505			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name BROWNLEE PRESS		09/19/2024	* 000 c0
A.11	I ITEDATI IDE ODDED	Date	\$ <u>222.60</u>
Address	Purpose: LITERATURE ORDER		
549 OTTAWA AVE NW			
GRAND RAPIDS, MI 49503			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
·			
Name WALKER ROADHOUSE		09/19/2024	. 00 00
Address	Purpose: LUNCH MEETING	Date	\$ <u>20.02</u>
3272 REMEMBRANCE RD NW	Turpose.		
WALKER, MI 49534			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
<u> </u>		tal this	5 40.04
	Subto	tal this page	519.01
	Grand Total of all S	Schedules 1B	
	(Complete on last page	of Schedule)	



ITEMIZED EXPENDITURES **SCHEDULE 1B**

2024146 1. Committee I. D. Number

2. Committee Name CTE AMBER Z. KILPATRICK **CANDIDATE COMMITTEE** 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) 5. Date 6. Amount Expenditure #1 09/23/2024 Name WEALTHY ST BAKERY \$ 8.88 Purpose: COFFEE MEETING Date 610 WEALTHY ST SE GRAND RAPIDS, MI 49503 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 Name CIRCLE K 06207 10/07/2024 \$ 75.23 Date GAS PURCHASE FOR CANVASSING AND SIGN DELIVERY Purpose: Address 514 MICHIGAN ST NE GRAND RAPIDS, MI 49503 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #3 Name MI DEMOCRATIC PARTY 10/08/2024 \$ 75.00 Purpose: VAN ACCESS Date 606 TOWNSEND ST LANSING, MI 48933 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser Expenditure #4 Name LAST MILE CAFE 10/08/2024 \$ 42.35 Date COFFEE PURCHASE FOR MEET AND GREET Address Purpose: 1006 HALL ST SE GRAND RAPIDS, MI 49507 Check box if this expenditure is payment of debt or obligation reported on previous JFund Raiser statement Expenditure #5 Name REAL FOOD CAFE 10/08/2024 \$ 18.84 Purpose: BREAKFAST MEETING Date Address 2419 EASTERN AVE SE GRAND RAPIDS, MI 49507 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement

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

Subtotal this page

220.30



1. Committee I. D. Number 2024146

2. Committee Name CTE AMBER Z. KILPATRICK

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name EDEN CAFE		10/09/2024 \$ 7.00
	Purpose: COFFEE MEETING	
Address 1034 BRIDGE ST NW	Purpose: OOTTEL WILLTING	
GRAND RAPIDS, MI 49504		
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2		
Name BRIDGE ST MARKET		10/20/2024
BITIDGE OF WATERET	OLIDBLIEG	Date \$ 25.92
Address	Purpose: SUPPLIES	Dale
405 SEWARD AVE NW		
GRAND RAPIDS, MI 49504		
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #3	statement	
Name		
Ivallie		\$
Address	Purpose:	Date
	Click H	ere for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #4		
Name		
		\$
Address	Purpose:	Date ————
	. u.poso.	
	Click H	ere for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous	
	statement	
Expenditure #5		
Name		
Address	Purnosa:	\$
	Purpose:	
		ere for Memo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
	Subtot	al this page 32.92
	033101	32.32

Grand Total of all Schedules 1B (Complete on last page of Schedule) 6,666.41