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KENT COUNTY CLERK  
GRAND RAPIDS, MICHIGAN

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**CANDIDATE COMMITTEE  
COVER PAGE**

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

3. This Statement covers From: 07/10/2024 to 10/20/2024

|   |  |                              |                  |
|---|--|------------------------------|------------------|
| 1. Committee I.D. Number<br><b>2024154</b>    | 4. Candidate Last Name<br><b>NUNEZ</b>   | First Name<br><b>ISMALIS</b> | M.I.<br><b>I</b> |
| 2. Committee Name<br><b>CTE ISMALIS NUNEZ</b> | 4a. Office Sought Including District # or Community Served (If applicable)<br><b>SCHOOL BOARD MEMBER, GRAND RAPIDS PUBLIC SCHOOLS SD</b> |                              |                  |
|   | 4b. County of Residence <b>KENT COUNTY</b>   |                              |                  |

|   |  |
|---|--|
| 5. Committee's Mailing Address<br><b>1038 BENJAMIN AVE SE<br/>GRAND RAPIDS, MI 49506</b><br><br>Area Code and Phone <u>(616) 287-3641</u><br><small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small> | 6. Treasurer's Name & Residential Address<br><b>LIZETTE M LOPEZ<br/>936 FRONT AVE NW<br/>APT 209<br/>GRAND RAPIDS, MI 49504</b><br><br>Area Code & Phone <u>(616) 930-1139</u> |
|---|--|

|  |   |
|--|---|
| 7. Treasurer's Business Address<br><b>936 FRONT AVE NW<br/>APT 209<br/>GRAND RAPIDS, MI 49504</b><br><br>Area Code and Phone <u>(616) 930-1139</u> | 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)<br><br><br><br>Area Code and Phone <u>() -</u> |
|--|---|

|  |  |   |
|--|--|---|
| 9. TYPE OF STATEMENT<br>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election<br>Pre-Election or Post-Election Statement relates to:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Convention<br><input type="checkbox"/> Special<br><input type="checkbox"/> School<br><input type="checkbox"/> Caucus<br><br>Date of Election, Convention or Caucus<br><u>11/05/2024</u> | Required ONLY if candidate is not on the ballot for the current year:<br><input type="checkbox"/> July Quarterly<br><input type="checkbox"/> October Quarterly<br><br>9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year<br><br>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) | 9e. Dissolution of Candidate Committee<br><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.<br><br>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.<br><br>Effective date of dissolution<br><br>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. |
|--|--|---|

|   |   |
|---|---|
| 10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete. |   |
| Current Treasurer or Designated Record keeper<br>Type or Print Name<br>_____<br>Signature<br>_____  | Submitted electronically, signature on file<br>Date <u>10/24/2024</u> |
| Candidate<br>Type or Print Name<br>_____<br>Signature<br>_____  | Submitted electronically, signature on file<br>Date <u>10/24/2024</u> |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 2024154

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE ISMALIS NUNEZ

| RECEIPTS  | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|---|--------------------------------|---|
| 3. Contributions  |                                |   |
| a. Itemized (Schedule 1A - Column 6)  | (3a.) \$ <u>7,063.00</u>       |   |
| b. Unitemized (less than \$20.01 each - no Schedule)  | (3b.) \$ <u>NOT APPLICABLE</u> |   |
| c. Subtotal of "Contributions"  | (3c.) \$ <u>7,063.00</u>       | (18.) \$ <u>7,063.00</u>                    |
| 4. Other Receipts (Schedule 1A -1, Column 6)  | (4.) \$ <u>0.00</u>            | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>7,063.00</u>        | (20.) \$ <u>7,063.00</u>                    |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>   |                                |   |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)  | (6.) \$ <u>568.14</u>          | (21.) \$ <u>568.14</u>                      |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  | (7.) \$ <u>0.00</u>            | (22.) \$ <u>0.00</u>                        |
| <b>EXPENDITURES</b>   |                                |   |
| 8. Expenditures   |                                |   |
| a. Itemized (Schedule 1B, Column 6)   | (8a.) \$ <u>4,640.60</u>       |   |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)  | (8b.) \$ <u>0.00</u>           |   |
| c. Unitemized (less than \$50.01 each - no Schedule)  | (8c.) \$ <u>0.00</u>           |   |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>4,640.60</u>        | (23.) \$ <u>4,640.60</u>                    |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |                                |   |
| 10. Disbursements   |                                |   |
| a. Itemized (Schedule 1C, Column 6)   | (10a.) \$ <u>0.00</u>          |   |
| b. Unitemized (less than \$50.01 each - no Schedule)  | (10b.) \$ <u>0.00</u>          |   |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>  |                                |   |
| 12. Debts and Obligations   |                                |   |
| a. Owed <b>by</b> the Committee (Schedule 1E)   | (12a.) \$ <u>0.00</u>          |   |
| b. Owed <b>to</b> the Committee (Schedule 1E)   | (12b.) \$ <u>0.00</u>          |   |
| <b>BALANCE STATEMENT</b>  |                                |   |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>0.00</u>           |   |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>7,063.00</u>     |   |
| 15. SUBTOTAL Add lines 13 and 14  | (15.) = \$ <u>7,063.00</u>     |   |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>4,640.60</u>     |   |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)   | (17.) \$ <u>2,422.40</u> *     |   |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|------------------|---|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/16/2024</u><br>Name & Address:<br><b>CHRISTINE SAXMAN</b><br><b>6177 N LINCOLN AVE</b><br><b>CHICAGO, IL 60659</b>   |  | \$ <u>100.00</u> | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/16/2024</u><br>Name & Address:<br><b>KRISCHANNA ROBERSON</b><br><b>3709 MILL LAKE DR SW</b><br><b>MARIETTA, GA 30060</b>  |  | \$ <u>100.00</u> | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/16/2024</u><br>Name & Address:<br><b>NICOLE SHIMIZU</b><br><b>5308 S ALASKA ST</b><br><b>SEATTLE, WA 98118</b>   |  | \$ <u>100.00</u> | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/16/2024</u><br>Name & Address:<br><b>UNSUUK ZUCKER</b><br><b>7468 S LEWISTON ST</b><br><b>AURORA, CO 80016</b>   |  | \$ <u>50.00</u>  | \$ <u>50.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |

Page Subtotal 350.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.   |   | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--------------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/16/2024</u> |   |
| Name & Address:<br>CASSANDRA FALCON<br>916 WILDFLOWER RD<br>DAVENPORT, FL 33837   |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                       |   |                                      |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/16/2024</u> |   |
| Name & Address:<br>LORI WATSON<br>3653 ROCKY SHORE DR<br>VALLEJO, CA 94591  |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                       |   |                                      |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/16/2024</u> |   |
| Name & Address:<br>NICK ORLOWSKI<br>44 BAYNTON AVE NE<br>GRAND RAPIDS, MI 49503   |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                       |   |                                      |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/16/2024</u> |   |
| Name & Address:<br>PAT SAVAGE- WILLIAMS<br>9007 SAMOSET TRAIL<br>SKOKIE, IL 60076   |   | \$ <u>250.00</u>                     | \$ <u>250.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED TEACHER</u> Employer <u>N/A</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |   |                                      |   |

Page Subtotal 400.00

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1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

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|---|---|--------------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/16/2024</u> |   |
| Name & Address:<br><b>DANIELLE SUBER</b><br><b>44 PELHAM DR</b><br><b>COATESVILLE, PA 19320</b>   |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |                                      |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/16/2024</u> |   |
| Name & Address:<br><b>ASHLEY CRAWFORD</b><br><b>197 HAWTHORNE CT</b><br><b>ROCKFORD, MI 49341</b>   |   | \$ <u>250.00</u>                     | \$ <u>250.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NON PROFIT</u> Employer <u>CONVENANT HOUSE</u><br>Business Address <u>460 W 41ST ST, NEW YORK, NY 10036</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |   |                                      |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/16/2024</u> |   |
| Name & Address:<br><b>CLARA ELLIOT</b><br><b>2509 OAK HILL DR</b><br><b>ARLINGTON, TX 76006</b>   |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |                                      |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/16/2024</u> |   |
| Name & Address:<br><b>NIYAH KELLY</b><br><b>1508 W JONQUIL TERRACE</b><br><b>CHICAGO, IL 60626</b>  |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |                                      |   |

Page Subtotal 325.00

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**ITEMIZED CONTRIBUTIONS  
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1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--------------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/16/2024</u> |   |
| Name & Address:<br>NICOLE HALM-LUTTERODT<br>4553 S CALUMET AVE<br>CHICAGO, IL 60653   |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/17/2024</u> |   |
| Name & Address:<br>AMARENA NELSON<br>1354 BEMIS ST SE<br>GRAND RAPIDS, MI 49506   |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/17/2024</u> |   |
| Name & Address:<br>MIGUEL AYALA JR.<br>1214 WHITING ST SW<br>WYOMING, MI 49509  |   | \$ <u>20.00</u>                      | \$ <u>20.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/17/2024</u> |   |
| Name & Address:<br>CAILIN KELLY<br>2345 FRANCIS AVE SE<br>GRAND RAPIDS, MI 49507  |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |

Page Subtotal 245.00

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1. Committee I.D. Number 2024154  
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| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--------------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/17/2024</u> |   |
| Name & Address:<br><b>CARMEN SAMPSON</b><br><b>1760 LACOMBE AVE</b><br><b>CLASON POINT, NY 10473</b>  |   | \$ <u>20.00</u>                      | \$ <u>20.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/17/2024</u> |   |
| Name & Address:<br><b>PAT ANDERSON</b><br><b>1024 CLEVELAND ST</b><br><b>EVANSTON, IL 60202</b>   |   | \$ <u>150.00</u>                     | \$ <u>150.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser  |   |                                      |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/17/2024</u> |   |
| Name & Address:<br><b>ALECIA WARTOWSKI</b><br><b>9524 HAMLIN AVE</b><br><b>EVANSTON, IL 60203</b>   |   | \$ <u>50.00</u>                      | \$ <u>50.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/17/2024</u> |   |
| Name & Address:<br><b>MATTHEW BIECKER</b><br><b>6145 N MAPLEWOOD AVE</b><br><b>CHICAGO, IL 60659</b>  |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |

Page Subtotal 320.00

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

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--------------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/17/2024</u> |   |
| Name & Address:<br>JANET MILANOWSKI<br>2038 PAYTON LN NE<br>GRAND RAPIDS, MI 49505  |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/17/2024</u> |   |
| Name & Address:<br>KIM KELLY<br>2041 W 18TH ST<br>CHICAGO, IL 60608   |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/18/2024</u> |   |
| Name & Address:<br>STEPHANIE MENDOZA<br>2008 KEENEY ST<br>EVANSTON, IL 60202  |   | \$ <u>50.00</u>                      | \$ <u>50.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/20/2024</u> |   |
| Name & Address:<br>BRENDA LINDGREN<br>22512 NE 14TH DR<br>SAMMAMISH, WA 98074   |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.   |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|------------------|---|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/2024</u><br>Name & Address:<br><b>BRITNEY SAMPSON</b><br><b>1760 LACOMBE AVE</b><br><b>CLASON POINT, NY 10473</b>   |  | \$ <u>25.00</u>  | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |  |                  |   |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/2024</u><br>Name & Address:<br><b>KATE BENZSCHAWEL</b><br><b>2354 S OAKLEY AVE</b><br><b>CHICAGO, IL 60608</b>   |  | \$ <u>50.00</u>  | \$ <u>50.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |  |                  |   |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/2024</u><br>Name & Address:<br><b>ELAINE GORALSKI</b><br><b>600 BROADWAY AVE NW</b><br><b>GRAND RAPIDS, MI 49504</b>  |  | \$ <u>100.00</u> | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |  |                  |   |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/2024</u><br>Name & Address:<br><b>ROSA MENDEZ</b><br><b>5841 MADISON ST</b><br><b>MORTON GROVE, IL 60053</b>  |  | \$ <u>150.00</u> | \$ <u>150.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DIRECTOR</u> Employer <u>STRIVE TOGETHER</u><br>Business Address <u>5841 MADISON ST, MORTON GROVE, IL 60053</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                  |   |

Page Subtotal 325.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|------------------|---|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/2024</u><br>Name & Address:<br><b>GABRIELLE BAKER</b><br><b>1201 DIAMOND AVE NE</b><br><b>GRAND RAPIDS, MI 49505</b>  |  | \$ <u>100.00</u> | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/2024</u><br>Name & Address:<br><b>RODNEY ALLEN</b><br><b>145 48TH ST SE</b><br><b>GRAND RAPIDS, MI 49548</b>   |  | \$ <u>25.00</u>  | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/2024</u><br>Name & Address:<br><b>BROOKE GREGORY</b><br><b>13536 E EVANS AVE</b><br><b>AURORA, CO 80014</b>   |  | \$ <u>50.00</u>  | \$ <u>50.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/2024</u><br>Name & Address:<br><b>RENEE NEUMIER</b><br><b>6747 N HIAWATHA AVE</b><br><b>CHICAGO, IL 60646</b>   |  | \$ <u>30.00</u>  | \$ <u>30.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |

Page Subtotal 205.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--------------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/20/2024</u> |   |
| Name & Address:<br>LISA LEVINE<br>DEWEY AVE NW<br>GRAND RAPIDS, MI 49504  |   | \$ <u>36.00</u>                      | \$ <u>36.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/21/2024</u> |   |
| Name & Address:<br>MADELAINE LANE<br>2444 LAKE DR SE<br>GRAND RAPIDS, MI 49506  |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/22/2024</u> |   |
| Name & Address:<br>MAUREEN MAUPIN<br>1026 IRON BRIDGE RD<br>BOWLING GREEN, KY 42103   |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/24/2024</u> |   |
| Name & Address:<br>SARA VAN<br>1130 GIDDINGS AVE SE<br>GRAND RAPIDS, MI 49506   |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |

Page Subtotal 261.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--------------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/24/2024</u> |   |
| Name & Address:<br><b>CHIP WALDRON</b><br><b>1043 BENJAMIN AVE SE</b><br><b>GRAND RAPIDS, MI 49506</b>  |   | \$ <u>50.00</u>                      | \$ <u>50.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/25/2024</u> |   |
| Name & Address:<br><b>KATHERINE KANE</b><br><b>1200 PROSPECT ST</b><br><b>TAKOMA PARK, MD 20912</b>   |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/25/2024</u> |   |
| Name & Address:<br><b>JESSICA COURTWRIGHT</b><br><b>1434 MILTON ST SE</b><br><b>GRAND RAPIDS, MI 49506</b>  |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/26/2024</u> |   |
| Name & Address:<br><b>JULIA LINFORS</b><br><b>4516 8TH ST NW</b><br><b>WASHINGTON, DC 20011</b>   |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.   |   | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--------------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/29/2024</u> |   |
| Name & Address:<br><b>CORRIE WALLACE</b><br><b>3535 ARCADIA ST</b><br><b>EVANSTON, IL 60203</b>   |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |                                      |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/01/2024</u> |   |
| Name & Address:<br><b>NOEL MALOOF</b><br><b>206 NELSON FERRY RD</b><br><b>DECATUR, GA 30030</b>   |   | \$ <u>500.00</u>                     | \$ <u>500.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>MANAGER</u> Employer <u>FULTON COUNTY SCHOOLS</u><br>Business Address <u>6201 POWERS FERRY RD NW, ATLANTA, GA 30339</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |   |                                      |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/02/2024</u> |   |
| Name & Address:<br><b>VERNESSA STEPNEY</b><br><b>573 JENNIFER CIR</b><br><b>MUNDELEIN, IL 60060</b>   |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |                                      |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/05/2024</u> |   |
| Name & Address:<br><b>DON &amp; NANCY NELSON</b><br><b>16288 DURANGO TRAIL</b><br><b>LAKEVILLE, MN 55044</b>  |   | \$ <u>200.00</u>                     | \$ <u>200.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer <u>N/A</u><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser  |   |                                      |   |

Page Subtotal **825.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|------------------|---|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/07/2024</u><br>Name & Address:<br><b>JOHN BAKER</b><br><b>1335 WEALTHY ST SE</b><br><b>GRAND RAPIDS, MI 49506</b>  |  | \$ <u>50.00</u>  | \$ <u>50.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/07/2024</u><br>Name & Address:<br><b>LATASHA FILEDS</b><br><b>59 HAWKS LANDING CIR</b><br><b>VERONA, WI 53593</b>   |  | \$ <u>25.00</u>  | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/08/2024</u><br>Name & Address:<br><b>NICOLE WIGGINS</b><br><b>9424 HAMLIN AVE</b><br><b>EVANSTON, IL 60203</b>   |  | \$ <u>50.00</u>  | \$ <u>50.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/08/2024</u><br>Name & Address:<br><b>KATIE NELSON HAGGY</b><br><b>16368 DUNFIELD DR</b><br><b>LAKEVILLE, MN 55044</b>  |  | \$ <u>100.00</u> | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|-----------------|---|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/08/2024</u><br>Name & Address:<br><b>APELILA PENIATA</b><br><b>709 VALLEY DR SE</b><br><b>ST MICHAEL, MN 55376</b>   |  | \$ <u>50.00</u> | \$ <u>50.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                 |   |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/08/2024</u><br>Name & Address:<br><b>MARIA CORTES</b><br><b>4206 N SAWYER AVE</b><br><b>CHICAGO, IL 60618</b>   |  | \$ <u>25.00</u> | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                 |   |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/09/2024</u><br>Name & Address:<br><b>SARAH SAK-SMITH</b><br><b>1346 DERBY DR NW</b><br><b>GRAND RAPIDS, MI 49504</b>   |  | \$ <u>15.00</u> | \$ <u>15.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                 |   |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/09/2024</u><br>Name & Address:<br><b>SARAH HARRELL</b><br><b>3814 N HAMILTON AVE</b><br><b>CHICAGO, IL 60618</b>   |  | \$ <u>50.00</u> | \$ <u>50.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                 |   |

Page Subtotal **140.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--------------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/11/2024</u> |   |
| Name & Address:<br>LINDA IGLESKI<br>109 RICHARDS AVE NW<br>GRAND RAPIDS, MI 49504   |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/14/2024</u> |   |
| Name & Address:<br>KARA SHOUR<br>2260 SYLVAN AVE SE<br>GRAND RAPIDS, MI 49506   |   | \$ <u>10.00</u>                      | \$ <u>10.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/17/2024</u> |   |
| Name & Address:<br>CAILIN KELLY<br>2345 FRANCIS AVE SE<br>GRAND RAPIDS, MI 49507  |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/18/2024</u> |   |
| Name & Address:<br>PATRICIA MAUNSELL<br>2610 HARRISON ST<br>EVANSTON, IL 60201  |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |

Page Subtotal 160.00

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

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--------------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/25/2024</u> |   |
| Name & Address:<br>MARTA JOHNSON<br>1343 LOGAN ST SE<br>GRAND RAPIDS, MI 49506  |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/25/2024</u> |   |
| Name & Address:<br>JULIE TOOLE<br>5719 N DRAKE AVE<br>CHICAGO, IL 60659   |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/25/2024</u> |   |
| Name & Address:<br>ERIN THOMPSON<br>4402 HONEYPIC DR<br>MADISON, WI 53718   |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/25/2024</u> |   |
| Name & Address:<br>KATHRYN CAMPBELL<br>2016 HARRISON ST<br>EVANSTON, IL 60201   |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |

Page Subtotal 100.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--------------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/26/2024</u> |   |
| Name & Address:<br>HELENA ROTHLEUTNER<br>10818 TIMBERVIEW DR<br>PRAIRIEVILLE, LA 70769  |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/27/2024</u> |   |
| Name & Address:<br>ASHLEY RADEE<br>334 E 26TH ST<br>NEW YORK, NY 10010  |   | \$ <u>20.00</u>                      | \$ <u>20.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/27/2024</u> |   |
| Name & Address:<br>CASI FARRAR<br>1009 PALISADE AVE<br>UNION CITY, NJ 07087   |   | \$ <u>50.00</u>                      | \$ <u>50.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/28/2024</u> |   |
| Name & Address:<br>KYLE LIM<br>333 SUNSET AVE NW<br>GRAND RAPIDS, MI 49504  |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |

Page Subtotal 195.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.   |   | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--------------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/29/2024</u> |   |
| Name & Address:<br>GRACE BAKKER<br>1034 BENJAMIN AVE SE<br>GRAND RAPIDS, MI 49506   |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |                                      |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>08/31/2024</u> |   |
| Name & Address:<br>JESSICA CRUZ<br>401 COURTLAND ST<br>YPSILANTI, MI 48197  |   | \$ <u>250.00</u>                     | \$ <u>250.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>MANAGING DIRECTOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u><br>Business Address <u>505 STATE ST, ANN ARBOR, MI 48109</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |   |                                      |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/02/2024</u> |   |
| Name & Address:<br>RUTH YOUNG<br>1600 THELIN CT<br>EVANSTON, IL 60201   |   | \$ <u>66.00</u>                      | \$ <u>66.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |                                      |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/02/2024</u> |   |
| Name & Address:<br>RUTH YOUNG<br>1600 THELIN CT<br>EVANSTON, IL 60201   |   | \$ <u>60.00</u>                      | \$ <u>60.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |                                      |   |

Page Subtotal 476.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--------------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/02/2024</u> |   |
| Name & Address:<br>ROSELYN CHARLES-MAHER<br>814 MAYHEW WOOD DR SE<br>GRAND RAPIDS, MI 49507   |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/06/2024</u> |   |
| Name & Address:<br>THEODROS GASHAW<br>1440 27TH AVE<br>SACRAMENTO, CA 95822   |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/06/2024</u> |   |
| Name & Address:<br>JENNIFER EPPS<br>5665 WILSHIRE BLVD<br>LOS ANGELES, CA 90036   |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/06/2024</u> |   |
| Name & Address:<br>CRYSTAL MASON<br>145 FELL ST<br>SF, CA 94102   |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |

Page Subtotal 400.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|------------------|---|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/09/2024</u><br>Name & Address:<br><b>JASON BIEHL</b><br><b>3805 LEGATION ST NW</b><br><b>WASHINGTON, DC 20015</b>  |  | \$ <u>11.00</u>  | \$ <u>11.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/09/2024</u><br>Name & Address:<br><b>CATHERINE WIGGINTON GREENE</b><br><b>1671 WEBSTER ST NE</b><br><b>WASHINGTON, DC 20017</b>   |  | \$ <u>25.00</u>  | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/09/2024</u><br>Name & Address:<br><b>KADIJAH MEANS</b><br><b>5530 HUNTINGTON AVE</b><br><b>RICHMOND, CA 94804</b>  |  | \$ <u>100.00</u> | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/10/2024</u><br>Name & Address:<br><b>SUZANNE PEGAS</b><br><b>915 53RD ST</b><br><b>EMERYVILLE, CA 94608</b>  |  | \$ <u>20.00</u>  | \$ <u>20.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |

Page Subtotal **156.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--------------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/10/2024</u> |   |
| Name & Address:<br>ELIZABETH GRES<br>3709 S HONORE ST<br>CHICAGO, IL 60609  |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/20/2024</u> |   |
| Name & Address:<br>REBECCA GAST<br>2026 LAFAYETTE AVE NE<br>GRAND RAPIDS, MI 49505  |   | \$ <u>10.00</u>                      | \$ <u>10.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/24/2024</u> |   |
| Name & Address:<br>ROSEMARY ANDERSON<br>2200 OMENA AVE SE<br>GRAND RAPIDS, MI 49506   |   | \$ <u>40.00</u>                      | \$ <u>40.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/25/2024</u> |   |
| Name & Address:<br>JOSH & HENRY INC<br>2001 S DIVISION AVE<br>GRAND RAPIDS, MI 49507  |   | \$ <u>750.00</u>                     | \$ <u>750.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |

Page Subtotal 825.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--------------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/06/2024</u> |   |
| Name & Address:<br><b>WENDY WINSTON</b><br><b>1525 FORREST AVE NE</b><br><b>GRAND RAPIDS, MI 49505</b>  |   | \$ <u>25.00</u>                      | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/10/2024</u> |   |
| Name & Address:<br><b>ERIN NOWAK</b><br><b>2411 ELDERWOOD DR NW</b><br><b>GRAND RAPIDS, MI 49544</b>  |   | \$ <u>30.00</u>                      | \$ <u>30.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/11/2024</u> |   |
| Name & Address:<br><b>CHRISTINE P GILMAN</b><br><b>157 GUILD ST NE</b><br><b>GRAND RAPIDS, MI 49505</b>   |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/14/2024</u> |   |
| Name & Address:<br><b>MICHIGAN EDUCATION DEFENSE</b><br><b>PO BOX 30014</b><br><b>LANSING, MI 48909</b>   |   | \$ <u>100.00</u>                     | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   |                                      |   |

Page Subtotal 255.00

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

Enter this total on  
line 3a of Summary  
Page.

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

1. Committee I.D. Number 2024154

2. Committee Name CTE ISMALIS NUNEZ

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|------------------|---|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/15/2024</u><br>Name & Address:<br>TIMOTHY RUSS<br>24 ROBINHOOD DR SE<br>GRAND RAPIDS, MI 49546   |  | \$ <u>25.00</u>  | \$ <u>25.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |
| 3. Contribution #2      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>10/17/2024</u><br>Name & Address:<br>PROGRESSIVE WOMEN'S ALLIANCE<br>PO BOX 1315<br>GRAND RAPIDS, MI 49501  |  | \$ <u>250.00</u> | \$ <u>250.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |
| 3. Contribution # 3      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>10/17/2024</u><br>Name & Address:<br>MEA PAC<br>1216 KENDALE BLVD<br>EAST LANSING, MI 48823  |  | \$ <u>200.00</u> | \$ <u>200.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  |                  |   |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address: _____   |  | \$ _____         | \$ _____  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                |  |                  |   |

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| Page Subtotal | 475.00 |
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Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

7,063.00

Enter this total on  
line 3a of Summary  
Page.





# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.  | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased  | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|--|---|--------------------------------|---|
| Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>ISMALIS NUNEZ</b><br><b>1038 BENJAMIN AVE SE</b><br><b>GRAND RAPIDS, MI 49506</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>CONSULTANT</b><br>Employer Name & Business Address:<br><b>ANEW COLLECTIVE CONSULTING</b><br><b>1971 E BELTLINE STE 106 PMB 1087,</b><br><b>GRAND RAPIDS, MI 49525</b><br><br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>CAMPAIGN LITERATURE RACK CARDS</u><br>5. Date Of Receipt: <u>07/19/2024</u><br>6. <b>Vendor Name &amp; Address:</b><br><b>GOTPRINT.COM</b><br><b>N SAN FERNANDO RD,</b><br><b>LOS ANGELES, CA 91505</b>               | \$ <b>430.29</b>               | \$ <b>430.29</b>  |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>ISMALIS NUNEZ</b><br><b>1038 BENJAMIN AVE SE</b><br><b>GRAND RAPIDS, MI 49506</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>CONSULTANT</b><br>Employer Name & Address:<br><b>ANEW COLLECTIVE CONSULTING</b><br><b>1971 E BELTLINE STE 106 PMB 1087,</b><br><b>GRAND RAPIDS, MI 49525</b><br><br><input type="checkbox"/> Fund Raiser Contribution          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>CAMPAIGN CREDIT CARD LOCKED- YARD SIGN MATERIALS</u><br>5. Date Of Receipt: <u>10/20/2024</u><br>6. <b>Vendor Name &amp; Address:</b><br><b>MENARDS</b><br><b>5555 CLYDE PARK AVE SW,</b><br><b>WYOMING, MI 49509</b> | \$ <b>137.85</b>               | \$ <b>137.85</b>  |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br>Employer Name & Address:<br><br><input type="checkbox"/> Fund Raiser Contribution   | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description _____<br>5. Date Of Receipt: _____<br>6. <b>Vendor Name &amp; Address:</b><br><br><a href="#">Click Here for Memo Itemization</a>   | \$ _____                       | \$ _____  |

Page Subtotal **568.14** **568.14**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **568.14**

Enter this total  
on line 6 of Summary  
Page



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

1. Committee I. D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| 3. Name and address of person or vendor to whom paid  | 4. Purpose (Required Information)   | 5. Date                   | 6. Amount               |
|---|---|---------------------------|-------------------------|
| Expenditure #1<br>Name <b>WEST MICHIGAN VISUAL COMMUNICATIONS</b><br><br>Address<br><b>4064 RONALDS RD<br/>DORR, MI 49323</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u><b>YARD SIGNS</b></u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement     | <u>08/05/2024</u><br>Date | \$ <u><b>433.54</b></u> |
| Expenditure #2<br>Name <b>THE WICHESTER</b><br><br>Address<br><b>648 WEALTHY ST SE<br/>GRAND RAPIDS, MI 49503</b><br><br><input type="checkbox"/> Fund Raiser             | Purpose: <u><b>MEETING DINNER</b></u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/12/2024</u><br>Date | \$ <u><b>128.88</b></u> |
| Expenditure #3<br>Name <b>SHELL</b><br><br>Address<br><b>4562 KALAMAZOO AVE SE<br/>KENTWOOD, MI 49508</b><br><br><input type="checkbox"/> Fund Raiser                     | Purpose: <u><b>GASOLINE</b></u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement       | <u>08/13/2024</u><br>Date | \$ <u><b>42.00</b></u>  |
| Expenditure #4<br>Name <b>HALL STREET BAKERY</b><br><br>Address<br><b>1200 HALL ST SE<br/>GRAND RAPIDS, MI 49506</b><br><br><input type="checkbox"/> Fund Raiser          | Purpose: <u><b>MEETING DINNER</b></u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/14/2024</u><br>Date | \$ <u><b>14.10</b></u>  |
| Expenditure #5<br>Name <b>J &amp; H FAMILY STORES</b><br><br>Address<br><b>4404 CLYDE PARK AVE SW<br/>WYOMING, MI 49509</b><br><br><input type="checkbox"/> Fund Raiser   | Purpose: <u><b>GASOLINE</b></u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement       | <u>08/16/2024</u><br>Date | \$ <u><b>49.48</b></u>  |

Subtotal this page

**668.00**

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

Enter this total  
on line 8a of  
Summary Page



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

1. Committee I. D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| 3. Name and address of person or vendor to whom paid   | 4. Purpose (Required Information)   | 5. Date                   | 6. Amount        |
|--|---|---------------------------|------------------|
| Expenditure #1<br>Name WEST MICHIGAN VISUAL COMMUNICATIONS<br><br>Address<br>4064 RONALDS RD<br>DORR, MI 49323<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>YARD SIGNS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement        | <u>08/19/2024</u><br>Date | \$ <u>323.30</u> |
| Expenditure #2<br>Name STOVETOP ROASTERS CAFE<br><br>Address<br>944 FULTON ST E<br>GRAND RAPIDS, MI 49503<br><br><input type="checkbox"/> Fund Raiser      | Purpose: <u>MEETING LUNCH</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement     | <u>08/20/2024</u><br>Date | \$ <u>18.44</u>  |
| Expenditure #3<br>Name MICHAEL'S<br><br>Address<br>3310 ALPINE AVE NW<br>GRAND RAPIDS, MI 49544<br><br><input type="checkbox"/> Fund Raiser                | Purpose: <u>TSHIRTS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement           | <u>08/24/2024</u><br>Date | \$ <u>20.62</u>  |
| Expenditure #4<br>Name MICHAEL'S<br><br>Address<br>3940 28TH ST SE<br>GRAND RAPIDS, MI 49512<br><br><input type="checkbox"/> Fund Raiser                   | Purpose: <u>TSHIRT VINYL</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement      | <u>08/24/2024</u><br>Date | \$ <u>58.78</u>  |
| Expenditure #5<br>Name STICKY BRAND<br><br>Address<br>3940 US-1<br>PRINCETON, NJ 08540<br><br><input type="checkbox"/> Fund Raiser                         | Purpose: <u>CAMPAIGN STICKERS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/25/2024</u><br>Date | \$ <u>96.17</u>  |

Subtotal this page **517.31**

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

Enter this total  
on line 8a of  
Summary Page



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

1. Committee I. D. Number **2024154**  
2. Committee Name **CTE ISMALIS NUNEZ**

| 3. Name and address of person or vendor to whom paid  | 4. Purpose (Required Information)   | 5. Date                   | 6. Amount        |
|---|---|---------------------------|------------------|
| Expenditure #1<br>Name <b>SIP COFFE AND COCKTAILS</b><br><br>Address<br><b>806 ALGER ST SE<br/>GRAND RAPIDS, MI 49507</b><br><br><input type="checkbox"/> Fund Raiser         | Purpose: <b>MEETING BREAKFAST</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>08/27/2024</b><br>Date | \$ <b>12.12</b>  |
| Expenditure #2<br>Name <b>MORNING RITUAL</b><br><br>Address<br><b>637 STOCKING AVE NW<br/>GRAND RAPIDS, MI 49504</b><br><br><input type="checkbox"/> Fund Raiser              | Purpose: <b>MEETING BREAKFAST</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>08/29/2024</b><br>Date | \$ <b>20.80</b>  |
| Expenditure #3<br>Name <b>WEBADOR</b><br><br>Address<br><b>5617 BC EINDHOVEN, NETHERLANDS<br/>EINDHOVEN, NB 5617 BC</b><br><br><input type="checkbox"/> Fund Raiser           | Purpose: <b>WEBSITE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement           | <b>08/29/2024</b><br>Date | \$ <b>12.00</b>  |
| Expenditure #4<br>Name <b>WEST MICHIGAN VISUAL COMMUNICATIONS</b><br><br>Address<br><b>4064 RONALDS RD<br/>DORR, MI 49323</b><br><br><input type="checkbox"/> Fund Raiser     | Purpose: <b>YARD SIGNS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement        | <b>08/31/2024</b><br>Date | \$ <b>323.30</b> |
| Expenditure #5<br>Name <b>FAMILY FARE QUICK STOP</b><br><br>Address<br><b>2755 LAKE MICHIGAN DR NW<br/>GRAND RAPIDS, MI 49504</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>GASOLINE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | <b>09/02/2024</b><br>Date | \$ <b>46.99</b>  |

Subtotal this page

**415.21**

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

Enter this total  
on line 8a of  
Summary Page



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

1. Committee I. D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| 3. Name and address of person or vendor to whom paid   | 4. Purpose (Required Information)   | 5. Date                   | 6. Amount               |
|--|---|---------------------------|-------------------------|
| Expenditure #1<br>Name <b>AMAZON</b><br><br>Address<br><b>410 TERRY AVE N<br/>SEATTLE, WA 98109</b><br><br><input type="checkbox"/> Fund Raiser                              | Purpose: <u><b>SIGN HOLDERS</b></u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement     | <u>09/04/2024</u><br>Date | \$ <u><b>28.18</b></u>  |
| Expenditure #2<br>Name <b>AMAZON</b><br><br>Address<br><b>410 TERRY AVE N<br/>SEATTLE, WA 98109</b><br><br><input type="checkbox"/> Fund Raiser                              | Purpose: <u><b>DOOR HANGER BAGS</b></u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/04/2024</u><br>Date | \$ <u><b>66.77</b></u>  |
| Expenditure #3<br>Name <b>MICHAEL'S</b><br><br>Address<br><b>3310 ALPINE AVE NW<br/>GRAND RAPIDS, MI 49544</b><br><br><input type="checkbox"/> Fund Raiser                   | Purpose: <u><b>TSHIRTS</b></u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | <u>09/05/2024</u><br>Date | \$ <u><b>184.50</b></u> |
| Expenditure #4<br>Name <b>RIO PERUVIAN AND MEXICAN CUISINE</b><br><br>Address<br><b>69 28TH ST SW<br/>GRAND RAPIDS, MI 49548</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u><b>MEETING DINNER</b></u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement   | <u>09/05/2024</u><br>Date | \$ <u><b>89.65</b></u>  |
| Expenditure #5<br>Name <b>MICHAEL'S</b><br><br>Address<br><b>3940 28TH ST SE<br/>GRAND RAPIDS, MI 49512</b><br><br><input type="checkbox"/> Fund Raiser                      | Purpose: <u><b>TSHIRTS</b></u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | <u>09/05/2024</u><br>Date | \$ <u><b>56.68</b></u>  |

Subtotal this page

**425.78**

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

Enter this total  
on line 8a of  
Summary Page



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

1. Committee I. D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| 3. Name and address of person or vendor to whom paid   | 4. Purpose (Required Information)  | 5. Date                   | 6. Amount        |
|--|--|---------------------------|------------------|
| Expenditure #1<br>Name <b>STAPLES</b><br><br>Address<br>5110 28TH ST SE<br>GRAND RAPIDS, MI 49512<br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>VOTER CARDS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>09/09/2024</u><br>Date | \$ <u>90.94</u>  |
| Expenditure #2<br>Name <b>JIMMY JOHN'S</b><br><br>Address<br>1533 WEALTHY ST SE<br>GRAND RAPIDS, MI 49506<br><br><input type="checkbox"/> Fund Raiser    | Purpose: <u>MEETING DINNER</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/14/2024</u><br>Date | \$ <u>29.63</u>  |
| Expenditure #3<br>Name <b>SIGNS ON THE CHEAP</b><br><br>Address<br>11525A STONEHOLLOW DR<br>AUSTIN, TX 78758<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>YARD SIGNS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement     | <u>09/14/2024</u><br>Date | \$ <u>469.37</u> |
| Expenditure #4<br>Name <b>STAPLES</b><br><br>Address<br>5110 28TH ST SE<br>GRAND RAPIDS, MI 49512<br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>VOTER CARDS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>09/15/2024</u><br>Date | \$ <u>52.99</u>  |
| Expenditure #5<br>Name <b>STAPLES</b><br><br>Address<br>5110 28TH ST SE<br>GRAND RAPIDS, MI 49512<br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>VOTER CARDS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>09/17/2024</u><br>Date | \$ <u>52.99</u>  |

Subtotal this page

**695.92**

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

Enter this total  
on line 8a of  
Summary Page



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

1. Committee I. D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| 3. Name and address of person or vendor to whom paid  | 4. Purpose (Required Information)   | 5. Date                   | 6. Amount       |
|---|---|---------------------------|-----------------|
| Expenditure #1<br>Name <b>MEIJER</b><br><br>Address<br>420 STOCKING AVE NW<br>GRAND RAPIDS, MI 49504<br><br><input type="checkbox"/> Fund Raiser                | Purpose: <u>VOLUNTEER SNACKS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement            | <u>09/19/2024</u><br>Date | \$ <u>16.25</u> |
| Expenditure #2<br>Name <b>MEIJER</b><br><br>Address<br>420 STOCKING AVE NW<br>GRAND RAPIDS, MI 49504<br><br><input type="checkbox"/> Fund Raiser                | Purpose: <u>FEUL</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                        | <u>09/19/2024</u><br>Date | \$ <u>44.23</u> |
| Expenditure #3<br>Name <b>MEIJER</b><br><br>Address<br>420 STOCKING AVE NW<br>GRAND RAPIDS, MI 49504<br><br><input type="checkbox"/> Fund Raiser                | Purpose: <u>FUEL</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                        | <u>09/19/2024</u><br>Date | \$ <u>50.57</u> |
| Expenditure #4<br>Name <b>CTE ALICIAMARIE BELCHAK</b><br><br>Address<br>710 JACKSON ST NW<br>GRAND RAPIDS, MI 49504<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>DINNER SPAGHETTI FUNDRAISER</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/19/2024</u><br>Date | \$ <u>60.00</u> |
| Expenditure #5<br>Name <b>HALL STREET BAKERY</b><br><br>Address<br>1200 HALL ST SE<br>GRAND RAPIDS, MI 49506<br><br><input type="checkbox"/> Fund Raiser        | Purpose: <u>MEETING LUNCH</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement               | <u>09/20/2024</u><br>Date | \$ <u>35.38</u> |

Subtotal this page

**206.43**

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

Enter this total  
on line 8a of  
Summary Page



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

1. Committee I. D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| 3. Name and address of person or vendor to whom paid  | 4. Purpose (Required Information)  | 5. Date                   | 6. Amount        |
|---|--|---------------------------|------------------|
| Expenditure #1<br>Name <b>48 HOUR PRINT</b><br><br>Address<br><b>8000 HASKELL AVE<br/>LOS ANGELES, CA 91406</b><br><br><input type="checkbox"/> Fund Raiser           | Purpose: <b>BANNERS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | <u>09/20/2024</u><br>Date | \$ <u>113.57</u> |
| Expenditure #2<br>Name <b>GOT PRINT.COM</b><br><br>Address<br><b>7651 SAN FERNANDO RD<br/>BURBANK, CA 91505</b><br><br><input type="checkbox"/> Fund Raiser           | Purpose: <b>LIT CARDS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement        | <u>09/20/2024</u><br>Date | \$ <u>196.25</u> |
| Expenditure #3<br>Name <b>WEALTHY STREET BAKERY</b><br><br>Address<br><b>610 WEALTHY ST SE<br/>GRAND RAPIDS, MI 49503</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>MEETING LUNCH</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>09/21/2024</u><br>Date | \$ <u>41.00</u>  |
| Expenditure #4<br>Name <b>TACO BELL</b><br><br>Address<br><b>605 LEONARD ST NW<br/>GRAND RAPIDS, MI 49504</b><br><br><input type="checkbox"/> Fund Raiser             | Purpose: <b>VOLUNTEER DINNER</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/23/2024</u><br>Date | \$ <u>12.67</u>  |
| Expenditure #5<br>Name <b>MEIJER</b><br><br>Address<br><b>420 STOCKING AVE NW<br/>GRAND RAPIDS, MI 49504</b><br><br><input type="checkbox"/> Fund Raiser              | Purpose: <b>FUEL</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement             | <u>09/23/2024</u><br>Date | \$ <u>47.65</u>  |

Subtotal this page **411.14**

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

Enter this total  
on line 8a of  
Summary Page





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

1. Committee I. D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| 3. Name and address of person or vendor to whom paid  | 4. Purpose (Required Information)   | 5. Date                   | 6. Amount        |
|---|---|---------------------------|------------------|
| Expenditure #1<br>Name <b>BROWNLEE PRINTING</b><br><br>Address<br><b>549 OTTAWA AVE NW<br/>GRAND RAPIDS, MI 49503</b><br><br><input type="checkbox"/> Fund Raiser   | Purpose: <b>STICKERS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                  | <u>09/24/2024</u><br>Date | \$ <u>381.60</u> |
| Expenditure #2<br>Name <b>WEBADOR</b><br><br>Address<br><b>5617 BC EINDHOVEN, NETHERLANDS<br/>EINDHOVEN, NB 5617 BC</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>WEBSITE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                   | <u>09/29/2024</u><br>Date | \$ <u>12.00</u>  |
| Expenditure #3<br>Name <b>INSTACART COSTCO</b><br><br>Address<br><b>5100 28TH ST SE<br/>GRAND RAPIDS, MI 49512</b><br><br><input type="checkbox"/> Fund Raiser      | Purpose: <b>CANDY FOR PARADE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | <u>09/30/2024</u><br>Date | \$ <u>78.38</u>  |
| Expenditure #4<br>Name <b>AMAZON</b><br><br>Address<br><b>410 TERRY AVE N<br/>SEATTLE, WA 98109</b><br><br><input type="checkbox"/> Fund Raiser                     | Purpose: <b>COLORING BOOKS FOR PARADE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/04/2024</u><br>Date | \$ <u>37.09</u>  |
| Expenditure #5<br>Name <b>MICHAEL'S</b><br><br>Address<br><b>3310 ALPINE AVE NW<br/>GRAND RAPIDS, MI 49544</b><br><br><input type="checkbox"/> Fund Raiser          | Purpose: <b>TSHIRTS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                   | <u>10/04/2024</u><br>Date | \$ <u>28.52</u>  |

Subtotal this page

**537.59**

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

Enter this total  
on line 8a of  
Summary Page



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

1. Committee I. D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

| 3. Name and address of person or vendor to whom paid   | 4. Purpose (Required Information)  | 5. Date                   | 6. Amount        |
|--|--|---------------------------|------------------|
| Expenditure #1<br>Name <b>MICHIGAN DEMOCRATIC PARTY</b><br><br>Address<br><b>606 TOWNSEND ST<br/>LANSING, MI 48933</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>MINI VAN ACCESS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  | <u>10/06/2024</u><br>Date | \$ <u>75.00</u>  |
| Expenditure #2<br>Name <b>48 HOUR PRINT</b><br><br>Address<br><b>8000 HASKELL AVE<br/>LOS ANGELES, CA 91406</b><br><br><input type="checkbox"/> Fund Raiser        | Purpose: <u>BANNERS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  | <u>10/06/2024</u><br>Date | \$ <u>441.48</u> |
| Expenditure #3<br>Name <b>GOT PRINT.COM</b><br><br>Address<br><b>7651 SAN FERNANDO RD<br/>BURBANK, CA 91505</b><br><br><input type="checkbox"/> Fund Raiser        | Purpose: <u>CAMPAIGN LITERATURE</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  | <u>10/06/2024</u><br>Date | \$ <u>246.74</u> |
| Expenditure #4<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser  | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement<br><br><a href="#">Click Here for Memo Itemization Type</a> | _____<br>Date             | \$ _____         |
| Expenditure #5<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser  | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement<br><br><a href="#">Click Here for Memo Itemization Type</a> | _____<br>Date             | \$ _____         |

Subtotal this page **763.22**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **4,640.60**

Enter this total  
on line 8a of  
Summary Page



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024154  
2. Committee Name CTE ISMALIS NUNEZ

This Schedule itemizes:

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

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt   | 7. Date and amount of each payment  | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|--|--|---|---------------------------------------|--|
| Debt #1 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>ISMALIS NUNEZ</b><br>1038 BENJAMIN AVE SE<br>GRAND RAPIDS, MI 49506   | 4. Type: <u>LOAN-CAMPAIGN LITERATURE</u><br>5. <u>Date Debt Was Incurred:</u><br><u>07/19/2024</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 430.29</u> | 10/20/24 \$ 430.29<br>_____<br>\$ _____<br>_____<br>\$ _____<br>_____<br>\$ _____ | \$ 430.29                             | \$ 0.00<br><input type="checkbox"/> FORGIVEN                         |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>  |  |   |                                       |  |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>ISMALIS NUNEZ</b><br>1038 BENJAMIN AVE SE<br>GRAND RAPIDS, MI 49506   | 4. Type: <u>LOAN FOR CC BEING LOCKED</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/20/2024</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 137.85</u> | 10/20/24 \$ 137.85<br>_____<br>\$ _____<br>_____<br>\$ _____<br>_____<br>\$ _____ | \$ 137.85                             | \$ 0.00<br><input type="checkbox"/> FORGIVEN                         |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>  |  |   |                                       |  |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:   | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____   | _____<br>\$ _____<br>_____<br>\$ _____<br>_____<br>\$ _____                       | \$ _____                              | \$ _____<br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____   |  |   |                                       |  |

Page Subtotal (Outstanding debt)

**0.00**

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

**0.00**

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

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