

CANDIDATE COMMITTEE COVER PAGE

FILED 24 OCT 2024 PM 05:19

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

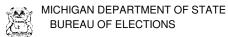
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.					
Report must be legible, typed the treasurer (or designated r	d or printed in ink and record keeper) and ca	signed by Indidate.	3. This Statement covers From	07/10/2024 to	10/20/2024
1. Committee I.D. Number			4. Candidate Last Name	First Name	M.I.
2024154			NUNEZ	ISMALIS	I
2. Committee Name			4a. Office Sought Including Dis	•	ed (If applicable) OS PUBLIC SCHOOLS SD
CTE ISMAL	IQ NII INIE	- 7	SCHOOL BOARD MEM	BEN, GRAND RAFIL	3 FUBLIC SCHOOLS SD
			4b. County of Residence KEI	NT COUNTY	
5. Committee's Mailing Addres	SS		6. Treasurer's Name & Reside	ential Address	
1038 BENJAMIN AV	E SE		LIZETTE M LOPEZ		
GRAND RAPIDS, MI	l 49506		936 FRONT AVE N	N	
			APT 209		
Area Code and Phone (616	6) 287-3641		GRAND RAPIDS, M	I 49504	
If the address in this box is different mailing address on the Statement be sent to this address by the f	erent from the commit ent of Organization, n	ttee nail may	Area Code & Phone (616)	930-1139	
7. Treasurer's Business Addres			8. Designated Record keeper Designated Record keeper)		ess (If the committee has a
936 FRONT AVE NV	N		Designated Fledord Receptify		
APT 209					
GRAND RAPIDS, M	I 49504				
Area Code and Phone (616	s) 930-1139		Avec Ocale and Blace () -		
	7,000 1100		Area Code and Phone <u>U</u> -	9e. Dissolution of Cand	didate Committee
9. TYPE OF STATEMENT	Post-Election		NLY if candidate	Dy shocking this item	1/1/2 portify any outstanding dobt
9a. X Pre-Election OR 9b	Post-Election	is not on the current year:			n I/We certify any outstanding debt andidate or his or her spouse is here
Pre-Election or Post-Election S	tatement relates to:	July Quart	erlv		en, and no longer collectible from mittee has no oustanding assets,
Primary				owes no lates fees or has	
⊠ General		October C	uarterly	Further, if the dissolution	cannot be granted, that this be
Convention				considered a request for t	he Reporting Waiver.
Special		9c. Annua	al Statement ()	Effective date of	of discolution
School		_	Coverage Year	Effective date of	Taissolution
Caucus		9d. Ameno (Comp	dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to		
		indicat amend	e which Statement is being led.)	Note: The disposition of r Schedule 1B and the Sur	esidual funds must be reported on mary Page.
Date of Election, Convention	n or Caucus				
11/05/2024	ii oi oadeds				
11/03/2024					
10. Verification: I\We certify tha my\our knowledge and belief th			in the preparation of this statem omplete.	ent and attached schedule	s (if any) and to the best of
Current Treasurer or				Submitted electronical signature on file	10/24/2024
Designated Record keeper	Type or Print Name		Signature	Date	9
				Submitted electronical	ly, 10/04/0004
Candidate			/	signature on file Dat	10/24/2024
İ	Type or Print Name		Signature		

1. Committee I.D. Number 2024154

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 7,063.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 7,063.00	(18.) \$ _7,063.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _7,063.00	(20.) \$ 7,063.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 568.14	(21.) \$ 568.14
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 4,640.60	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 4,640.60	(23.) \$ 4,640.60
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS		
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 0.00	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 7,063.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_7,063.00	
16. Amount expended during reporting period		
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ 4,640.60	
(Subtract line 16 from line 15)	(17.) \$ 2,422.40	•

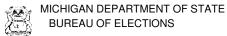


1. Committee I.D. Number _

2024154

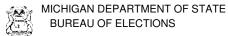
CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/16/2024 Name & Address: CHRISTINE SAXMAN 6177 N LINCOLN AVE CHICAGO, IL 60659 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 100.00	_{\$} 100.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/16/2024 Name & Address KRISCHANNA ROBERSON 3709 MILL LAKE DR SW MARIETTA, GA 30060 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/16/2024 Name & Address: NICOLE SHIMIZU 5308 S ALASKA ST SEATTLE, WA 98118	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/16/2024 Name & Address UNSUK ZUCKER 7468 S LEWISTON ST AURORA, CO 80016 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 1 of 22	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2024154

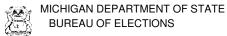
Enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Commonwealth (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Rec Name & Address: CASSANDRA FALCON 916 WILDFLOWER RD DAVENPORT, FL 33837	eipt <u>07/16/2024</u>	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
Name & Address LORI WATSON 3653 ROCKY SHORE DR	eipt <u>07/16/2024</u>	_{\$} 100.00	_s 100.00
VALLEJO, CA 94591			
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Rec Name & Address: NICK ORLOWSKI 44 BAYNTON AVE NE GRAND RAPIDS, MI 49503	07/16/2024	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Re Name & Address PAT SAVAGE- WILLIAMS 9007 SAMOSET TRAIL SKOKIE, IL 60076	ceipt <u>07/16/2024</u>	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED TEACHER Employer N/A			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	400.00	
	Grand Total of All Schedules 1A inplete on last page of Schedule)	Enter this total on line 3a of Summary	
Pageof		Page.	



1. Committee I.D. Number __2024154

CANDIDATE COMMITTEE

Enter contributor's name and address. If contributi middle initial. Check box to indicate if contribution Committee (PAC) Report all contributions regardle	is from a Political Comm		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YE Name & Address: DANIELLE SUBER 44 PELHAM DR COATESVILLE, PA 19320	S 4. Date of Rece	07/16/2024	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:				
Occupation Emp	loyer			
Business Address Type of Contribution: Direct Loa	an from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? YES	4. Date of Rece	ipt 07/16/2024		_
ASHLEY CRAWFORD 197 HAWTHORNE CT ROCKFORD, MI 49341			_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:	0011/5141	IT 1 101 10E		
Occupation NON PROFIT Emplo				
Business Address 460 W 41ST ST, NE	W YORK, NY	10036		
Type of Contribution: Direct Loa	n from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YE Name & Address: CLARA ELLIOT 2509 OAK HILL DR ARLINGTON, TX 76006	S 4. Date of Rece	o7/16/2024	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:				
Occupation Empl	oyer			
Business Address Direct Loa	ın from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YINAME & Address NIYAH KELLY 1508 W JONQUIL TERRACE CHICAGO, IL 60626	ES 4. Date of Rec	eipt <u>07/16/2024</u>	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:				
Occupation E	mployer			
Business Address				
Type of Contribution: Vinect Los	an from a person	Fund Raiser		
		Page Subtotal	325.00	
3 22		rand Total of All Schedules 1A plete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 3 of 22			Page.	

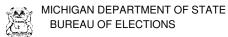


1. Committee I.D. Number

2024154

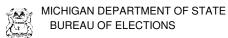
CANDIDATE COMMITTEE 2. Committee Name

Enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Comr Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Address: NICOLE HALM-LUTTERODT 4553 S CALUMET AVE CHICAGO, IL 60653	eipt <u>07/16/2024</u>	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	eipt 07/17/2024		
Name & Address AMARENA NELSON 1354 BEMIS ST SE GRAND RAPIDS, MI 49506		<u>\$ 100.00</u>	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Rec Name & Address: MIGUEL AYALA JR. 1214 WHITING ST SW WYOMING, MI 49509	07/17/2024	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Re Name & Address CAILIN KELLY 2345 FRANCIS AVE SE GRAND RAPIDS, MI 49507	ceipt <u>07/17/2024</u>	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	245.00	
(Con	Grand Total of All Schedules 1A applete on last page of Schedule)	Enter this total on line 3a of Summary	
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1. Committee I.D. Number __2024154

Enter contributor's name and address. If c middle initial. Check box to indicate if cont Committee (PAC) Report <u>all</u> contributions	tribution is from a Political Com		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: CARMEN SAMPSON 1760 LACOMBE AVE CLASON POINT, NY 10473	YES 4. Date of Rec	07/17/2024	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please pro	ovide:			
Occupation	Employer			
Business Address		<u> </u>		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution #2 PAC Receipt? Name & Address	YES 4. Date of Rec	eipt 07/17/2024		
PAT ANDERSON 1024 CLEVELAND ST EVANSTON, IL 60202			\$ 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please pro				
Occupation NOT EMPLOYED	_ Employer_N/A			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: ALECIA WARTOWSKI 9524 HAMLIN AVE EVANSTON, IL 60203	YES 4. Date of Rec	07/17/2024	\$ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	Employer			
Business Address Direct	Loan from a person			
Type of Contribution: Direct 3. Contribution # 4 PAC Receipt?	<u> </u>	Fund Raiser		
Name & Address MATTHEW BIECKER 6145 N MAPLEWOOD AVE CHICAGO, IL 60659	YES 4. Date of Re	eceipt <u>07/17/2024</u>	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please pro	ovide:			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
		Page Subtotal	320.00	
Page 5 of 22		Grand Total of All Schedules 1A nplete on last page of Schedule)	Enter this total on line 3a of Summary	
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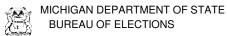
2. Committee Name

1. Committee I.D. Number

2024154

CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/17/2024 Name & Address: JANET MILANOWSKI 2038 PAYTON LN NE GRAND RAPIDS, MI 49505	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/17/2024		
Name & Address KIM KELLY 2041 W 18TH ST CHICAGO, IL 60608	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: STEPHANIE MENDOZA 2008 KEENEY ST EVANSTON, IL 60202	\$ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address BRENDA LINDGREN 22512 NE 14TH DR SAMMAMISH, WA 98074	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6 of 22	Enter this total on line 3a of Summary Page.	

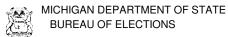


CANDIDATE COMMITTEE

1. Committee I.D. Number 2024154

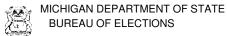
2. Committee Name

Enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Comr Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Receip	eipt 07/20/2024	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	eipt 07/20/2024		
Name & Address KATE BENZSCHAWEL 2354 S OAKLEY AVE CHICAGO, IL 60608		<u>\$</u> 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Rec Name & Address: ELAINE GORALSKI 600 BROADWAY AVE NW GRAND RAPIDS, MI 49504	07/20/2024	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Rename & Address ROSA MENDEZ 5841 MADISON ST MORTON GROVE, IL 60053		_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:			
Occupation DIRECTOR Employer STRIVE	TOGETHER		
Business Address 5841 MADISON ST, MORTON G			
Type of Contribution: Loan from a person	Fund Raiser		
	Page Subtotal	325.00	
(Corr	Grand Total of All Schedules 1A applete on last page of Schedule)	Enter this total on line 3a of Summary	
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CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: GABRIELLE BAKER 1201 DIAMOND AVE NE GRAND RAPIDS, MI 49505	YES 4. Date of Rec	07/20/2024	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please pr	ovide:			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt?	YES 4. Date of Rec	eeipt 07/20/2024		
RODNEY ALLEN 145 48TH ST SE GRAND RAPIDS, MI 49548			_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please pro	ovide:			
Occupation	_ Employer			
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address: BROOKE GREGORY 13536 E EVANS AVE AURORA, CO 80014	YES 4. Date of Re	ceipt <u>07/20/2024</u>	§ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please pro	ovide:			
Occupation	Employer			
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt?	YES 4. Date of Re	eceipt 07/20/2024		
Name & Address RENEE NEUMIER 6747 N HIAWATHA AVE CHICAGO, IL 60646			§30.00	_{\$} 30.00
5. If over \$100.00 cumulative, please pro	ovide:			
Occupation	Employer			
Business Address	<u></u>	<u></u>		
Type of Contribution:	Loan from a person	Fund Raiser		_
		Page Subtotal	205.00	_
Page 8 of 22		Grand Total of All Schedules 1A mplete on last page of Schedule)	Enter this total on line 3a of Summary	J
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1. Committee I.D. Number

2024154

CANDIDATE COMMITTEE 2. Committee N

Enter contributor's name and address. If contribution is from an individual, enter last name, first n middle initial. Check box to indicate if contribution is from a Political Committee or an Independer Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address: LISA LEVINE DEWEY AVE NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:		_{\$} 36.00	_{\$} 36.00
Occupation Employer Business Address Type of Contribution:			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/21/2024 Name & Address MADELAINE LANE 2444 LAKE DR SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide:		_{\$} 100.00	_{\$} 100.00
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address: MAUREEN MAUPIN 1026 IRON BRIDGE RD BOWLING GREEN, KY 42103	<u> </u>	<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer Business Address Type of Contribution:			
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address SARA VAN 1130 GIDDINGS AVE SE GRAND RAPIDS, MI 49506	1	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Page	Subtotal	261.00	
Grand Total of All Sched (Complete on last page of Scheduler) Page	Schedule)	Enter this total on line 3a of Summary Page.	

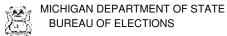


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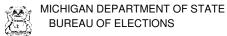
2. Committee Name

1. Committee I.D. Number

S. Contribution # PAC Receipt?	Enter contributor's name and address. If contribution is from an middle initial. Check box to indicate if contribution is from a Polit Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Description	Name & Address: CHIP WALDRON 1043 BENJAMIN AVE SE	te of Receipt <u>07/24/2024</u>	_{\$} 50.00	_{\$} 50.00
Business Address Type of Contribution #2 Name & Address KATHERINE KANE 1200 PROSPECT ST TAKOMA PARK, MD 20912 St if over \$100.00 cumulative, please provide: Cocupation #3 PAC Receipt? YES	5. If over \$100.00 cumulative, please provide:			
Type of Contribution:	Occupation Employer			
3. Contribution #2 PAC Receipt?	Business Address			
Name & Address KATHERINE KANE 1200 PROSPECT ST TAKOMA PARK, MD 20912 5. If over \$100.00 cumulative, please provide: OccupationEmployer	Type of Contribution: Direct Loan from a pers	on Fund Raiser		
KATHERINE KANE 1200 PROSPECT ST TAKOMA PARK, MD 20912 5. If over \$100.00 cumulative, please provide: Occupation Employer		e of Receipt 07/25/2024	-	
Description Employer	KATHERINE KANE 1200 PROSPECT ST		_{\$} 100.00	<u>\$ 100.00</u>
Business Address Type of Contribution: PAC Receipt?	5. If over \$100.00 cumulative, please provide:			
Type of Contribution:	Occupation Employer			
3. Contribution # 3	Business Address			
Name & Address: JESSICA COURTWRIGHT 1434 MILTON ST SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation Employer	Type of Contribution: Direct Loan from a person	n Fund Raiser		
Occupation Employer Business Address	Name & Address: JESSICA COURTWRIGHT 1434 MILTON ST SE	te of Receipt <u>07/25/2024</u>	_{\$} 25.00	_{\$} 25.00
Business Address Type of Contribution: Pirect Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/26/2024 Name & Address JULIA LINFORS 4516 8TH ST NW WASHINGTON, DC 20011 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Pirect Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	5. If over \$100.00 cumulative, please provide:			
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/26/2024 Name & Address JULIA LINFORS 4516 8TH ST NW WASHINGTON, DC 20011 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	Occupation Employer_			
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/26/2024 Name & Address JULIA LINFORS 4516 8TH ST NW WASHINGTON, DC 20011 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:				
Name & Address JULIA LINFORS 4516 8TH ST NW WASHINGTON, DC 20011 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Loan from a person Fund Raiser Page Subtotal 200.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	Type of Contribution: Direct Loan from a pers	on Fund Raiser		
Occupation Employer Business Address Type of Contribution: Loan from a person Fund Raiser Page Subtotal 200.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	Name & Address JULIA LINFORS 4516 8TH ST NW	ate of Receipt 07/26/2024	_{\$} 25.00	_{\$_} 25.00
Business Address Type of Contribution: Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	5. If over \$100.00 cumulative, please provide:			
Type of Contribution: Loan from a person Fund Raiser Page Subtotal Q00.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	Occupation Employer			
Type of Contribution: Loan from a person Fund Raiser Page Subtotal Q00.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	Rusiness Address			
Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on		on Fund Raiser		
Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on		Page Subtotal	200.00	
	. 10 , 22		Enter this total on line 3a of Summary	



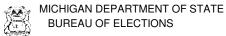
Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Commit Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: CORRIE WALLACE 3535 ARCADIA ST EVANSTON, IL 60203	ot <u>07/29/2024</u>	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	ot 08/01/2024		
NOEL MALOOF 206 NELSON FERRY RD DECATUR, GA 30030		\$ 500.00	\$ 500.00
5. If over \$100.00 cumulative, please provide:	WIT / 0.0 I 0.0 I 0.		
Occupation MANAGER Employer FULTON COU			
Business Address 6201 POWERS FERRY RD NW, ATLA	NTA, GA 30339		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: VERNESSA STEPNEY 573 JENNIFER CIR MUNDELEIN, IL 60060	pt 08/02/2024	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Rece	ipt 08/05/2024		
Name & Address DON & NANCY NELSON 16288 DURANGO TRAIL LAKEVILLE, MN 55044		_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:			
Occupation NOT EMPLOYED Employer N/A			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	825.00	
	and Total of All Schedules 1A lete on last page of Schedule)		
Page 11 of 22	oto on last page of ouredule) -	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2024154

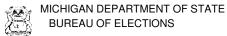
CANDIDATE COMMITTEE 2. Committee Name

enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address: JOHN BAKER 1335 WEALTHY ST SE GRAND RAPIDS, MI 49506	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address LATASHA FILEDS 59 HAWKS LANDING CIR VERONA, WI 53593	_{\$} 25.00	_{\$_} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/08/2024 NICOLE WIGGINS 9424 HAMLIN AVE EVANSTON, IL 60203	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/08/2024 Name & Address KATIE NELSON HAGGY 16368 DUNFIELD DR LAKEVILLE, MN 55044	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	225.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 12 of 22		



1. Committee I.D. Number __2024154

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/08/2024 Name & Address: APELILA PENIATA 709 VALLEY DR SE ST MICHAEL, MN 55376		_{\$} 50.00	_{\$} 50.00	
5. If over \$100.00 cumulative, please prov	vide:			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt?	YES 4. Date of Rece	eipt 08/08/2024		
MARIA CORTES 4206 N SAWYER AVE CHICAGO, IL 60618			<u>\$</u> 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please prov	ride:			
Occupation	Employer			
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: SARAH SAK-SMITH 1346 DERBY DR NW GRAND RAPIDS, MI 49504	YES 4. Date of Rec	08/09/2024	_{\$} 15.00	_{\$} 15.00
5. If over \$100.00 cumulative, please prov	ride:			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address SARAH HARRELL 3814 N HAMILTON AVE CHICAGO, IL 60618	YES 4. Date of Re	ceipt <u>08/09/2024</u>	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please prov	vide:			
Occupation	Employer			
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
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Page 13 of 22			Page.	

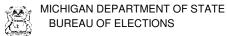


1. Committee I.D. Number

2024154

CANDIDATE COMMITTEE

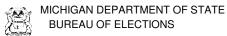
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/11/2024 Name & Address: LINDA IGLESKI 109 RICHARDS AVE NW GRAND RAPIDS, MI 49504	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:	<u> </u>	
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/14/2024		_
Name & Address KARA SHOUR		
2260 SYLVAN AVE SE	_{\$} 10.00	_{\$} 10.00
GRAND RAPIDS, MI 49506	\$ 10.00	\$ 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/17/2024 Name & Address: CAILIN KELLY 2345 FRANCIS AVE SE GRAND RAPIDS, MI 49507	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/18/2024 Name & Address PATRICIA MAUNSELL 2610 HARRISON ST EVANSTON, IL 60201	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	160.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 14 of 22	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2024154

CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/25/2024 Name & Address: MARTA JOHNSON 1343 LOGAN ST SE GRAND RAPIDS, MI 49506		_{\$} 25.00	_{\$} 25.00	
5. If over \$100.00 cumulative, please provide:				
Occupation Employer				
Business Address				
Type of Contribution: Direct Loan from	m a person	Fund Raiser		
3. Contribution #2 PAC Receipt? YES Name & Address JULIE TOOLE 5719 N DRAKE AVE CHICAGO, IL 60659	4. Date of Rece	ipt <u>08/25/2024</u>	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:				
Occupation Employer_				
Business Address				
Type of Contribution: Direct Loan from	n a person	Fund Raiser		
3. Contribution #3 PAC Receipt? YES Name & Address: ERIN THOMPSON 4402 HONEYPIE DR MADISON, WI 53718	4. Date of Rece	eipt 08/25/2024	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:				
Occupation Employer_ Business Address Type of Contribution:	m a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES Name & Address KATHRYN CAMPBELL 2016 HARRISON ST EVANSTON, IL 60201	4. Date of Rec	eeipt <u>08/25/2024</u>	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:				
Occupation Employ	er			
Business Address				
Type of Contribution:	m a person	Fund Raiser		
Page 15 of 22		Page Subtotal rand Total of All Schedules 1A plete on last page of Schedule)	Enter this total on line 3a of Summary	
Page of			Page.	

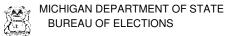


1. Committee I.D. Number

2024154

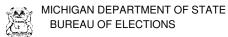
2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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? Name & Address: HELENA ROTHLEUTNER 10818 TIMBERVIEW DR PRAIRIEVILLE, LA 70769	YES 4. Date of Rec	eipt <u>08/26/2024</u>	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	_ Employer	_		
Business Address		<u></u>		
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt?	YES 4. Date of Rec	eipt 08/27/2024		
ASHLEY RADEE 334 E 26TH ST NEW YORK, NY 10010			_{\$} 20.00	<u>\$</u> 20.00
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	_ Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: CASI FARRAR 1009 PALISADE AVE UNION CITY, NJ 07087	YES 4. Date of Rec	08/27/2024	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	Employer			
Business Address	-			
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address KYLE LIM 333 SUNSET AVE NW GRAND RAPIDS, MI 49504	YES 4. Date of Re	nceipt 08/28/2024	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	_ Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
	_	Page Subtotal	195.00	
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Page 16 of 22			Page.	



1. Committee I.D. Number __2024154

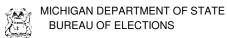
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/29/2024 Name & Address: GRACE BAKKER 1034 BENJAMIN AVE SE GRAND RAPIDS, MI 49506		_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Receipt 08/31/2024		
Name & Address JESSCIA CRUZ			
401 COURTLAND ST		_{\$} 250.00	_{\$} 250.00
YPSILANTI, MI 48197		\$	\$ <u></u>
5. If over \$100.00 cumulative, please provide:			
Occupation MANAGING DIRECTOR Employer UNIVERS	SITY OF MICHIGAN		
Business Address 505 STATE ST, ANN ARBOR, I			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of	Receipt 09/02/2024		
Name & Address: RUTH YOUNG			
1600 THELIN CT		_{\$} 66.00	_{\$} 66.00
EVANSTON, IL 60201		·	\$ <u></u>
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date o Name & Address	f Receipt 09/02/2024		
RUTH YOUNG			
1600 THELIN CT		_{\$} 60.00	£ 60.00
EVANSTON, IL 60201		\$ 00.00	\$ 00.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution:	Fund Raiser		
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Page 17 of 22		line 3a of Summary Page.	



CANDIDATE COMMITTEE

2024154 1. Committee I.D. Number _

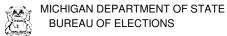
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/02/2024 Name & Address: ROSELYN CHARLES-MAHER 814 MAYHEW WOOD DR SE GRAND RAPIDS, MI 49507 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 100.00	_{\$} 100.00
Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/06/2024 Name & Address THEODROS GASHAW 1440 27TH AVE SACRAMENTO, CA 95822	\$ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/06/2024 Name & Address: JENNIFER EPPS 5665 WILSHIRE BLVD LOS ANGELES, CA 90036	<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/06/2024 Name & Address CRYSTAL MASON 145 FELL ST SF, CA 94102	_{\$} 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
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Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 18 of 22	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2024154

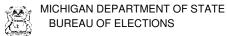
CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Comm Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/09/2024 Name & Address: JASON BIEHL 3805 LEGATION ST NW WASHINGTON, DC 20015		_{\$} 11.00	_{\$} 11.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	ipt 09/09/2024		
Name & Address CATHERINE WIGGINTON GREENE 1671 WEBSTER ST NE WASHINGTON, DC 20017		_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt YES 4. Date	eipt 09/09/2024	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Rec Name & Address SUZANNE PEGAS 915 53RD ST EMERYVILLE, CA 94608	eeipt <u>09/10/2024</u>	_{\$} 20.00	_{\$_} 20.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
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(Com	rand Total of All Schedules 1A plete on last page of Schedule)	Enter this total on	
Page 19 of 22		line 3a of Summary Page.	



1. Committee I.D. Number __2024154

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/10/2024 Name & Address: ELIZABETH GRES 3709 S HONORE ST CHICAGO, IL 60609		_{\$} 25.00	_{\$} 25.00	
5. If over \$100.00 cumulative, please pro	ovide:			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address REBECCA GAST 2026 LAFAYETTE AVE NE	YES 4. Date of Rec	eeipt <u>09/20/2024</u>	_{\$} 10.00	_{\$} 10.00
GRAND RAPIDS, MI 49505				
5. If over \$100.00 cumulative, please pro				
Occupation	_ Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: ROSEMARY ANDERSON 2200 OMENA AVE SE GRAND RAPIDS, MI 49506	YES 4. Date of Red	09/24/2024	<u>\$40.00</u>	_{\$} 40.00
5. If over \$100.00 cumulative, please pro	ovide:			
Occupation	Employer			
Business Address Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt?	YES 4. Date of Re	eceipt 09/25/2024		
JOSH & HENRY INC 2001 S DIVISION AVE GRAND RAPIDS, MI 49507			_{\$} 750.00	_{\$_} 750.00
5. If over \$100.00 cumulative, please pro	ovide:			
Occupation	Employer			
Business Address	- <u></u>			
Type of Contribution: Direct	Loan from a person	Fund Raiser		
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Page 20 of 22			line 3a of Summary Page.	

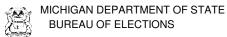


CANDIDATE COMMITTEE

1. Committee I.D. Number 2024154

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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? Name & Address: WENDY WINSTON 1525 FORREST AVE NE GRAND RAPIDS, MI 49505	YES 4. Date of Rec	eipt 10/06/2024	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	Employer			
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt?	YES 4. Date of Rec	eipt 10/10/2024		
Name & Address ERIN NOWAK 2411 ELDERWOOD DR NW GRAND RAPIDS, MI 49544			\$ <u>30.00</u>	§ 30.00
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	_ Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: CHRISTINE P GILMAN 157 GUILD ST NE GRAND RAPIDS, MI 49505	YES 4. Date of Rec	10/11/2024	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	_ Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address MICHIGAN EDUCATION DE PO BOX 30014 LANSING, MI 48909		10/14/2024	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	_ Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
		Page Subtotal	255.00	
04 00		Grand Total of All Schedules 1A nplete on last page of Schedule)	Enter this total on	
Page 21 of 22			line 3a of Summary Page.	



1. Committee I.D. Number

2024154

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/15/2024 Name & Address: TIMOTHY RUSS 24 ROBINHOOD DR SE GRAND RAPIDS, MI 49546	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/17/2024		
PROGRESSIVE WOMEN'S ALLIANCE PO BOX 1315 GRAND RAPIDS, MI 49501	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/17/2024 Name & Address: MEA PAC 1216 KENDALE BLVD EAST LANSING, MI 48823	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Hore for	Memo Itemization
Occupation Employer	Click Here for	Memo nemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	1	_
Page Subtotal	475.00	-
Grand Total of All Schedules 1A	7 063 00	

(Complete on last page of Schedule)

ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 2024154

CANDIDATE COMMITTEE

2. Committee Name CTE ISMALIS NUNEZ

9,11212,112 991111			
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)5. Date of Receipt6. 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? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address: ISMALIS NUNEZ		430.29	\$ 430.29
1038 BENJAMIN AVE SE	Goods or Services Purchased by Candidate or Others		
GRAND RAPIDS, MI 49506	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide: Occupation: CONSULTANT	Description CAMPAIGN LITERATURE RACK CARDS		
Employer Name & Business Address:	5. Date Of Receipt: 07/19/2024		
ANEW COLLECTIVE CONSULTING 1971 E BELTLINE STE 106 PMB 1087,	6. Vendor Name & Address:		
GRAND RAPIDS, MI 49525	GOTPRINT.COM		
	N SAN FERNANDO RD, LOS ANGELES, CA 91505		
Fund Raiser Contribution	EOS ANGELES, CA 91303	<u></u>	_
Contribution # 2 PAC Receipt? Yes Name & Address ISMALIS NUNEZ 1038 BENJAMIN AVE SE	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others \$		137.85
GRAND RAPIDS, MI 49506	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide:	Description CAMPAIGN CREDIT CARD LOCKED- YARD SIGN MATERIALS		
Occupation: CONSULTANT	5. Date Of Receipt: 10/20/2024		
Employer Name & Address: ANEW COLLECTIVE CONSULTING	6. Vendor Name & Address:		
1971 E BELTLINE STE 106 PMB 1087,	MENARDS		
GRAND RAPIDS, MI 49525	5555 CLYDE PARK AVE SW,		
_	WYOMING, MI 49509		
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address.	Goods Donated or Loaned Services Donated \$		·
	Goods or Services Purchased by Candidate or Others		
	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide:	Description		
Occupation:	5. Date Of Receipt:		
Employer Name & Address:	6. Vendor Name & Address:		
		lick Here for Memo I	temization
Fund Raiser Contribution			
	Page Subtota	568.14	568.14
	Ç	JUU. 1 T	JUU. 17

Enter this total on line 6 of Summary Page

568.14

Grand Total of all Schedules 1-IK

(Complete on last page of Schedule)



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		•	
Name WEST MICHIGAN VISUAL COMMUNICATIONS		08/05/2024	\$ 433.54
Address	Purpose: YARD SIGNS	Date	Ψ <u>+00.0+</u>
Address 4064 RONALDS RD	Purpose:		
DORR, MI 49323			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	Statement		
Name THE WICHESTER		08/12/2024	400.00
THE WIGHESTER	MEETINIO DININIED	Date	\$ <u>128.88</u>
Address	Purpose: MEETING DINNER	Dale	
648 WEALTHY ST SE			
GRAND RAPIDS, MI 49503			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name SHELL		08/13/2024	10.00
0.1222	CASOLINE	Date	\$ <u>42.00</u>
Address 4562 KALAMAZOO AVE SE	Purpose: GASOLINE	Date	
KENTWOOD, MI 49508			
TALITY VOOD, IVII 10000	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name HALL STREET BAKERY		08/14/2024	\$ 14.10
Address	Purpose: MEETING DINNER	Date	11.10
1200 HALL ST SE	- Turposo.		
GRAND RAPIDS, MI 49506			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	- Catomonic		
Name J & H FAMILY STORES			
J & H FAIVILT STUNES	040011115	08/16/2024	\$ 49.48
Address	Purpose: GASOLINE	Date	+ +0.+0
4404 CLYDE PARK AVE SW			
WYOMING, MI 49509	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	668.00
			000.00
	Grand Total of all S (Complete on last page)		
	(/	



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 Name WEST MICHIGAN VISUAL COMMUNICATIONS Address 4064 RONALDS RD DORR, MI 49323	Purpose: YARD SIGNS	08/19/2024 Date	\$ <u>323.3</u> 0
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name STOVETOP ROASTERS CAFE Address 944 FULTON ST E	Purpose: MEETING LUNCH	08/20/2024 Date	\$ <u>18.44</u>
GRAND RAPIDS, MI 49503 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name MICHAEL'S Address 3310 ALPINE AVE NW	Purpose: TSHIRTS	08/24/2024 Date	\$ <u>20.62</u>
GRAND RAPIDS, MI 49544	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name MICHAEL'S Address	Purpose: TSHIRT VINYL	08/24/2024 Date	\$ <u>58.78</u>
3940 28TH ST SE GRAND RAPIDS, MI 49512	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Name STICKY BRAND Address 3940 US-1	Purpose: CAMPAIGN STICKERS	08/25/2024 Date	\$ <u>96.17</u>
PRINCETON, NJ 08540 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	517.31
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number 2024154

2 Committee Name CTE ISMALIS NUNEZ

	ommittee rame		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name SIP COFFE AND COCKTAILS Address 806 ALGER ST SE GRAND RAPIDS, MI 49507	Purpose: MEETING BREAKFAST	08/27/2024 Date	\$ <u>12.12</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name MORNING RITUAL Address	Purpose: MEETING BREAKFAST	08/29/2024 Date	\$ 20.80
637 STOCKING AVE NW GRAND RAPIDS, MI 49504			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name WEBADOR	WEDOLTE	08/29/2024	\$ 12.00
Address 5617 BC EINDHOVEN, NETHERLANDS EINDHOVEN, NB 5617 BC	Purpose: WEBSITE	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name WEST MICHIGAN VISUAL COMMUNICATIONS		08/31/2024	\$ 323.30
Address 4064 RONALDS RD DORR, MI 49323	Purpose: YARD SIGNS	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name FAMILY FARE QUICK STOP		09/02/2024	
Address 2755 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504	Purpose: GASOLINE	Date	\$ <u>46.99</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	415.21
	Grand Total of all S (Complete on last page		



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 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 Fund Raiser	Purpose: SIGN HOLDERS Check box if this expenditure is payment of debt or obligation reported on previous statement	09/04/2024 Date	\$ <u>28.18</u>
Expenditure #2 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109	Purpose: DOOR HANGER BAGS	09/04/2024 Date	\$ <u>66.77</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name MICHAEL'S Address 3310 ALPINE AVE NW	Purpose: TSHIRTS	09/05/2024 Date	\$ <u>184.50</u>
GRAND RAPIDS, MI 49544 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name RIO PERUVIAN AND MEXICAN CUISINE Address 69 28TH ST SW	Purpose: MEETING DINNER	09/05/2024 Date	\$ <u>89.65</u>
GRAND RAPIDS, MI 49548 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name MICHAEL'S Address 3940 28TH ST SE GRAND RAPIDS, MI 49512 Fund Raiser	Purpose: TSHIRTS Check box if this expenditure is payment of debt or obligation reported on previous statement	09/05/2024 Date	\$ <u>56.68</u>
	Subto	tal this page	425.78
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number 2024154

2. Committee Name CTE ISMALIS NUNEZ

	ommittee rame		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name STAPLES		09/09/2024	00.04
STAPLES			\$ 90.94
Address	Purpose: VOTER CARDS	Date	
5110 28TH ST SE			
GRAND RAPIDS, MI 49512			
010 10 10 1 10 0, WII +00 12			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
		00/44/0004	
Name JIMMY JOHN'S		09/14/2024	\$ 29.63
	Purpose: MEETING DINNER	Date	+ 20.00
Address	Purpose: IVILLIIIVA DIIVILII		
1533 WEALTHY ST SE			
GRAND RAPIDS, MI 49506			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name CLOSE CLUSTER CLUSTER			
Name SIGNS ON THE CHEAP		09/14/2024	• 460 27
	VADD CICNS	Date	\$ <u>469.37</u>
Address	Purpose: YARD SIGNS	Dale	
11525A STONEHOLLOW DR			
AUSTIN, TX 78758			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name STAPLES		00/45/0004	
STALLS		09/15/2024	\$ 52.99
Address	Purpose: VOTER CARDS	Date	Ψ <u>32.33</u>
	Purpose: VOILITO/TTDO		
5110 28TH ST SE			
GRAND RAPIDS, MI 49512			
	Check box if this expenditure is payment of		
□	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name CTADLEC			
Name STAPLES		09/17/2024	. 50.00
Address	Purpose: VOTER CARDS	Date	\$ <u>52.99</u>
5110 28TH ST SE	Purpose:	24.0	
GRAND RAPIDS, MI 49512			
GRAND RAFIDS, WII 49312	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	605.02
	Ousic	pago	695.92
	Grand Total of all	Schedules 1B	
	(Complete on last page	e of Schedule)	



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			
Name MEIJER		09/19/2024	\$ 16.25
Address	Purpose: VOLUNTEER SNACKS	Date	10.20
420 STOCKING AVE NW	Turpose.		
GRAND RAPIDS, MI 49504			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name MEIJER		09/19/2024	• 44 OO
	FFIII	Date	\$ <u>44.23</u>
Address	Purpose: FEUL		
420 STOCKING AVE NW GRAND RAPIDS, MI 49504			
GHAND HAFIDS, WII 49304	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name MEIJER		09/19/2024	\$ 50.57
Address	Purpose: FUEL	Date	· <u>00.07</u>
420 STOCKING AVE NW			
GRAND RAPIDS, MI 49504			
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name CTE ALICIAMARIE BELCHAK		09/19/2024	
Address	DINNER SPAGHETTI FUNDRAISER	Date	\$ <u>60.00</u>
710 JACKSON ST NW	Purpose:		
GRAND RAPIDS, MI 49504			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name HALL STREET BAKERY		09/20/2024	\$ 35.38
Address	Purpose: MEETING LUNCH	Date	Ψ <u>00.00</u>
1200 HALL ST SE			
GRAND RAPIDS, MI 49506	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	206.43
	Grand Total of all \$	Schedules 1R	
	(Complete on last page		
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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 Name 48 HOUR PRINT Address 8000 HASKELL AVE LOS ANGELES, CA 91406 Fund Raiser	Purpose: BANNERS Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2024 Date	\$ <u>113.5</u> 7
Expenditure #2 Name GOT PRINT.COM Address 7651 SAN FERNANDO RD BURBANK, CA 91505	Purpose: LIT CARDS	09/20/2024 Date	\$ <u>196.25</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name WEALTHY STREET BAKERY Address 610 WEALTHY ST SE	Purpose: MEETING LUNCH	09/21/2024 Date	\$ <u>41.00</u>
GRAND RAPIDS, MI 49503 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name TACO BELL Address 605 LEONARD ST NW	Purpose: VOLUNTEER DINNER	09/23/2024 Date	\$ <u>12.67</u>
GRAND RAPIDS, MI 49504 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name MEIJER Address 420 STOCKING AVE NW GRAND RAPIDS, MI 49504	Purpose: FUEL	09/23/2024 Date	\$ <u>47.65</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	411.14
	Grand Total of all ((Complete on last page		



1. Committee I. D. Number 2024154

2. Committee Name CTE ISMALIS NUNEZ

	ommittee rame		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BROWNLEE PRINTING Address 549 OTTAWA AVE NW	Purpose: STICKERS	09/24/2024 Date	\$ <u>381.60</u>
GRAND RAPIDS, MI 49503			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name WEBADOR		09/29/2024	\$ 12.00
Address	Purpose: WEBSITE	Date	12.00
Address 5617 BC EINDHOVEN, NETHERLANDS EINDHOVEN, NB 5617 BC	Fulpose.		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name INSTACART COSTCO	CANDY FOR RAPARE	09/30/2024	\$ <u>78.38</u>
Address 5100 28TH ST SE GRAND RAPIDS, MI 49512	Purpose: CANDY FOR PARADE	Date	
GIT/114D TI/11 1DO, 1011 40012	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name AMAZON		10/04/2024	\$ 37.09
Address	Purpose: COLORING BOOKS FOR PARADE	Date	<u></u>
410 TERRY AVE N SEATTLE, WA 98109			
SEATTEE, WA 30103	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name MICHAEL'S		10/04/2024	. 00 50
Address 3310 ALPINE AVE NW	Purpose: TSHIRTS	Date	\$ <u>28.52</u>
GRAND RAPIDS, MI 49544			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	537.59
	Grand Total of all		<u> </u>
	(Complete on last page	e of Schedule)	



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 Name MICHIGAN DEMOCRATIC PARTY Address 606 TOWNSEND ST LANSING, MI 48933	Purpose: MINI VAN ACCESS Check box if this expenditure is payment of debt or obligation reported on previous	10/06/2024 Date	\$ 75.00
Fund Raiser	statement		
Name 48 HOUR PRINT Address	Purpose: BANNERS	10/06/2024 Date	\$ <u>441.48</u>
8000 HASKELL AVE LOS ANGELES, CA 91406	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name GOT PRINT.COM Address 7651 SAN FERNANDO RD BURBANK, CA 91505 Fund Raiser	Purpose: CAMPAIGN LITERATURE Check box if this expenditure is payment of debt or obligation reported on previous statement	10/06/2024 Date	\$ <u>246.74</u>
Expenditure #4 Name Address	Purpose:	Date	\$
Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Memo l	temization Type
Expenditure #5 Name			\$
Address Fund Raiser	Purpose:Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	Date Here for Memo I	temization Type
	Subtot	tal this page	763.22
	Grand Total of all C	Cabadulaa 1D	4 0 40 00

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



DEBTS AND OBLIGATIONS

DEBTS AND OBLIGATIONS	1. Committee I.D. Number 2024154
SCHEDULE 1E	2. Committee Name CTE ISMALIS NUNEZ
CANDIDATE COMMITTEE	2. Committee Name

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)				
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: ISMALIS NUNEZ	4. Type: LOAN-CAMPAIGN LITERATURE	10/20/24 \$ 430.29		
1038 BENJAMIN AVE SE GRAND RAPIDS, MI 49506	5. <u>Date Debt Was Incurred</u> : 07/19/2024	\$ \$		
GHAND HAFIDS, WII 49300	6. Original Amount of Debt	\$	\$ 430.29	\$ 0.00
If bank loan, name of endorser or guarantor:	\$ 430.29	\$	0	FORGIVEN
II bank loan, name of endorser of guarantor.		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: ISMALIS NUNEZ	4. Type: LOAN FOR CC BEING LOCKED 5. Date Debt Was Incurred:	10/20/24\$ 137.85		
1038 BENJAMIN AVE SE GRAND RAPIDS, MI 49506	10/20/2024 6. Original Amount of Debt:	\$ \$	\$ 137.85	\$ 0.00
	\$ 137.85	\$	т ф	FORGIVEN
If bank loan, name of endorser or guarantor:			nount Endorsed: \$_)
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt:	\$ \$	\$	\$
	\$	* \$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	0.00
(Co	omplete on last page of Schedule s	Grand Total showing amounts owed by compared to the compared t	of all Schedules 1E or to the committee)	0.00
				Enter this total on line 12a "owed

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

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

Page 1 of 1