



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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: 04/15/2024 to 10/20/2024

1. Committee I.D. Number

2024049

2. Committee Name

RICHARD WILLIAMSON FOR GRPS

4. Candidate Last Name First Name M.I.

WILLIAMSON RICHARD D

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

SCHOOL BOARD MEMBER, GRAND RAPIDS PUBLIC SCHOOLS SD

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

5. Committee's Mailing Address

**1551 KALAMAZOO AVE. SE
GRAND RAPIDS, MI 49507**

Area Code and Phone (616) 499-1814
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.

6. Treasurer's Name & Residential Address

**MAX AULBACH
1814 CRESCENT DR. NE
GRAND RAPIDS, MI 49503**

Area Code & Phone (616) 890-3669

7. Treasurer's Business Address

**1814 CRESCENT DR. NE
GRAND RAPIDS, MI 49503**

Area Code and Phone (616) 890-3669

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

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

11/05/2024

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper _____ / _____
Type or Print Name Signature

Submitted electronically,
signature on file

Date _____

Candidate _____ / _____
Type or Print Name Signature

Submitted electronically,
signature on file

Date _____



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2024049

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name RICHARD WILLIAMSON FOR GRPS

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>15,765.29</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>15,765.29</u>	(18.) \$ <u>15,765.29</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>15,765.29</u>	(20.) \$ <u>15,765.29</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,338.42</u>	(21.) \$ <u>1,338.42</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>11,735.26</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>11,735.26</u>	(23.) \$ <u>11,735.26</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>15,765.29</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>15,765.29</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>11,735.26</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4,030.03</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>04/15/2024</u>	
Name & Address: JACKIE LEFKO 265 SPRING LAKE DRIVE CHESNEE, SC 29323		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/15/2024</u>	
Name & Address: KATIE BAKER PO BOX 6661 GLEN ALLEN, VA 23058		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/15/2024</u>	
Name & Address: RICHARD WILLIAMSON 1213 CALGARY ST NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY FINANCE DIRECTOR</u> Employer <u>MICHIGAN DEMOCRATIC PARTY</u> Business Address <u>606 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/15/2024</u>	
Name & Address: MAX AULBACH 340 HOLLISTER AVE SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE DIRECTOR</u> Employer <u>MICHIGAN STATE HOUSE</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **180.00**

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 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>04/15/2024</u> Name & Address: EM LEFKO 313 CEDAR ST LANSING, MI 48933		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF OF STAFF</u> Employer <u>MICHIGAN STATE SENATE</u> Business Address <u>201 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/15/2024</u> Name & Address: SYDNEY HART 313 N CAPITOL AVENUE LANSING, MI 48933		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIAISON</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>525 W ALLEGAN ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/15/2024</u> Name & Address: WILLIAM HOUSE 5621 8TH AVE GRANDVILLE, MI 49418		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/16/2024</u> Name & Address: CAITLIN STADLER 313 N CAPITOL AVE LANSING, MI 48933		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **455.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024049
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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>04/16/2024</u>	
Name & Address: KIM GATES 7135 MCCORDS AVE SE ALTO, MI 49302		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/16/2024</u>	
Name & Address: CHRISTOPHER HERWEYER 2560 WOODLAKE RD SW WYOMING, MI 49519		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGIONAL COORDINATOR</u> Employer <u>MICHIGAN LCV</u> Business Address <u>340 BEAKES ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/16/2024</u>	
Name & Address: MARTA JOHNSON 1343 LOGAN ST SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE LEAD</u> Employer <u>CLIMATE CABINET</u> Business Address <u>1343 LOGAN ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/16/2024</u>	
Name & Address: MICHAEL WADSWORTH 275 LANCELOT LN BRANDON TWP, MI 48462		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>OAKLAND UNIVERSITY</u> Business Address <u>312 MEADOW BROOK RD, ROCHESTER, MI 48309</u> 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
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/16/2024</u>	
Name & Address: TIANA-MARIE PEAVEY 752 PARIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPAIGN MANAGER</u> Employer <u>LAGRAND FOR GRAND RAPIDS</u> Business Address <u>1551 KALAMAZOO AVE SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/16/2024</u>	
Name & Address: GRETCHEN HERTZ 7025 WIDE VALLEY DR BRIGHTON, MI 48116		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICES OF KIMBERLY J. BOWLIN PLLC</u> Business Address <u>5058 OLD US 23, BRIGHTON, MI 48116</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/16/2024</u>	
Name & Address: MARISSA MILLER 820 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SCHEDULER</u> Employer <u>MICHIGAN STATE SENATE</u> Business Address <u>201 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/16/2024</u>	
Name & Address: JEFF WINSTON 1525 FORREST AVE NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICAL ORGANIZER</u> Employer <u>MICHIGAN DEMOCRATIC PARTY</u> Business Address <u>606 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **175.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>04/16/2024</u>	
Name & Address: JOSHUA KOSS 3079 TALON CIR ORION TWP, MI 48360		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROFESSOR</u> Employer <u>EASTERN MICHIGAN UNIVERSITY</u> Business Address <u>900 OAKWOOD ST, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/16/2024</u>	
Name & Address: ARIELLE LEIPHAM ELLIS 52 AUBURN AVE NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>LEIPHAM ELLIS & PARTNERS</u> Business Address <u>52 AUBURN AVE NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/16/2024</u>	
Name & Address: STEPHEN ESSENBURG 542 WALNUT ST NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>COREWELL HEALTH</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/16/2024</u>	
Name & Address: CARA KNAPP 7308 HARMON LN GEORGETOWN TWP, MI 49428		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>COREWELL HEALTH</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 275.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/16/2024</u>	
Name & Address: RYAN MAMUT 567 MELROSE WY PANAMA CITY BEACH, FL 32413		\$ <u>260.29</u>	\$ <u>260.29</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOLUTIONS ARCHITECT</u> Employer <u>QUICKBASE</u> Business Address <u>255 STATE ST, BOSTON, MA 02109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/17/2024</u>	
Name & Address: CHRISTOPHER NICHOLS 547 CHERRY ST SE GRAND RAPIDS, MI 49503		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SYSTEMS ADMINISTRATOR</u> Employer <u>SELF</u> Business Address <u>547 CHERRY ST SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/17/2024</u>	
Name & Address: LORRAINE GOMEZ 1N160 TAMARACK DR WINFIELD, IL 60190		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/17/2024</u>	
Name & Address: KAREN AMBS 3198 ROSEWOOD ST HUDSONVILLE, MI 49426		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **310.29**

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

Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>04/17/2024</u>	
Name & Address: ABRAM BROSEIT 1543 SHERMAN ST SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>JENISON PUBLIC SCHOOLS</u> Business Address <u>8375 20TH AVE, JENISON, MI 49428</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/17/2024</u>	
Name & Address: BILL GORSKI 10021 ALICE CT OAK LAWN, IL 60453		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/17/2024</u>	
Name & Address: DERRELL SLAUGHTER 1629 VICTOR AVE LANSING, MI 48910		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADVOCATE</u> Employer <u>NATURAL RESOURCES DEFENSE COUNCIL</u> Business Address <u>20 N WACKER DR, CHICAGO, IL 60606</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/17/2024</u>	
Name & Address: RENEE WATSON 3620 GLENBROOK DR LANSING, MI 48911		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE DIRECTOR</u> Employer <u>MICHIGAN SENATE</u> Business Address <u>201 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 200.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>04/17/2024</u>	
Name & Address: CALEY RAFFERTY 2020 E 14TH AVE DENVER, CO 80206		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLAIMS TECHNICAL EXPERT</u> Employer <u>US GOVERNMENT</u> Business Address <u>1430 N HUMBOLDT ST, DENVER, CO 80218</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/17/2024</u>	
Name & Address: RYAN DEMPSEY 3837 WILLIAMS ST DEARBORN, MI 48124		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANALYST</u> Employer <u>USG</u> Business Address <u>1860 N SCOTT ST, ARLINGTON, VA 22209</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/17/2024</u>	
Name & Address: LINDA DEKOCK 1673 WALKER AVE NW GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/18/2024</u>	
Name & Address: JUDY JONES 2500 OAKWOOD AVE NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" 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 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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)
<div>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/2024</u></div> <div>Name & Address: GARY STARK 2637 HAMPSHIRE BLVD SE EAST GRAND RAPIDS, MI 49506</div> <div style="text-align: right; padding-top: 10px;">\$ <u>100.00</u> \$ <u>100.00</u></div> <div>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</div>		
<div>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/2024</u></div> <div>Name & Address: STEPHEN BEZOLD 313 N CEDAR ST LANSING, MI 48912</div> <div style="text-align: right; padding-top: 10px;">\$ <u>5.00</u> \$ <u>5.00</u></div> <div>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</div>		
<div>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/2024</u></div> <div>Name & Address: MIKAYLA BENTON 3322 COOLIDGE HWY ROYAL OAK, MI 48073</div> <div style="text-align: right; padding-top: 10px;">\$ <u>10.00</u> \$ <u>10.00</u></div> <div>5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCH ANALYST</u> Employer <u>OAKLAND UNIVERSITY</u> Business Address <u>318 MEADOW BROOK RD, ROCHESTER, MI 48309</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</div>		
<div>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/2024</u></div> <div>Name & Address: ANGELA SCHMITT 9430 CARR ST WESTMINSTER, CO 80021</div> <div style="text-align: right; padding-top: 10px;">\$ <u>10.00</u> \$ <u>10.00</u></div> <div>5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OPERATIONS COORDINATOR</u> Employer <u>UNIVERSITY OF COLORADO</u> Business Address <u>1201 LARIMER ST, DENVER, CO 80204</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</div>		

Page Subtotal **125.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>04/18/2024</u>	
Name & Address: PHIL CARTER 812 ST CLAIR AVE GROSSE POINTE, MI 48230		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PHIL CARTER FILMS</u> Business Address <u>812 ST CLAIR AVE, GROSSE POINTE, MI 48230</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/18/2024</u>	
Name & Address: JARED KAMRASS 9583 HEATHER CT CINCINNATI, OH 45242		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>TECHNICOLOR POLITICAL</u> Business Address <u>9583 HEATHER CT, CINCINNATI, OH 45242</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/18/2024</u>	
Name & Address: CLARISSA MATA 752 PARIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE AIDE</u> Employer <u>MICHIGAN HOUSE OF REPRESENTATIVES</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/18/2024</u>	
Name & Address: SHANE SIEVERS 811 ROSALIE AVE NW GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 120.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>04/18/2024</u>	
Name & Address: JUDY JONES 2500 OAKWOOD AVE NE GRAND RAPIDS, MI 49505		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/18/2024</u>	
Name & Address: SUSAN QUINN 48226 REVERE DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/18/2024</u>	
Name & Address: CLAY WEST 1600 GLEN FOREST DR SE ADA, MI 49301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>KENT COUNTY</u> Business Address <u>180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/18/2024</u>	
Name & Address: JEFFREY CRANSON 2618 COLLEGE AVE NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDIA RELATIONS</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>425 W OTTAWA ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 325.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>04/18/2024</u>	
Name & Address: CHRIS GUIS 3038 WATERFORD AVE NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RECRUITER</u> Employer <u>CONSTRUCTION STAFFING SOLUTIONS INC</u> Business Address <u>3737 LAKE EASTBROOK BLVD SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/23/2024</u>	
Name & Address: JUSTIN KNAPP 1039 VETO ST NW GRAND RAPIDS, MI 49504		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>GE AEROSPACE</u> Business Address <u>3290 PATTERSON AVE SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/26/2024</u>	
Name & Address: WILLIAM HARRIS 1538 HALL ST SE GRAND RAPIDS, MI 49506		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WRITER</u> Employer <u>SELF</u> Business Address <u>1538 HALL ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: TIMOTHY RUSS 24 ROBINHOOD DR SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNISERV DIRECTOR</u> Employer <u>MICHIGAN EDUCATION ASSOCIATION</u> Business Address <u>1216 KENDALE BLVD, EAST LANSING, MI 48823</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 420.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: DAYNA FOR MICHIGAN 9769 STARK RD LIVONIA, MI 48150		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/30/2024</u>	
Name & Address: KEVIN PETERSON 1233 HERRICK AVE NE GRAND RAPIDS, MI 49505		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNDRAISER</u> Employer <u>FAMILY PROMISE OF WEST MICHIGAN</u> Business Address <u>516 CHERRY ST SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/01/2024</u>	
Name & Address: ELLEN BEAL 234 5TH AVE FRUITPORT, MI 49415		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/01/2024</u>	
Name & Address: PHYLLIS ANDES 2203 VALLEY CIR ALEXANDRIA, VA 22302		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>FN AMERICA</u> Business Address <u>7950 JONES BRANCH DR, TYSONS, VA 22102</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **175.00**

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>05/01/2024</u>	
Name & Address: HALPIN BURKE 509 BRIAR HILL RD LOUISVILLE, KY 40206		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STAFF ASSISTANT</u> Employer <u>US HOUSE OF REPRESENTATIVE</u> Business Address <u>15 INDEPENDENCE AVE SE, WASHINGTON, DC 20515</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/01/2024</u>	
Name & Address: KELLY PURDUE 1257 SUNCREST DR NE GRAND RAPIDS, MI 49525		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>COREWELL HEALTH HOSPICE AND PALLIATIVE CARE</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/01/2024</u>	
Name & Address: PAUL KUBICEK 105 AQUA CT ROYAL OAK, MI 48073		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>OAKLAND UNIVERSITY</u> Business Address <u>318 MEADOW BROOK RD, ROCHESTER, MI 48309</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/01/2024</u>	
Name & Address: PEI-LAN TSOU 2077 KORBEN WOODS CT NE BELMONT, MI 49306		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FACULTY</u> Employer <u>GRAND VALLEY STATE UNIVERSITY</u> Business Address <u>1 CAMPUS DR, ALLENDALE, MI 49401</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 150.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>05/01/2024</u>	
Name & Address: GRACE VACHON 825 N OTTILLIA ST SE GRAND RAPIDS, MI 49507		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GRAPHIC DESIGNER</u> Employer <u>SELF</u> Business Address <u>825 N OTTILLIA ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/01/2024</u>	
Name & Address: CODY ELDREDGE 3337 PARKWAYS BLVD AUBURN HILLS, MI 48326		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>OAKLAND UNIVERSITY</u> Business Address <u>318 MEADOW BROOK RD, ROCHESTER, MI 48309</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/01/2024</u>	
Name & Address: SARAH BARNABY 5 WILDE AVE DREXEL HILL, PA 19026		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EVENT PLANNER</u> Employer <u>12TH STREET CATERING</u> Business Address <u>2000 N FRONT ST, PHILADELPHIA, PA 19122</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/01/2024</u>	
Name & Address: FRANK LYNN 3446 DEVON DR NE GRAND RAPIDS, MI 49546		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **150.00**

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>05/01/2024</u>	
Name & Address: STEPHEN DRAFT-PEPPIN 2320 MONROE AVE NE GRAND RAPIDS, MI 49505		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APPLICATION SYSTEMS ANALYST</u> Employer <u>SPARROW HEALTH</u> Business Address <u>1215 E MICHIGAN AVE, LANSING, MI 48912</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/01/2024</u>	
Name & Address: CAMERON JONES 221 TROWBRIDGE ST NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL RIGHTS SPECIALIST</u> Employer <u>GRAND VALLEY STATE UNIVERSITY</u> Business Address <u>1 CAMPUS DR, ALLENDALE, MI 49401</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/01/2024</u>	
Name & Address: CHRISTOPHER BLAKER 640 JOHN CARLYLE ST ALEXANDRIA, VA 22314		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNIVERSITY PRESS PUBLISHER</u> Employer <u>U.S. NAVY DEPARTMENT</u> Business Address <u>2044 BROADWAY ST, QUANTICO, VA 22134</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/01/2024</u>	
Name & Address: AMY SCHMIDT 6305 SCARBOROUGH DR SE ADA, MI 49301		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>GREENVILLE PARTNERS</u> Business Address <u>6305 SCARBOROUGH DR SE, ADA, MI 49301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 175.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>05/01/2024</u>	
Name & Address: CARL JAUTAKIS 6430 E LAKE LN SAWYER, MI 49125		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/01/2024</u>	
Name & Address: JOHN STEENO 10887 CONSTANT DR ALLENDALE, MI 49401		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HRIS ANALYST</u> Employer <u>GRAND VALLEY STATE UNIVERSITY</u> Business Address <u>1 CAMPUS DR, ALLENDALE, MI 49401</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/02/2024</u>	
Name & Address: REBECCA CURRAN 1133 WOODSPOINTE DR SW BYRON CENTER, MI 49315		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY COURT CLERK</u> Employer <u>CITY OF WYOMING</u> Business Address <u>2650 DE HOOP AVE, WYOMING, MI 49509</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/03/2024</u>	
Name & Address: SYDNEY HART 313 N CAPITOL AVENUE LANSING, MI 48933		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIAISON</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>525 W ALLEGAN ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **350.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>05/03/2024</u>	
Name & Address: DANIEL CENTERS 2600 MAPLEWOOD AVE LANSING, MI 48910		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT STATE ADMINISTRATOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>525 W ALLEGAN ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/03/2024</u>	
Name & Address: RICHARD THRUSH 214 BALL PARK BLVD NW GRAND RAPIDS, MI 49504		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/03/2024</u>	
Name & Address: WILLIAM DEMMINK 6960 OLDE PINE DR JENISON, MI 49428		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE ASSISTANT</u> Employer <u>LAGRAND FOR GRAND RAPIDS</u> Business Address <u>1551 KALAMAZOO AVE SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/03/2024</u>	
Name & Address: ZAC OZORMOOR 731 BURCHAM DR EAST LANSING, MI 48823		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SCHEDULER</u> Employer <u>MICHIGAN HOUSE OF REPRESENTATIVES</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **310.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>05/03/2024</u>	
Name & Address: CHARISSA HUANG 1317 NORTHLAWN ST NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SMITH HAUGHEY RICE & ROEGGE</u> Business Address <u>100 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/03/2024</u>	
Name & Address: ALEX TOREN 13 ELMWOOD ST NE GRAND RAPIDS, MI 49505		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CANVASSER</u> Employer <u>SCHOLTEN FOR CONGRESS</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/03/2024</u>	
Name & Address: JOSHUA USADEL 1925 FRANCIS AVE SE GRAND RAPIDS, MI 49507		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GARDEN TECH</u> Employer <u>HOPE GARDENS</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/03/2024</u>	
Name & Address: WELSEY WILSON 935 JACKSON ST NW GRAND RAPIDS, MI 49504		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 105.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>05/03/2024</u>	
Name & Address: MAX AULBACH 340 HOLLISTER AVE SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE DIRECTOR</u> Employer <u>MICHIGAN STATE HOUSE</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/04/2024</u>	
Name & Address: JOSHUA HELLER 1815 FORLAND CT NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SITE RELIABILITY ENGINEER</u> Employer <u>EVIDEON INC.</u> Business Address <u>1059 WEALTHY ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/04/2024</u>	
Name & Address: ROGER DURHAM 107 IVANHOE AVE NE GRAND RAPIDS, MI 49546		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>AQUINAS COLLEGE</u> Business Address <u>1700 FULTON ST E, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: STEPHEN DRAFT-PEPPIN 2320 MONROE AVE NE GRAND RAPIDS, MI 49505		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APPLICATION SYSTEMS ANALYST</u> Employer <u>SPARROW HEALTH</u> Business Address <u>1215 E MICHIGAN AVE, LANSING, MI 48912</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **135.00**

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>05/07/2024</u>	
Name & Address: HANNAH BOETTCHER 1111 E PINE ST SEATTLE, WA 98122		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRANSPORTATION PLANNER</u> Employer <u>CITY OF BAINBRIDGE ISLAND</u> Business Address <u>1111 E PINE ST, SEATTLE, WA 98122</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: KELLY OTTERNESS 1534 HIDDEN CREEK CIR DR NE GRAND RAPIDS, MI 49505		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS</u> Employer <u>WEST MICHIGAN ENVIRONMENTAL ACTION COUNCIL</u> Business Address <u>1007 LAKE DR SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: JOHN CONSIDINE 4286 GREENBRIER CT SE GRAND RAPIDS, MI 49546		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: ELIZABETH HELM 124 LAFAYETTE AVE NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>COREWELL HEALTH</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 250.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>05/07/2024</u>	
Name & Address: JOHN KLEMANSKI 3511 RIVERSIDE DR AUBURN HILLS, MI 48326		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: JEFF PIETROWSKI 329 AUBURN AVE SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>GRANDVILLE PUBLIC SCHOOLS</u> Business Address <u>3839 PRAIRIE ST SW, GRANDVILLE, MI 49418</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: DONNA PENNINGTON 1418 LAKESHORE DR MUSKEGON, MI 49441		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: AUDREY AUGUR 422 HOPSON ST NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR HR GENERALIST</u> Employer <u>AEG HOLDING COMPANY INC</u> Business Address <u>72 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **150.00**

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>05/07/2024</u>	
Name & Address: CHASE LINDENTHAL 1201 E 11 MILE RD ROYAL OAK, MI 48067		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCHER</u> Employer <u>FAROUGH & ASSOCIATES</u> Business Address <u>108 E GRAND RIVER AVE, BRIGHTON, MI 48116</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: RICHARD HRICIK 941 HOUSTON NORTHCUTT BLVD MT PLEASANT, SC 29464		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>941 HOUSTON NORTHCUTT BLVD, MT PLEASANT, SC 29464</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: BRYCE RAAYMAKERS 184 WILDWOOD LN DURANGO, CO 81301		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: JACQUES HARVIEUX 1882 ARLINGTON AVE E ST PAUL, MN 55119		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENERGY PLANNER</u> Employer <u>MN PUC</u> Business Address <u>121 7TH PL E, ST PAUL, MN 55101</u> 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
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>05/07/2024</u>	
Name & Address: RICH VANDERKLOK 2057 PINWOOD ST JENISON, MI 49428		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>JENISON PUBLIC SCHOOLS</u> Business Address <u>2140 BAUER RD, JENISON, MI 49428</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: GERARD AKKERHUIS 315 EASTERN AVE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: NATHANIEL DIEDRICH 300 SCOTT AVE NW GRAND RAPIDS, MI 49504		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SCHEDULING COORDINATOR</u> Employer <u>ALLEN EDWIN</u> Business Address <u>300 SCOTT AVE NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: WEST MICHIGAN PLUMBERS, FITTERS, AND SERVICE TRADES LOCAL UNION NO. 174 PAC 1008 O'MALLEY DR COOPERSVILLE, MI 49404		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 400.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>05/30/2024</u> Name & Address: JOHN CONSIDINE 4286 GREENBRIER CT SE GRAND RAPIDS, MI 49546	\$ <u>10.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: JOHN CONSIDINE 4286 GREENBRIER CT SE GRAND RAPIDS, MI 49546	\$ <u>90.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: KRIS SPAULDING 55 MAYFAIR DR NE GRAND RAPIDS, MI 49503	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BREWERY VIVANT</u> Business Address <u>925 CHERRY ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: MICHELLE BURNS 212 BAKER ST ROYAL OAK, MI 48067	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FAKHOURY GLOBAL IMMIGRATION</u> Business Address <u>5250 CORPORATE DR, TROY, MI 48098</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 250.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>05/30/2024</u>	
Name & Address: NANCY MROCZKOWSKI 1800 LOTUS AVE SE GRAND RAPIDS, MI 49506		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/30/2024</u>	
Name & Address: RANDY BUIST 3275 BAUER RD JENSION, MI 49428		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/30/2024</u>	
Name & Address: ABIGAIL CLARK 218 S 8TH ST LANSING, MI 48912		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MIDWEST CAMPAIGN MANAGER</u> Employer <u>NATURAL RESOURCE DEFENSE COUNCIL</u> Business Address <u>20 N WACKER DR, CHICAGO, IL 60606</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/30/2024</u>	
Name & Address: BRENDA PILGRIM 1128 3RD ST JACKSON, MI 49203		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT RELATIONS</u> Employer <u>MASB</u> Business Address <u>1001 CENTENNIAL WAY, LANSING, MI 48917</u> 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
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>05/30/2024</u>	
Name & Address: ANTHONY BAKER 455 MADISON AVE SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>FERRIS STATE UNIVERSITY</u> Business Address <u>1201 S STATE ST, BIG RAPIDS, MI 49307</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/17/2024</u>	
Name & Address: NOAH SMITH 14570 HARDTKE DR LANSING, MI 48906		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOBBYIST</u> Employer <u>CAPITOL SERVICES, INC</u> Business Address <u>110 W MICHIGAN AVE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/21/2024</u>	
Name & Address: TERESA BARCY 1117 PINE ST GRAND LEDGE, MI 48837		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PROFESSIONAL PARTY PLANNERS</u> Business Address <u>1117 PINE ST, GRAND LEDGE, MI 48837</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/03/2024</u>	
Name & Address: MARILYNN SPRINGMAN 266 BONA VISTA DR NW GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 700.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>07/03/2024</u>	
Name & Address: MCALVEY MERCHANT PAC 120 W OTTAWA ST LANSING, MI 48933		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/04/2024</u>	
Name & Address: JAMES GROELSMA 7497 SUNVIEW DR SE GRAND RAPIDS, MI 49548		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALESPERSON</u> Employer <u>MARKETLAB</u> Business Address <u>6850 SOUTHBELT DR, CALEDONIA, MI 49316</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/06/2024</u>	
Name & Address: SYDNEY HARRINGTON 2193 MOUNTAINVIEW DR FREDERICK, MD 21702		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/17/2024</u>	
Name & Address: KATHERINE DUCKWORTH 1918 ADAMS ST SE GRAND RAPIDS, MI 49506		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TALEN ENERGY</u> Business Address <u>1725 HUGHES LANDING BLVD, THE WOODLANDS, TX 77380</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 760.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>07/19/2024</u>	
Name & Address: SARAH LONGWORTH 2390 EXPLORADOR DR MERCED, CA 95340		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: RON DRAAYER 2931 WILDFLOWER LN SE KENTWOOD, MI 49512		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: CHARLES LOWE 56 FULLER AVE SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: STEPHEN WOODEN 161 GILPIN ST NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 225.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>07/19/2024</u>	
Name & Address: MIRANDA SHERMAN 3411 POMEROY RD DOWNERS GROVE, IL 60515		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT OWNER</u> Employer <u>MINERVA LLC</u> Business Address <u>59 CALLE BALDORIOTY DE CASTRO, VIEQUES, PR 00765</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: TRINA COLES 946 MISTI DR BEREA, KY 40403		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNT MANAGER</u> Employer <u>EMPLOYBRIDGE</u> Business Address <u>182 N BROADWAY, LEXINGTON, KY 40507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: CALEY RAFFERTY 2020 E 14TH AVE DENVER, CO 80206		\$ <u>50.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLAIMS TECHNICAL EXPERT</u> Employer <u>US GOVERNMENT</u> Business Address <u>1430 N HUMBOLDT ST, DENVER, CO 80218</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: CAITLIN MAGRUDER 1414 BURRY ST JOLIET, IL 60435		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MAIL CARRIER</u> Employer <u>USPS</u> Business Address <u>506 W MARION ST, JOLIET, IL 60436</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 235.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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: DALE ROBERTSON 3370 BROOKPOINT DR SE GRAND RAPIDS, MI 49546		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>GRAND RAPIDS PUBLIC MUSEUM</u> Business Address <u>272 PEARL ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: MARK BRYSON 71 LAMOREAUX DR NE COMSTOCK PARK, MI 49321		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WATER PLANT OPERATOR II</u> Employer <u>CITY OF GRAND RAPIDS</u> Business Address <u>17350 LAKE MICHIGAN DR, WEST OLIVE, MI 49460</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: NICOLE ZAMORA-WILSON 1120 E CENTER ST SPRINGVILLE, UT 84663		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INTERN</u> Employer <u>AMERICAN CONSERVATION EXPERIENCE</u> Business Address <u>2900 N FORT VALLEY RD, FLAGSTAFF, AZ 86001</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/25/2024</u>	
Name & Address: JANE PROVOST 713 E BALDWIN AVE SPOKANE, WA 99207		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 55.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>07/25/2024</u>	
Name & Address: HALLIE BROWN 10604 MARBLE PL NE ALBUQUERQUE, NM 87112		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FEDERAL GRANTS COORDINATOR</u> Employer <u>NM DEPARTMENT OF FINANCE AND ADMINISTRATION</u> Business Address <u>407 GALISTEO ST, SANTA FE, NM 87501</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/25/2024</u>	
Name & Address: ZACH COLLINS 8850 LAVELLE RD ATHENS, OH 45701		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMEDIAN</u> Employer <u>SELF</u> Business Address <u>8850 LAVELLE RD, ATHENS, OH 45701</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/25/2024</u>	
Name & Address: CAREESE THOMPSON 1430 N HUMBOLDT ST DENVER, CO 80218		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLINICAL RESEARCH</u> Employer <u>CHILDRENS HOSPITAL COLORADO</u> Business Address <u>13123 E 16TH AVE, AURORA, CO 80045</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/25/2024</u>	
Name & Address: NATHANIEL ENGLE 1911 W HILLSDALE ST LANSING, MI 48915		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF COMMUNITY ENGAGEMENT</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>525 W ALLEGAN ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 350.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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: LINDA DEKOCK 1673 WALKER AVE NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/31/2024</u>	
Name & Address: BRANDON DILLON 201 NORWOOD AVE SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>THE WINMATT GROUP</u> Business Address <u>40 PEARL ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/08/2024</u>	
Name & Address: JACOB KNAPP 1007 CROSS RD EAGAN, MN 55123		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT SENIOR ENGINEER</u> Employer <u>CIGNA</u> Business Address <u>1007 CROSS RD, EAGAN, MN 55123</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/12/2024</u>	
Name & Address: MATTHEW BOAK 9210 W PRATT RD ST JOHNS, MI 48879		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICY ADVISOR</u> Employer <u>MICHIGAN SENATE</u> Business Address <u>201 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 235.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>08/14/2024</u>	
Name & Address: STEVE PESTKA 2517 ASHWOOD CT SE ADA, MI 49301		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/15/2024</u>	
Name & Address: DANIEL CENTERS 2600 MAPLEWOOD AVE LANSING, MI 48910		\$ <u>40.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT STATE ADMINISTRATOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>525 W ALLEGAN ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/17/2024</u>	
Name & Address: MICAH PERKINS 2133 RICHMOND ST NW GRAND RAPIDS, MI 49504		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PLUMBER</u> Employer <u>MICHIGAN BUILDING TRADES</u> Business Address <u>1008 O'MALLEY DR, COOPERSVILLE, MI 49404</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/17/2024</u>	
Name & Address: MICHAEL KERNEN 412 TIMBERLEA DR ROCHESTER HILLS, MI 48309		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTIONS SPECIALIST</u> Employer <u>OAKLAND COUNTY CLERK</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **415.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>08/18/2024</u>	
Name & Address: KIM NAGY 2407 BASSWOOD ST JENISON, MI 49428		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>NORTHVIEW PUBLIC SCHOOLS</u> Business Address <u>4365 HUNSBERGER AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/19/2024</u>	
Name & Address: TIANA-MARIE PEAVEY 752 PARIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPAIGN MANAGER</u> Employer <u>LAGRAND FOR GRAND RAPIDS</u> Business Address <u>1551 KALAMAZOO AVE SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/19/2024</u>	
Name & Address: MIRA JOURDAN 2626 BROOKLYN AVE SE GRAND RAPIDS, MI 49507		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOLOGIST</u> Employer <u>MIRA KRISHNAN LLC</u> Business Address <u>2626 BROOKLYN AVE SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/19/2024</u>	
Name & Address: CHRIS GUI 3038 WATERFORD AVE NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RECRUITER</u> Employer <u>CONSTRUCTION STAFFING SOLUTIONS INC</u> Business Address <u>3737 LAKE EASTBROOK BLVD SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 235.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>08/22/2024</u>	
Name & Address: SEAN MCCANN 4041 E HILLANDALE DR KALAMAZOO, MI 49008		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE SENATOR</u> Employer <u>MICHIGAN SENATE</u> Business Address <u>201 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/28/2024</u>	
Name & Address: HAL OSTROW 144 BAYNTON AVE NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RHOADES MCKEE</u> Business Address <u>55 CAMPAU AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/28/2024</u>	
Name & Address: RICHARD LIVINGSTON 927 LEONARD ST NE GRAND RAPIDS, MI 49505		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/03/2024</u>	
Name & Address: DAVID HAST 742 BEAUMONT DR NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ 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)

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>09/03/2024</u>	
Name & Address: CHARLES BURPEE 22 CAMPAU CIR NW GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PATENT ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/04/2024</u>	
Name & Address: SHAN ABBAS 2202 NEW TOWN DR GRAND RAPIDS, MI 49525		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAL DOCTOR</u> Employer <u>SPECTRUM HEALTH MEDICAL GROUP</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/04/2024</u>	
Name & Address: JUSTIN SHELDON 2202 NEW TOWN DR GRAND RAPIDS, MI 49525		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY ORGANIZER</u> Employer <u>SELF</u> Business Address <u>2202 NEW TOWN DR, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/07/2024</u>	
Name & Address: TERESA BARCY 1117 PINE ST GRAND LEDGE, MI 48837		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PROFESSIONAL PARTY PLANNERS</u> Business Address <u>1117 PINE ST, GRAND LEDGE, MI 48837</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 800.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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: BRANDON DILLON 201 NORWOOD AVE SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>THE WINMATT GROUP</u> Business Address <u>40 PEARL ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/11/2024</u>	
Name & Address: SARAH WOOLSEY 1330 ROSEWOOD AVE SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>MICHIGAN DEMOCRATIC PARTY</u> Business Address <u>TOWNSEND AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/11/2024</u>	
Name & Address: JEFFREY CRANSON 2618 COLLEGE AVE NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDIA RELATIONS</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>425 W OTTAWA ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: ALEXANDRIA STEBING 1851 N WYNDHAM HILL DR NE GRAND RAPIDS, MI 49505		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEASING COORDINATOR</u> Employer <u>ICCF COMMUNITY HOMES</u> Business Address <u>415 M.L.K. JR ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 210.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/15/2024</u>	
Name & Address: LINDA DEKOCK 1673 WALKER AVE NW GRAND RAPIDS, MI 49504		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: MICAH PERKINS 2133 RICHMOND ST NW GRAND RAPIDS, MI 49504		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PLUMBER</u> Employer <u>MICHIGAN BUILDING TRADES</u> Business Address <u>1008 O'MALLEY DR, COOPERSVILLE, MI 49404</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: JOSHUA FERGUSON 811 EMERALD AVE NE GRAND RAPIDS, MI 49503		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>270 STRATEGIES</u> Business Address <u>207 E OHIO ST, CHICAGO, IL 60611</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/18/2024</u>	
Name & Address: STEVE FABER 1845 MEADOWFIELD DR NE GRAND RAPIDS, MI 49505		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING/COMMUNICATIONS</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 450.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>09/23/2024</u>	
Name & Address: GARY STARK 2637 HAMPSHIRE BLVD SE EAST GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: JOSHUA KOSS 3079 TALON CIR ORION TWP, MI 48360		\$ <u>50.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROFESSOR</u> Employer <u>EASTERN MICHIGAN UNIVERSITY</u> Business Address <u>900 OAKWOOD ST, YPSILANTI, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: ARIELLE LEIPHAM ELLIS 52 AUBURN AVE NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>LEIPHAM ELLIS & PARTNERS</u> Business Address <u>52 AUBURN AVE NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: GRACE VACHON 825 N OTTILLIA ST SE GRAND RAPIDS, MI 49507		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GRAPHIC DESIGNER</u> Employer <u>SELF</u> Business Address <u>825 N OTTILLIA ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 250.00

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

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: DEL CHENAULT 1026 NORTHLAWN AVE EAST LANSING, MI 48823		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>CLARK HILL</u> Business Address <u>1026 NORTHLAWN AVE, EAST LANSING, MI 48823</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: RICHARD HRICIK 941 HOUSTON NORTHCUTT BLVD MT PLEASANT, SC 29464		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>941 HOUSTON NORTHCUTT BLVD, MT PLEASANT, SC 29464</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: TERESA BARCY 1117 PINE ST GRAND LEDGE, MI 48837		\$ <u>200.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PROFESSIONAL PARTY PLANNERS</u> Business Address <u>1117 PINE ST, GRAND LEDGE, MI 48837</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/27/2024</u>	
Name & Address: SARAH LONGWORTH 2390 EXPLORADOR DR MERCED, CA 95340		\$ <u>15.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **415.00**

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

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/28/2024</u>	
Name & Address: EM LEFKO 313 CEDAR ST APT 301 LANSING, MI 48933		\$ <u>150.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF OF STAFF</u> Employer <u>MICHIGAN STATE SENATE</u> Business Address <u>201 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/29/2024</u>	
Name & Address: DESMOND MILLER HAMILTON AVE NW GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE DIRECTOR</u> Employer <u>MICHIGAN SENATE</u> Business Address <u>201 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: ROBERT FRANKEL 1231 99TH ST BAY HARBOR ISLANDS, FL 33154		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAND ANALYST</u> Employer <u>LENNAR</u> Business Address <u>5505 WATERFORD DISTRICT DR, MIAMI, FL 33126</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/2024</u>	
Name & Address: LINDA DEKOCK 1673 WALKER AVE NW GRAND RAPIDS, MI 49504		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 500.00

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 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/02/2024</u>	
Name & Address: MI EDUCATION DEFENSE FUND 1525 FORREST AVE NE GRAND RAPIDS, MI 49505		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/2024</u>	
Name & Address: SARAH WOOLSEY 1330 ROSEWOOD AVE SE GRAND RAPIDS, MI 49506		\$ <u>10.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>MICHIGAN DEMOCRATIC PARTY</u> Business Address <u>TOWNSEND AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/03/2024</u>	
Name & Address: ROBERT VANSTRIGHT 58 SUNNYBROOK AVE SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/03/2024</u>	
Name & Address: RON DRAAYER 2931 WILDFLOWER LN SE KENTWOOD, MI 49512		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 385.00

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 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>10/04/2024</u>	
Name & Address: WENDY FALB 350 CHERRY ST SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>LITERACY CENTER OF WEST MICHIGAN</u> Business Address <u>1120 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: ARICK DAVIS 814 PRINCE ST SE GRAND RAPIDS, MI 49507		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LAST MILE CAFE</u> Business Address <u>814 PRINCE ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: MICHIGAN LABORERS'S POLITICAL LEAGUE PAC 1118 CENTENNIAL WAY STE 100 LANSING, MI 48917		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: ARON DUBY 3175 BARRY ST HUDSONVILLE, MI 49426		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WEB APPLICATION DEVELOPMENT</u> Employer <u>BINARY EVOLUTION</u> Business Address <u>3175 BARRY ST, HUDSONVILLE, MI 49426</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,210.00**

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 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>10/07/2024</u>	
Name & Address: KENT COUNTY DEMOCRATIC PARTY 301 FULLER AVE NE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: STEPHEN WOODEN 161 GILPIN ST NE GRAND RAPIDS, MI 49505		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/2024</u>	
Name & Address: NATHANIEL ENGLE 1911 W HILLSDALE ST LANSING, MI 48915		\$ <u>25.00</u>	\$ <u>275.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF COMMUNITY ENGAGEMENT</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>525 W ALLEGAN ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/12/2024</u>	
Name & Address: CLARK HILL PAC 500 WOODWARD AVE DETROIT, MI 48226		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 175.00

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 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>10/13/2024</u>	
Name & Address: CHAD PATTON 3351 FULLER AVE SE GRAND RAPIDS, MI 49508		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM DIRECTOR</u> Employer <u>WEST MICHIGAN WORKS!</u> Business Address <u>121 M.L.K. JR ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/13/2024</u>	
Name & Address: CLAY WEST 1600 GLEN FOREST DR SE ADA, MI 49301		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>KENT COUNTY</u> Business Address <u>180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/13/2024</u>	
Name & Address: MICHAEL KERNEN 412 TIMBERLEA DR ROCHESTER HILLS, MI 48309		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTIONS SPECIALIST</u> Employer <u>OAKLAND COUNTY CLERK</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: SAM WOLFE 1122 SIBLEY ST NW GRAND RAPIDS, MI 49504		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICAL ORGANIZER</u> Employer <u>MICHIGAN DEMOCRATIC PARTY</u> Business Address <u>606 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 175.00

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 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>	
Name & Address: MAX AULBACH 340 HOLLISTER AVE SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE DIRECTOR</u> Employer <u>MICHIGAN STATE HOUSE</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: ANTHONY BAKER 455 MADISON AVE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>FERRIS STATE UNIVERSITY</u> Business Address <u>1201 S STATE ST, BIG RAPIDS, MI 49307</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: ERIC KRUEZER 6626 AVALON DR SE CALEDONIA, MI 49316		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: MELISSA LAGRAN 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **390.00**

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 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

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>	
Name & Address: JUDY FREEMAN 425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/16/2024</u>	
Name & Address: SCOTT STENSAAS 2158 ACADEMY DR NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>2158 ACADEMY DR NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/18/2024</u>	
Name & Address: GRAND RAPIDS CHAMBER PAC 250 MONROE AVE NW STE 250 GRAND RAPIDS, MI 49503		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/18/2024</u>	
Name & Address: MOSS PAC 101 S WASHINGTON SQUARE FLOOR 3 LANSING, MI 48933		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

1,300.00

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

15,765.29

Enter this total on
line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **2024049**

CANDIDATE COMMITTEE

2. Committee Name **RICHARD WILLIAMSON FOR GRPS**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: RICHARD WILLIAMSON 1213 CALGARY ST NE GRAND RAPIDS, MI 49505 If over \$100.00 cumulative, please provide: Occupation: DEPUTY FINANCE DIRECTOR Employer Name & Business Address: MICHIGAN DEMOCRATIC PARTY 606 TOWNSEND ST, LANSING, MI 48933 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description PRINTING 5. Date Of Receipt: 04/15/2024 6. Vendor Name & Address: THE ORIGINAL UNION PRINT SHOP 270 S TELEGRAPH RD, PONTIAC, MI 48341	\$ 263.75	\$ 313.75
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: RICHARD WILLIAMSON 1213 CALGARY ST NE GRAND RAPIDS, MI 49505 If over \$100.00 cumulative, please provide: Occupation: DEPUTY FINANCE DIRECTOR Employer Name & Address: MICHIGAN DEMOCRATIC PARTY 606 TOWNSEND ST, LANSING, MI 48933 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description POSTAGE 5. Date Of Receipt: 04/15/2024 6. Vendor Name & Address: US POST OFFICE 1765 3 MILE RD NE, GRAND RAPIDS, MI 49505	\$ 204.00	\$ 517.75
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: RICHARD WILLIAMSON 1213 CALGARY ST NE GRAND RAPIDS, MI 49505 If over \$100.00 cumulative, please provide: Occupation: DEPUTY FINANCE DIRECTOR Employer Name & Address: MICHIGAN DEMOCRATIC PARTY 606 TOWNSEND ST, LANSING, MI 48933 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description WEBSITE 5. Date Of Receipt: 04/15/2024 6. Vendor Name & Address: WIX 100 GANSEVOORT ST, NEW YORK, NY 10014	\$ 204.00	\$ 721.75
Page Subtotal		671.75	0.00
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)			

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

SCHEDULE 1-IK

1. Committee I. D. Number 2024049

CANDIDATE COMMITTEE

2. Committee Name RICHARD WILLIAMSON FOR GRPS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: RICHARD WILLIAMSON 1213 CALGARY ST NE GRAND RAPIDS, MI 49505 If over \$100.00 cumulative, please provide: Occupation: DEPUTY FINANCE DIRECTOR Employer Name & Business Address: MICHIGAN DEMOCRATIC PARTY 606 TOWNSEND ST, LANSING, MI 48933 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description OFFICE SUPPLIES 5. Date Of Receipt: 04/28/2024 6. Vendor Name & Address: OFFICE DEOPT 675 CENTER DR, WALKER, MI 49544	\$ 507.27	\$ 1,229.02
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: JUDY JONES 2500 OAKWOOD AVE NE GRAND RAPIDS, MI 49505 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: RETIRED <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description POSTAGE 5. Date Of Receipt: 10/09/2024 6. Vendor Name & Address: US POST OFFICE 1765 3 MILE RD NE, GRAND RAPIDS, MI 49505	\$ 159.40	\$ 234.40
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$

[Click Here for Memo Itemization](#)

Page Subtotal **666.67** **1,463.42**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **1,338.42**

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on line 6 of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2024049**
2. Committee Name **RICHARD WILLIAMSON FOR GRPS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAGGIE SCHMIDT DESIGN Address 6583 MITCHELL RD PALMYRA, MI 49268 <input type="checkbox"/> Fund Raiser	Purpose: GRAPHIC DESIGN <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/27/2024 Date	\$ 171.00
Expenditure #2 Name COSTCO Address 5100 28TH ST SE GRAND RAPIDS, MI 49512 <input checked="" type="checkbox"/> Fund Raiser	Purpose: EVENT FOOD/DRINK <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 135.35
Expenditure #3 Name ACTBLUE, LLC Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 47.45
Expenditure #4 Name MEIJER Address 1997 E BELTLINE AVE NE GRAND RAPIDS, MI 49525 <input checked="" type="checkbox"/> Fund Raiser	Purpose: EVENT FOOD/DRINK <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/03/2024 Date	\$ 11.62
Expenditure #5 Name MICHIGAN DEMOCRATIC STATE CENTRAL COMMITTEE Address 606 TOWNSEND ST LANSING, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: CONTRIBUTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/28/2024 Date	\$ 75.00

Subtotal this page **440.42**

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 **2024049**
2. Committee Name **RICHARD WILLIAMSON FOR GRPS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAGGIE SCHMIDT DESIGN Address 6583 MITCHELL RD PALMYRA, MI 49268 <input type="checkbox"/> Fund Raiser	Purpose: GRAPHIC DESIGN <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/28/2024 Date	\$ 90.00
Expenditure #2 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2024 Date	\$ 530.00
Expenditure #3 Name ACTBLUE, LLC Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2024 Date	\$ 30.06
Expenditure #4 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2024 Date	\$ 477.00
Expenditure #5 Name MAGGIE SCHMIDT DESIGN Address 6583 MITCHELL RD PALMYRA, MI 49268 <input type="checkbox"/> Fund Raiser	Purpose: GRAPHIC DESIGN <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2024 Date	\$ 72.00

Subtotal this page

1,199.06

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 **2024049**
2. Committee Name **RICHARD WILLIAMSON FOR GRPS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ROCKET SCIENCE GROUP Address 405 N ANGIER AVE NE ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/16/2024 Date	\$ 13.00
Expenditure #2 Name US POST OFFICE Address 1765 3 MILE RD NE GRAND RAPIDS, MI 49505 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2024 Date	\$ 106.00
Expenditure #3 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2024 Date	\$ 1,523.75
Expenditure #4 Name ACTBLUE, LLC Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	\$ 2.25
Expenditure #5 Name THE ROCKET SCIENCE GROUP Address 405 N ANGIER AVE NE ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/2024 Date	\$ 13.00

Subtotal this page

1,658.00

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2024049**
2. Committee Name **RICHARD WILLIAMSON FOR GRPS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name META INC. Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2024 Date	\$ 1.12
Expenditure #2 Name ACTBLUE, LLC Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2024 Date	\$ 19.91
Expenditure #3 Name FEDEX Address 233 FULTON ST W GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/10/2024 Date	\$ 10.71
Expenditure #4 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/16/2024 Date	\$ 1,523.75
Expenditure #5 Name THE ROCKET SCIENCE GROUP Address 405 N ANGIER AVE NE ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/16/2024 Date	\$ 13.00

Subtotal this page

1,568.49

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2024049**
2. Committee Name **RICHARD WILLIAMSON FOR GRPS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE, LLC Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/01/2024 Date	\$ 10.29
Expenditure #2 Name OFFICE DEPOT Address 675 CENTER DR WALKER, MI 49544 <input type="checkbox"/> Fund Raiser	Purpose: SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2024 Date	\$ 3.17
Expenditure #3 Name TARGET Address 3248 ALPINE AVE NW WALKER, MI 49544 <input type="checkbox"/> Fund Raiser	Purpose: SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2024 Date	\$ 59.36
Expenditure #4 Name US POST OFFICE Address 1765 3 MILE RD NE GRAND RAPIDS, MI 49505 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/09/2024 Date	\$ 414.40
Expenditure #5 Name FAMILY FARE Address 1415 FULTON ST E GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: PARADE CANDY <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2024 Date	\$ 32.69

Subtotal this page **519.91**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2024049**
2. Committee Name **RICHARD WILLIAMSON FOR GRPS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAGGIE SCHMIDT DESIGN Address 6583 MITCHELL RD PALMYRA, MI 49268 <input type="checkbox"/> Fund Raiser	Purpose: GRAPHIC DESIGN <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/13/2024 Date	\$ 36.00
Expenditure #2 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/13/2024 Date	\$ 1,272.00
Expenditure #3 Name US POST OFFICE Address 1765 3 MILE RD NE GRAND RAPIDS, MI 49505 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/13/2024 Date	\$ 560.00
Expenditure #4 Name US POST OFFICE Address 1765 3 MILE RD NE GRAND RAPIDS, MI 49505 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 67.20
Expenditure #5 Name THE ROCKET SCIENCE GROUP Address 405 N ANGIER AVE NE ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 13.00

Subtotal this page

1,948.20

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2024049**
2. Committee Name **RICHARD WILLIAMSON FOR GRPS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name US POST OFFICE Address 1765 3 MILE RD NE GRAND RAPIDS, MI 49505 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2024 Date	\$ 438.00
Expenditure #2 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/22/2024 Date	\$ 954.00
Expenditure #3 Name CAMPAIGN VERIFY Address 1215 31ST ST NW WASHINGTON, DC 20007 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/23/2024 Date	\$ 95.00
Expenditure #4 Name META INC. Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 20.00
Expenditure #5 Name ACTBLUE, LLC Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2024 Date	\$ 23.64

Subtotal this page

1,530.64

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2024049**
2. Committee Name **RICHARD WILLIAMSON FOR GRPS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SCALE TO WIN Address 13742 HARPER ST SANTA ANA, CA 92703 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2024 Date	\$ 451.61
Expenditure #2 Name US POST OFFICE Address 1765 3 MILE RD NE GRAND RAPIDS, MI 49505 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/05/2024 Date	\$ 224.00
Expenditure #3 Name US POST OFFICE Address 1765 3 MILE RD NE GRAND RAPIDS, MI 49505 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/2024 Date	\$ 336.00
Expenditure #4 Name GORDON FOOD SERVICE Address 1003 MICHIGAN ST NE GRAND RAPIDS, MI 49503 <input checked="" type="checkbox"/> Fund Raiser	Purpose: EVENT FOOD/DRINK <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/2024 Date	\$ 16.24
Expenditure #5 Name MEIJER Address 1997 E BELTLINE AVE NE GRAND RAPIDS, MI 49525 <input checked="" type="checkbox"/> Fund Raiser	Purpose: EVENT FOOD/DRINK <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 37.68

Subtotal this page

1,065.53

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2024049**
2. Committee Name **RICHARD WILLIAMSON FOR GRPS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GORDON FOOD SERVICE Address 1003 MICHIGAN ST NE GRAND RAPIDS, MI 49503 <input checked="" type="checkbox"/> Fund Raiser	Purpose: EVENT FOOD/DRINK <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 10.59
Expenditure #2 Name WALGREENS Address 1964 FULLER AVE NE GRAND RAPIDS, MI 49505 <input checked="" type="checkbox"/> Fund Raiser	Purpose: EVENT ICE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 3.98
Expenditure #3 Name ALDI Address 3101 KNAPP ST NE GRAND RAPIDS, MI 49525 <input checked="" type="checkbox"/> Fund Raiser	Purpose: EVENT FOOD/DRINK <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2024 Date	\$ 21.20
Expenditure #4 Name THE ROCKET SCIENCE GROUP Address 405 N ANGIER AVE NE ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2024 Date	\$ 13.00
Expenditure #5 Name US POST OFFICE Address 1765 3 MILE RD NE GRAND RAPIDS, MI 49505 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2024 Date	\$ 224.00

Subtotal this page **272.77**

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 **2024049**
2. Committee Name **RICHARD WILLIAMSON FOR GRPS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEIJER Address 1997 E BELTLINE AVE NE GRAND RAPIDS, MI 49525 <input checked="" type="checkbox"/> Fund Raiser	Purpose: EVENT FOOD/DRINK <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2024 Date	\$ 17.79
Expenditure #2 Name ALDI Address 3101 KNAPP ST NE GRAND RAPIDS, MI 49525 <input checked="" type="checkbox"/> Fund Raiser	Purpose: EVENT FOOD/DRINK <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2024 Date	\$ 41.48
Expenditure #3 Name META INC. Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/2024 Date	\$ 3.00
Expenditure #4 Name META INC. Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/19/2024 Date	\$ 3.00
Expenditure #5 Name ACTBLUE, LLC Address PO BOX 441146 SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/2024 Date	\$ 19.07

Subtotal this page

84.34

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 **2024049**
2. Committee Name **RICHARD WILLIAMSON FOR GRPS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/2024 Date	\$ 1,447.90
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	1,447.90
Grand Total of all Schedules 1B (Complete on last page of Schedule)	11,735.26

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: RICHARD WILLIAMSON 1213 CALGARY ST NE GRAND RAPIDS, MI 49505	4. Type: <u>PRINTING</u> 5. <u>Date Debt Was Incurred:</u> <u>04/15/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>263.75</u>	04/23/24 \$ <u>263.75</u> _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ <u>263.75</u>	\$ <u>0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: RICHARD WILLIAMSON 1213 CALGARY ST NE GRAND RAPIDS, MI 49505	4. Type: <u>POSTAGE</u> 5. <u>Date Debt Was Incurred:</u> <u>04/15/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>204.00</u>	04/23/24 \$ <u>204.00</u> _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ <u>204.00</u>	\$ <u>0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: RICHARD WILLIAMSON 1213 CALGARY ST NE GRAND RAPIDS, MI 49505	4. Type: <u>WEBSITE</u> 5. <u>Date Debt Was Incurred:</u> <u>04/15/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>204.00</u>	04/23/24 \$ <u>204.00</u> _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ <u>204.00</u>	\$ <u>0.00</u> <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)

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024049
2. Committee Name RICHARD WILLIAMSON FOR GRPS

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: RICHARD WILLIAMSON 1213 CALGARY ST NE GRAND RAPIDS, MI 49505	4. Type: <u>OFFICE SUPPLIES</u> 5. <u>Date Debt Was Incurred:</u> <u>04/28/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>507.27</u>	<u>04/28/24</u> \$ <u>507.27</u> \$ \$ \$ \$	\$ <u>507.27</u>	\$ <u>0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2024049**
2. Committee Name **RICHARD WILLIAMSON FOR GRPS**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/01/2024	4. Number of Individuals Attending or Participating (whichever is greater) 24	5. Type of Fund Raising Activity CAMPAIGN KICKOFF	6. Address and Name (If any) of the place where the activity was held. 1551 KALAMAZOO AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Private Residence
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7. Total Contributions **1,320.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,320.00**
10. Total Cost of Event **146.97**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2024049**
2. Committee Name **RICHARD WILLIAMSON FOR GRPS**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/25/2024	4. Number of Individuals Attending or Participating (whichever is greater) 12	5. Type of Fund Raising Activity RPCV VIRTUAL FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. 1213 CALGARY ST NE GRAND RAPIDS, MI 49505 <input checked="" type="checkbox"/> Private Residence
---	---	---	---

7. Total Contributions **620.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **620.00**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2024049**
2. Committee Name **RICHARD WILLIAMSON FOR GRPS**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/15/2024	4. Number of Individuals Attending or Participating (whichever is greater) 17	5. Type of Fund Raising Activity LABOR UNION RECEPTION	6. Address and Name (If any) of the place where the activity was held. GR FIREFIGHTERS HALL 1930 FULLER AVE NE GRAND RAPIDS, MI 49505 <input type="checkbox"/> Private Residence
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7. Total Contributions **1,535.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,535.00**
10. Total Cost of Event **148.96**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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