



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: 04/22/2024 to 07/20/2024

1. Committee I.D. Number

2024074

2. Committee Name

Committee to Elect Derek Anderson

4 Candidate Last Name

Anderson

First Name

Derek

M.I.

A

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

County Commission #20

4b County of Residence **KENT**

5. Committee's Mailing Address

PO Box 9993 Wyoming, MI 49509

Area Code and Phone (616) 212-3271

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

**Derek Anderson
1917 Blandford Ave SW
Wyoming, MI 49519**

Area Code & Phone (616) 212-3271

7. Treasurer's Business Address

**1917 Blandford Ave SW
Wyoming, MI 49519**

Area Code and Phone (616) 212-3271

8 Designated Record Keeper's Name and 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

08/06/2024

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 **Derek Anderson**

Type or Print Name

Signature

Date

07/21/2024

Candidate **Derek Anderson**

Type or Print Name

Signature

Date

07/21/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2024074

2. Committee Name Committee To Elect Derek Anderson

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,820.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,820.00</u>	(18.) \$ <u>2,820.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,820.00</u>	(20.) \$ <u>2,820.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$107.00</u>	(21.) \$ <u>\$107.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$1,645.91</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$1,645.91</u>	(23.) \$ <u>\$1,645.91</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>2,820.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,820.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,645.91</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$1,174.09</u>	*



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1 Committee I. D. Number 2024074
2 Committee Name Committee To Elect Derek Anderson

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of 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: Sue Jordan 1905 Timberview Dr NE Grand Rapids, MI 49525 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	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 <u>Campaign Buttons</u> 5. Date Of Receipt: <u>06/10/2024</u> 6. Vendor Name & Address:	\$ <u>47.00</u>	\$ <u>47.00</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Darlene Anderson 7665 Madison Rd Hesperia, MI 49421 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 <u>Baked Goods</u> 5. Date Of Receipt: <u>06/12/2024</u> 6. Vendor Name & Address:	\$ <u>28.00</u>	\$ <u>28.00</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Bonnie Burke 643 Sligh Blvd. NE Grand Rapids, MI 49505 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 <u>Campaign Donation Envelopes</u> 5. Date Of Receipt: <u>06/12/2024</u> 6. Vendor Name & Address:	\$ <u>32.00</u>	\$ <u>32.00</u>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal \$107.00 \$107.00

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

\$107.00

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024074
2. Committee Name Committee To Elect Derek Anderson

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/12</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>47</u>	5. Type of Fund Raising Activity <u>Launch Party</u>	6. Address and Name (If any) of the place where the activity was held. <u>Pinery Park Center</u> <u>2301 De Hoop Ave</u> <u>Wyoming, MI</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$860.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$860.00
10. Total Cost of Event \$383.72
(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 (%)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

- 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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024074
2. Committee Name Committee To Elect Derek Anderson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/06/2024

Name & Address:

Marty Shaut
839 OakHurst Ave NW
Grand Rapids, MI, 49504

\$ 200

\$ 200

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/12/2024

Name & Address

Marty Shaut
839 Oakhurst Ave NW
Grand Rapids, MI, 49504

\$ 20

\$ 220

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4 Date of Receipt 06/12/2024

Name & Address:

Roger Anderson
7665 Madison Rd
Hesperia, MI 49421

\$ 40

\$ 40

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4 Date of Receipt 06/12/2024

Name & Address

Bonnie Lent-Davis
12340 84th St SE
Alto, MI 49302

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Attorney Employer Self-Employed

Business Address 12340 84th St SE, Alto, MI 49302

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **\$310.00**

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 2024074
2. Committee Name Committee To Elect Derek Anderson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/2024

Name & Address:

Norma Vankuiken
6802 Fox Meadow Ln SE
Ada, MI 49301

\$ 1000

\$ 1000

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2024

Name & Address:

Barry Andrus
3300 Pettis AVE NE
Ada, MI 49301

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/12/2024

Name & Address:

Yvonne Curtis
3636 12 Mile Rd NE
Rockford, MI 49341

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/12/2024

Name & Address:

Bonnie Burke
643 Sligh Blvd NE
Grand Rapids, MI 49505

\$ 200

\$ 200

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$1,300.00

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 2024074
2. Committee Name Committee To Elect Derek Anderson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/12/2024</u> Name & Address: Kathy Clark 6050 Pickerel Dr NE Rockford, MI 49341		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>School Buss Driver</u> Employer <u>Rockford Public Schools</u> Business Address <u>7109 Northland Dr. Rockford, MI 49341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="▼"/>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/12/2024</u> Name & Address: Rina Baker 443 Carpenter NW Grand Rapids, MI 49504		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="▼"/>	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/12/2024</u> Name & Address: Gail Schuling 1161 English Ridge Dr NW Grand Rapids, MI 49544		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="▼"/>	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2024</u> Name & Address: Thomas Hooker 1739 108th St. SW Byron Center, MI 49315		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="▼"/>	

Page Subtotal \$350.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024074
2. Committee Name Committee To Elect Derek Anderson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/12/2020</u>	
Name & Address: <u>Adlai Brown</u> <u>11506 Apple Drive</u> <u>Nunica, MI</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Technician</u> Employer <u>Ladd's / US Golf Cars</u> Business Address <u>9670 Charry Valley Ave SE, Caledonia, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="▼"/>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/04/2024</u>	
Name & Address: <u>Cal Morton</u> <u>3633 Grape Ave NE</u> <u>Grand Rapids MI 49525</u>		\$ <u>50</u>	\$ <u>50</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		Click Here for Memo Itemization <input type="button" value="▼"/>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/12/2024</u>	
Name & Address: <u>Marc Dudley</u> <u>3144 Shooks Dr</u> <u>Hudsonville, MI 49426</u>		\$ <u>50</u>	\$ <u>50</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		Click Here for Memo Itemization <input type="button" value="▼"/>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="▼"/>	

Page Subtotal \$300.00

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 2024074
2. Committee Name Committee To Elect Derek Anderson

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>04/29/2024</u> Name & Address: <u>Derek Anderson</u> <u>1917 Blandford Ave SW</u> <u>Wyoming, MI 49519</u>		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Carpenter</u> Employer <u>Amber Valley Construction</u> Business Address <u>5060 Broadmoor Ave SE Grand Rapids, MI 49512</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/12/2024</u> Name & Address: <u>Dennis Nagel</u> <u>2091 Woodcliff SE</u> <u>Grand Rapids, MI 49546</u>		\$ <u>20</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/17/2024</u> Name & Address: <u>Bonnie Burke</u> <u>643 Sligh NE</u> <u>Grand Rapids, MI 49505</u>		\$ <u>20</u>	\$ <u>220</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/2024</u> Name & Address: <u>Bonnie Burke</u> <u>643 Sligh NE</u> <u>Grand Rapids, MI 49505</u>		\$ <u>20</u>	\$ <u>240</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$560.00

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

\$2,820.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 2024074
2. Committee Name Committee To Elect Derek Anderson

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Envato Pty Ltd. Address PO Box 16122 Collins Street West Victoria 8007 Australia <input type="checkbox"/> Fund Raiser	Purpose: <u>Website Theme</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	\$ <u>65.88</u>
Expenditure #2 Name GoDaddy Operating Company, LLC Address 14455 North Hayden Road Suite 219 Scottsdale, AZ 85260 <input type="checkbox"/> Fund Raiser	Purpose: <u>Website Domain</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	\$ <u>133.82</u>
Expenditure #3 Name Staples Address Address: 3313 Century Center Street SW, Grandville, MI 49418 <input type="checkbox"/> Fund Raiser	Purpose: <u>Print Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/13/2024</u> Date	\$ <u>26.49</u>
Expenditure #4 Name Firehouse Music Address 4611 Ivanrest Ave. SW Grandville MI 49418 <input type="checkbox"/> Fund Raiser	Purpose: <u>Speaking Lecturn</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/14/2024</u> Date	\$ <u>52.99</u>
Expenditure #5 Name Staples Address Address: 3313 Century Center Street SW, Grandville, MI 49418 <input type="checkbox"/> Fund Raiser	Purpose: <u>Print Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/2024</u> Date	\$ <u>68.88</u>

Subtotal this page **\$348.06**

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 **2024074**
2. Committee Name **Committee To Elect Derek Anderson**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Wyoming Parks and Recreation Address 1155 28th St PO Box 905 Wyoming, MI 49509 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Park Rental <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/30/2024</u> Date	\$ <u>150</u>
Expenditure #2 Name Best Buy Address 3410 Alpine Ave NW, Ste B, Grand Rapids, MI 49544 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Audio Equipment <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/11/2024</u> Date	\$ <u>33.89</u>
Expenditure #3 Name Tres Hermanos Bakery Address 1442 Burton St SW, Wyoming, MI 49519 <input type="checkbox"/> Fund Raiser	Purpose: Fund Raiser Food <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/2024</u> Date	\$ <u>189.07</u>
Expenditure #4 Name Aldi Address 2840 Clyde Park Ave SW Wyoming, MI 49509 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Fund Raiser Food <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/2024</u> Date	\$ <u>44.65</u>
Expenditure #5 Name Guitar Center Address 2891 Radcliff Ave SE, Kentwood, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: Audio Equipment <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/2024</u> Date	\$ <u>142.01</u>

Subtotal this page **\$559.62**

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 2024074
2. Committee Name Committee To Elect Derek Anderson

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Express Signs Address 122 44th St SE, Kentwood, MI 49548 <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/2024</u> Date	\$ <u>574.52</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #2 Name Bulk Texter Pro Address Provo, UT <input type="checkbox"/> Fund Raiser	Purpose: <u>Communications</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/2024</u> Date	\$ <u>4.99</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #3 Name Ebay Address San Jose, CA <input type="checkbox"/> Fund Raiser	Purpose: <u>Audio Equipment</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2024</u> Date	\$ <u>10.59</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #4 Name Ebay Address San Jose, CA <input type="checkbox"/> Fund Raiser	Purpose: <u>Audio Equipment</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2024</u> Date	\$ <u>14.83</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #5 Name 5/3 Bank Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank Service Charge</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/2024</u> Date	\$ <u>3.00</u> Click Here for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page **\$607.93**

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 2024074
2. Committee Name Committee To Elect Derek Anderson

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Bulk Texter Pro Address Provo, UT <input type="checkbox"/> Fund Raiser	Purpose: <u>Communications</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/23/2024</u> Date	\$ <u>4.99</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #2 Name Ebay Address San Jose, CA <input type="checkbox"/> Fund Raiser	Purpose: <u>Canvassing Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date	\$ <u>42.88</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #3 Name Ebau Address San Jose, CA <input type="checkbox"/> Fund Raiser	Purpose: <u>Canvassing Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date	\$ <u>46.34</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #4 Name Dialpad, Inc Address 2700 Camino Ramon San Ramon, CA 94583 <input type="checkbox"/> Fund Raiser	Purpose: <u>Communications</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/23/2024</u> Date	\$ <u>36.09</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #5 Name Address	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page **\$130.30**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$1,645.91**

Enter this total
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