# CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate	3 This Statement covers From:	04/22/2024 to 07/	/20/2024			
1. Committee I.D. Number	A	4 Candidate Last Name	First Name	M.I.			
2024074		Anderson	Derek	Α			
		4a. Office Sought Including District # or Community Served (If applicable)					
2. Committee Name		County Commission #2	20	lacksquare			
Committee to Elect Derek Anderson		4b. County of Residence KEN	4b. County of Residence <b>KENT</b>				
5. Committee's Mailing Address PO Box 9993 Wyoming, MI 49509	6 Treasurer's Name & Residential Address Derek Anderson 1917 Blandford Ave SW Wyoming, MI 49519						
Area Code and Phone (616) 212-3271 If the address in this box is different from the commitmailing address on the Statement of Organization, resent to this address by the filing official.	Area Code & Phone (616) 212-3271						
7. Treasurer's Business Address 1917 Blandford Ave SW Wyoming, MI 49519		8 Designated Record Keeper' Designated Record Keeper)	s Name and Address (If the cor	nmittee has a			
Area Code and Phone (616) 212-3271		Area Code and Phone					
9. TYPE OF STATEMENT		/ trea dode and i fione	9e. Dissolution of Candidat	e Committee			
9a. Pre-Election OR 9b. Post-Election  Pre-Election or Post-Election Statement relates to:  Primary	is not on the current year	terly	By checking this item I/W by the committee to the candid by discharged and forgiven, at the committee. The committee owes no lates fees or has any	e has no oustanding assets,			
General Convention	October 0	quarterly	Further, if the dissolution cann considered a request for the R	ot be granted, that this be eporting Waiver.			
Special School	9c. Annua	al Statement () Coverage Year	Effective date of dis	solution			
Caucus	(Com	ndment to Campaign Statement iplete Item 9a, 9b, 9c or 9e to ate which Statement is being ded )	Note: The disposition of residu Schedule 1B and the Summar				
Date of Election, Convention or Caucus							
08/06/2024							
10. Verification: I\We certify that all reasonable diligumy\our knowledge and belief the contents are true,	I ence was used accurate and c	In the preparation of this statem	ent and attached schedules (if a	any) and to the best of			
Current Treasurer or Designated Record keeper Type or Print Name	son	Signature	Date -	07/21/2024			
Candidate Derek Anderson		Mallo	Date	07/21/2024			
Type or Print Name		Signature					

1. Committee I.D. Number 2024074

#### **SUMMARY PAGE** CANDIDATE COMMITTEE

2. Committee Name Committee To Elect Derek Anderson

CANDIDATE COMMITTEE	Column I	Column II
RECEIPTS	This Period	Cumulative this election cycle
3. Contributions	(3a) \$ 2,820.00	
a. Itemized (Schedule 1A - Column 6)	(04.)	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	\$2,820,00
c. Subtotal of "Contributions"	(3c.) \$_\$2,820.00	(18.) \$ \$2,820.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$2,820.00	(20.) \$ \$2,820.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		<b>\$107.00</b>
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$107.00	(21.) \$ \$107.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$1,645.91</u>	r
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	4.045.04
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$1,645.91	(23.) \$ \$1,645.91
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	-
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	-
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	_ (24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <b>\$0.00</b>	-
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	_
<ul> <li>13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> <li>14. Amount received during reporting period (Line 5, Total Contributions &amp; Other Receipts)</li> <li>15. SUBTOTAL Add lines 13 and 14</li> <li>16. Amount expended during reporting period (Add lines 9 and 11)</li> <li>17. ENDING BALANCE (Subtract line 16 from line 15)</li> </ul>	BALANCE STATEMENT  (13.) \$ \$0.00  (14.) + \$ \$2,820.00  (15.) = \$ \$2,820.00  (16.) - \$ \$1,645.91  (17.) \$ \$1,174.09	*

## ITEMIZED IN-KIND CONTRIBUTIONS **SCHEDULE 1-IK**

1 Committee I. D. Number 2024074

CANDIDATE COMMITT	C	מומא	ΔTF	COL	M١	ЛΙΤ	ΤE
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2 Committee Name Committee To Elect Derek Anderson

CANDIDATE COMIN	III IEE	7 Amount or	O Cumulativa
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? 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:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description Campaign Buttons  5. Date Of Receipt: 06/10/2024	47.00	\$ 47.00 temization
Fund Raiser Contribution  Contribution # 2 PAC Receipt? Yes  Name & Address  Darlene Anderson  7665 Madison Rd  Hesparia, MI 49421  If over \$100.00 cumulative, please provide:  Occupation:	4.  Endorsement or Guarantee of Bank Loan  Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others-LOAN  Description Baked Goods  5. Date Of Receipt: 06/12/2024		\$ 28.00
Employer Name & Address:	6. Vendor Name & Address:	Click Here for Memo	Itemization
Fund Raiser Contribution  Contribution #3 PAC Receipt? Ye Name & Address:  Bonnie Burke 643 Sligh Blvd. NE Grand Rapids, MI 49505  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others-LOAN  Description  Campaign Donation Envelopes  5. Date Of Receipt: 06/12/2024	32.00  N Click Here for Memo	\$ 32.00
Fund Raiser Contribution	Page Subt	otal \$107.00	\$107.00
	Grand Total of all Schedules (Complete on last page of Sched	1-IK \$107.00	

Enter this total on line 6 of Summary Page



Summary Page.

Page \_1\_\_\_ of \_1\_\_\_

## FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

2024074	2	0	2	4	0	7	4
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1. Committee I.D. Number

2. Committee Name Committee To Elect Derek Anderson

	- USE A SEPARATE SH	IEET FOR EACH EVENT	-
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.     Pinery Park Center
06/12	47	Launch Party	2301 De Hoop Ave Wyoming, MI Private Residence
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 (Total Cost includes In-Kind Co	\$383.72 ontributions and All Expenditure	es Made For the Event)	
11. Check if event was a jo	oint fund raiser and complete th	e following:	
Co-Sponsor(s)	Contribution (%)	Split	Expenditure Split (%)
	·		
	_		
period covered by the	Campaign Statement	ser Schedule for each fund rais	

Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



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# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

#### CANDIDATE COMMITTEE

1. Committee I.D. Number 2024074

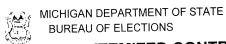
2. Committee Name

Committee To Elect Derek Anderson

line 3a of Summary

Page.

OANDIONIE COmmittee		7.0
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	<sub>\$</sub> 200	<sub>\$</sub> 200
5. If over \$100.00 cumulative, please provide:  Occupation Retired Employer	. Click Here	e for Memo Itemization
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	<sub>\$</sub> 20	<sub>\$</sub> 220
5. If over \$100.00 cumulative, please provide:  Occupation Retired Employer	Click Here	e for Memo Itemization
Business Address  Type of Contribution: ✓ Direct		
3. Contribution # 3 PAC Receipt? YES 4 Date of Receipt 06/12/2024  Name & Address:  Roger Anderson 7665 Madision Rd  Hesparia, MI 49421	\$ <u>40</u>	<u>\$40</u>
5. If over \$100.00 cumulative, please provide:	Click Here	e for Memo Itemization
Occupation Retired Employer		
Business Address 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	<sub>\$</sub> 50	<u>\$ 50</u>
5. If over \$100.00 cumulative, please provide:  Occupation Attorney Employer Self-Employed	Click Her	e for Memo Itemization
Business Address 12340 84th St SE, Alto, MI 49302  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtot Grand Total of All Schedules 1 (Complete on last page of Schedul	A	on



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#### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

#### CANDIDATE COMMITTEE

1. Committee I.D. Number 2024074

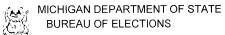
2. Committee Name

Committee To Elect Derek Anderson

line 3a of Summary

Page.

CANDIDATE COMMITTEE	T	7 Communications for
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/11/2024  Name & Address: Norma Vankuiken 6802 Fox Meadlow Ln SE  Ada, MI 49301	<sub>\$</sub> 1000	<sub>\$</sub> 1000
5. If over \$100.00 cumulative, please provide:  Occupation Retired Employer	Click Here	for Memo Itemization
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	<sub>\$</sub> 50	\$ 50
5. If over \$100.00 cumulative, please provide:  Occupation Retired Employer	Click Here	for Memo Itemization
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  5. If over \$100.00 cumulative, please provide:  Occupation Retired Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$50 Click Here	s 50 for Memo Itemization ▼
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  5. If over \$100.00 cumulative, please provide:	\$200 Click Here	\$ 200 se for Memo Itemization €
Business Address		
Page Subt  Grand Total of All Schedules (Complete on last page of Sched	1A	on

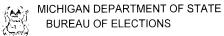


### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

#### CANDIDATE COMMITTEE

2. Committee Name Committee To Elect Derek Anderson

Enter contributor's name and address. If contribution is from an individual, enmiddle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address:  Kathy Clark	06/12/2024		
6050 Pickerel Dr NE		<sub>\$</sub> 50	<sub>\$</sub> 50
Rockford, MI 49341		\$	\$
5. If over \$100.00 cumulative, please provide:  Occupation School Buss Driver Employer Rockford Pub	lic Schools	Click Here fo	r Memo Itemization
Business Address 7109 Northland Dr. Rockford, MI 49341			
	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt			
Name & Address			
Rina Baker 443 Carpenter NW		<sub>s</sub> 150	<sub>\$</sub> 150
Grand Rapids, MI 49504		\$	\$
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Retired Employer			Lancard
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:  Gail Schuling		50	
1161 English Ridge Dr NW		<sub>\$</sub> 50	<sub>\$</sub> 50
Grand Rapids, ml 49544		Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:		0.1010 1010 101	
Occupation Retired Employer			
Business Address  Type of Contribution:   Direct  Loan from a person	Fund Raiser		
		·	
Name & Address	ot 06/26/2024		
Thomas Hooker		400	100
1739 108th St. SW Byron Center, MI 49315		<sub>\$</sub> 100	<sub>\$100</sub>
5. If over \$100.00 cumulative, please provide:			
Occupation Retired Employer		Click Here for	Memo Itemization ▼
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	\$350.00	
	nd Total of All Schedules 1A		
(Comple	te on last page of Schedule)	Enter this total on	
Page 3 of		line 3a of Summary Page.	



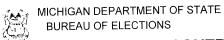
# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE 2. Committee Name Cor	nmittee To El	ect 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 06/12/2020  Name & Address: Adlai Brown 11506 Apple Drive Nunica, MI	<sub>\$</sub> 200	<sub>\$</sub> 200
5. If over \$100.00 cumulative, please provide:  Occupation Technician Employer Ladd's / US Golf Cars  Business Address 9670 Charry Valley Ave SE, Caledonia, MI  Type of Contribution: Direct Loan from a person Fund Raiser	Click Here	for Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/04/2024  Name & Address  Cal Morton  3633 Grape Ave NE  Grand Rapids MI 49525	<sub>\$</sub> 50	<sub>\$</sub> 50
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer  Business Address  Type of Contribution:		
Anne & Address:  Marc Dudley 3144 Shooks Dr Hudsonville, MI 49426  5. If over \$100.00 cumulative, please provide:  Employer	\$50 Click Here	<sub>\$</sub> _50 for Memo Itemization
Occupation Employer  Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name & Address	\$	\$
5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	Click Here	for Memo Itemization
Page Subtota	\$300.00	

Page \_\_\_\_\_ of \_\_\_\_

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**

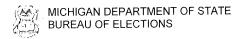
2. Committee Name

Committee To Elect Derek Anderson

Enter contributor's name and address. If contribution middle initial. Check box to indicate if contribution Committee (PAC) Report all contributions regard	on is from a Political Commit	enter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: Derek Anderson 1917 Blandford Ave SW Wyoming, MI 49519	YES 4. Date of Receip	04/29/2024	<sub>\$</sub> 500	<sub>\$</sub> 500
5. If over \$100.00 cumulative, please provide Occupation Carpenter	<sub>mployer</sub> Amber Valle	y Construction	Click Here	for Memo Itemization
	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Shame & Address  Dennis Nagel 2091 Woodcliff SE  Grand Rapids, MI 49546	YES 4. Date of Recei	ot <u>05/12/2024</u>	\$20	\$ 20
5. If over \$100.00 cumulative, please provide  Occupation Retired En	o: nployer		Click Here	for Memo Itemization
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address: Bonnie Burke 643 Sligh NE Grand Rapids, MI 49505  5. If over \$100.00 cumulative, please provid Occupation Retired	•	eipt <u>05/17/2024</u>	\$20 Click Here	\$220 for Memo Itemization
Business Address  Type of Contribution:   Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address Bonnie Burke 643 Sligh NE Grand Rapids, MI 49505	YES 4 Date of Rec	eipt 07/12/2024	<sub>\$</sub> 20	<sub>\$_</sub> 240
5. If over \$100.00 cumulative, please provide Occupation Retired	le: Employer		Click Here	for Memo Itemization
Business Address Direct	Loan from a person	Fund Raiser	1 0 00	
	(2)	Page Subtota	\$2.820.00	
	(Con	nplete on last page of Schedule	Enter this total	on.

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Enter this total on line 3a of Summary Page.



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 2024074

2 Committee Name Committee To Elect Derek Anderson

	Committee Name		
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.		05/01/2024	\$ 65.88
Envalor ty Eta.	Purpose: Website Theme	Date	<del>+ 00.00</del>
Address	Purpose: VVEDSITE THEFTIC		
PO Box 16122 Collins Street West	Click	k Here for Memo It	temization Type
Victoria 8007 Australia			
	Check box if this expenditure is payment of	of	
Fund Raiser	debt or obligation reported on previous statement		
	Statement		
Expenditure #2			
Name GoDaddy Operating Company, LLC		05/01/2024	\$ 133.82
	Purpose: Website Domain	Date	
Address	Purpose: Trobbito Derriam		
14455 North Hayden Road Suite 219	Click	k Here for Memo It	temization Type
Scottsdale, AZ 85260			<i>3</i> 1
	Check box if this expenditure is payment of	of	
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #3			
Name Staples		05/13/2024	* OE 40
σιαρίου	Drivet Compiess	 Date	\$ <u>26.49</u>
Address	Purpose: Print Services	Date	
Address: 3313 Century Center Street SW,	Click	k Here for Memo I	temization Tyne
Grandville, MI 49418		Criere for Memor	termzation rype
	Check box if this expenditure is payment	of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
<b>'</b>			
Name Firehouse Music		05/14/2024	\$ 52.99
	Speaking Lecturn	Date	<u>JZ.JJ</u>
Address	Purpose: Speaking Lecturn		
4611 Ivanrest Ave. SW	Olice	It I lave for Momo [	tomization Typo
Grandville MI 49418	Clic	k Here for Memo I	terrization rype
	Check box if this expenditure is payment	of	
Fund Raiser	debt or obligation reported on previous		
LFund Raiser	statement		
Expenditure #5			
Name Staples		05/29/2024	
	Print Services	Date	\$68.88
Address	Purpose: FIIII Services	Date	
Address: 3313 Century Center Street SW,	Clic	ck Here for Memo	Itemization Type
Grandville, MI 49418	Check box if this expenditure is payment		
	debt or obligation reported on previous	01	
Fund Raiser	statement		
	Su	btotal this page	\$348.06
	Orand Tatal of	all Schedules 1B	
	(Complete on last p		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- '	

Enter this total on line 8a of Summary Page

**1** Page \_\_\_\_ of \_\_\_



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

2. Committee Name Committee To Elect Derek Anderson

CANDIDATE COMMITTEE	Committee Hame		2.4
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
•		05/30/2024	\$ 150
Name Wyoming Parks and Recreation	Dayle Dontal	Date	<del></del>
Address	Purpose: Park Rental	2 2	
1155 28th St	Click	K Here for Memo Ite	emization Type
PO Box 905	9	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Wyoming, MI 49509	Check box if this expenditure is payment of	of	
[7]	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2	•		
Name Best Buy		06/11/2024	\$ 33.89
DCSt Ddy	Audio Equipment	Date	
Address	Purpose: Audio Equipment		
3410 Alpine Ave NW, Ste B,	Clial	k Here for Memo It	emization Type
Grand Rapids, MI 49544	Cilci	(1.010 101 MIOIIIO 10	
Grand Hapids, Mr 40044	Check box if this expenditure is payment	of	
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name Ture Hayman as Pokony		06/12/2024	. 100 07
Name Tres Hermanos Bakery			\$ <u>189.07</u>
Address	Purpose: Fund Raiser Food	Date	
1442 Burton St SW,		1 11 C B C	remization Type
Wyoming, MI 49519	Clic	k Here for Memo II	emization Type
TVVyOrming, Wit 40010	Check box if this expenditure is payment	of	
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name Aldi		06/12/2024	. 44 GE
Alui		Date	\$ <u>44.65</u>
Address	Purpose: Fund Raiser Food		
2840 Clyde Park Ave SW			[7]
	Clic	ck Here for Memo I	temization Type ▼
Wyoming, MI 49509	Check box if this expenditure is payment	t of	
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
_		06/12/2024	
Name Guitar Center	A 11 E 1		\$142.01
Address	Purpose: Audio Equipment	Date	
2891 Radcliff Ave SE,		iak Hara for Mama	Itemization Type
Kentwood, MI 49512			nomization Type
1.011.0000, 1111 100.2	Check box if this expenditure is paymen debt or obligation reported on previous	T Of	
Fund Raiser	statement		
L Fullu Ivalsei		Subtotal this page	\$559.62
		antota, 1,10 page	φυυσ.υΖ
	Grand Total o	f 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

CANDIDATE COMMITTEE	2. Goriffitace Name	E Data	C Amount
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
•		06/12/2024	\$ 574.52
Name Express Signs	Vard Signs	Date	
Address	Purpose: Yard Signs		
122 44th St SE,	CI	ick Here for Memo	Itemization Type ▼
Kentwood, MI 49548		_	<u> </u>
	Check box if this expenditure is paymen	t of	
Fund Raiser	debt or obligation reported on previous statement		
	Statement		
Expenditure #2		00/47/0004	
Name Bulk Texter Pro		06/17/2024	s 4.99
	Purpose: Communications	Date	
Address	Purpose: Oommanications		
Provo, UT	C	lick Here for Memo	Itemization Type ▼
			lami
	Check box if this expenditure is paymen	nt of	
	debt or obligation reported on previous		
Fund Raiser	statement	<u> </u>	
Expenditure #3			
Name Ebay		06/20/2024	\$ <b>10</b> .59
Ebay	A E Familian and	Date	\$ <del>10.58</del>
Address	Purpose: Audio Equipment	— Date	
San Jose, CA		liek Here for Memo	Itemization Type ▼
		lick Here for Memo	nomization Typo
	Check box if this expenditure is payme	nt of	
ITT- Indian	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name Ebay		06/24/2024	\$ 14.83
Lbay	A U E visus and	Date	\$ <u>14.00</u>
Address	Purpose: Audio Equipment		
San Jose, CA			
		lick Here for Memo	Itemization Type
	Check box if this expenditure is payme	ent of	
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
		07/44/0004	
Name 5/3 Bank		07/11/2024	\$3.00
Address	Purpose: Bank Service Charge	Date	
Marioso			a Hamization Tuna
			o Itemization Type
	Check box if this expenditure is paym	ent of	
Format Paisson	debt or obligation reported on previous statement		
Fund Raiser	Statement	Cubtatal this name	¢007.00
		Subtotal this page	\$607.93
	Grand Tota	of all Schedules 1	3
		st page of Schedule	
			Enter this total

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

- Labourbon poid	4. Purpose (Required Information)	5. Date	6. Amount	
Name and address of person or vendor to whom paid	T. I dipose (itequiled information)			
Expenditure #1		07/23/2024		
Name Builk Texter Pro			\$ <u>4.99</u>	
Address	Purpose: Communications	Date		
Provo, UT		k Here for Memo It	emization Type	
	Check box if this expenditure is payment	of		
	debt or obligation reported on previous	O1		
Fund Raiser	statement			
Expenditure #2		07/15/2024		
Name Ebay			\$ <u>42.88</u>	
Address	Purpose: Canvassing Supplies	Date	ı	
Address San Jose, CA		ok Horo for Memo l	temization Type	
Quit 0030, 0/1	Circ	V LICIE IOI MICHIO I	toZadon Typo	
	Check box if this expenditure is payment	of	ļ	
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #3				
Name Ebau		07/15/2024	\$46.34	
LDau	Purpose: Canvassing Supplies	Date	₱ <del>40.04</del>	
Address		_		
San Jose, CA	Clie	ck Here for Memo I	temization Type ▼	
	Check box if this expenditure is paymen	t of		
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #4	otatoment.			
		07/23/2024		
Name Dialpad, Inc		Date	\$ 36.09	
Address	Purpose: Communications	-		
2700 Camino Ramon		Click Here for Memo Itemization Type ▼		
San Ramon, CA 94583	·			
	Check box if this expenditure is paymer debt or obligation reported on previous	nt of		
Fund Raiser	statement			
Expenditure #5				
Name			_	
	Durage	Date	\$	
Address	Purpose:	<b>-</b>		
	<u> </u>		Itemization Type	
	Check box if this expenditure is payment debt or obligation reported on previous	nt of		
Fund Raiser	statement		T	
·	5	Subtotal this page	\$130.30	
	Grand Total o	of all Schedules 1B	\$1,645,91	

Enter this total on line 8a of Summary Page

\$1,645.91

(Complete on last page of Schedule)