

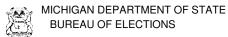
### CANDIDATE COMMITTEE COVER PAGE

#### FILED 13 AUG 2024 AM 10:25

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

3. This Statement covers From: 01/01/2024 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 07/21/2024 1. Committee I.D. Number 4. Candidate Last Name M.I. SENITA R LENEAR 128577 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name **MAYOR, GRAND RAPIDS** COMMITTEE TO ELECT SENITA LENEAR 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address PO BOX 68582 MILINDA D YSASI-CASTANON GRAND RAPIDS, MI 49516 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505 Area Code and Phone (616) 308-5990
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (616) 617-9755 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505 Area Code and Phone (616) 617-9755 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, X Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement ( Effective date of dissolution Coverage Year School 9d. Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 08/06/2024 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. Submitted electronically. Current Treasurer or signature on file 08/13/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 08/13/2024 signature on file Candidate Date Type or Print Name Signature



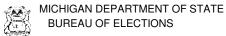
1. Committee I.D. Number

128577

#### **CANDIDATE COMMITTEE**

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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 02/03/2024  Name & Address:  JANE GIETZEN		
848 ABERDEEN ST NE GRAND RAPIDS, MI 49505	<sub>s</sub> 50.00	° 50.00
5. If over \$100.00 cumulative, please provide:	<b>5</b>	Ψ
Occupation IT DIRECTOR Employer COREWELL HEALTH		
Business Address 100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/17/2024		
Name & Address  RAHNI BRYANT		
1901 FORRESTER ST SE	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
GRAND RAPIDS, MI 49508	φ	\$ <u></u>
5. If over \$100.00 cumulative, please provide:		
Occupation ASSESSOR Employer ECIC		
Business Address 8164 EXECUTIVE CT, LANSING, MI 48917		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/17/2024  Name & Address: CHRIS DORSEY		
7409 BRACKENWOOD DR INDIANAPOLIS, IN 46260	\$50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/19/2024  Name & Address		
VON WISSMILLER		
6211 MERCED LAKE AVE	<sub>\$</sub> 100.00	. 100.00
SAN DIEGO, CA 92119	<u> </u>	φ
5. If over \$100.00 cumulative, please provide:  Occupation THREAT MANAGER  Employer JP MORGAN CHASE BANK		
Business Address 8222 MIRA MESA BLVD, SAN DIEGO, CA 92126		
Type of Contribution:  Loan from a person Fund Raiser		
Page Subtotal	300.00	
Grand Total of All Schedules 1A		•
(Complete on last page of Schedule)	Enter this total on	.l
Page 1 of 41	line 3a of Summary Page.	



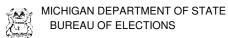
1. Committee I.D. Number

128577

#### **CANDIDATE COMMITTEE**

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/01/2024  Name & Address: BRIAN ELLIS 4080 CAMELOT RIDGE DR SE GRAND RAPIDS, MI 49546	<sub>\$</sub> 1,000.00	<sub>\$</sub> 1,000.00
5. If over \$100.00 cumulative, please provide:  Occupation BUSINESS OWNER Employer BROOK TREE CAPITAL MANAGEMENT  Business Address 4080 CAMELOT RIDGE DR SE, GRAND RAPIDS, MI 49546  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/05/2024  Name & Address  MAYA THOMPSON 234 MARKET AVE SW  APT 217  GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide:	\$ 50.00	<sub>\$</sub> 50.00
Occupation Employer  Business Address  Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/06/2024  Name & Address:  JENNIFER SMITH 6385 WAINSCOT DR SE GRAND RAPIDS, MI 49546	<u>\$ 100.00</u>	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation CONSULTANT Employer SHANNON COHEN INC  Business Address 6385 WAINSCOT DR SE, GRAND RAPIDS, MI 49546  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/11/2024 Name & Address NINA THOMPSON 4031 TIMBERLAND DR SE GRAND RAPIDS, MI 49508	<sub>\$</sub> 1,500.00	<sub>\$</sub> 1,500.00
5. If over \$100.00 cumulative, please provide:  Occupation FLIGHT ATTENDENT Employer AMERICAN AIRLINES ENVOY		
Business Address 5500 44TH ST SE, GRAND RAPIDS, MI 49512  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 4 of 41	2,650.00  Enter this total on line 3a of Summary Page.	



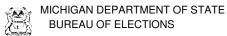
1. Committee I.D. Number

128577

**CANDIDATE COMMITTEE** 

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/28/2024  Name & Address: CIARRA ADKINS 2511 NEWSTEAD AVE SW WYOMING, MI 49509  5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer AQUME FOUNDATION	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
Business Address PO BOX 9193, WYOMING, MI 49509  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/28/2024  Name & Address  ARTIE LINDSAY  913 EVERGLADE DR SE  GRAND RAPIDS, MI 49507	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation PASTOR Employer TABERNACLE COMMUNITY CHURCH		
Business Address 2530 EASTERN AVE SE, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/28/2024  MARK MOORE 414 BENSON AVE NE GRAND RAPIDS, MI 49503	\$ 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR Employer WKKF Business Address 1 E MICHIGAN AVE, BATTLE CREEK, MI 49017		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/01/2024 Name & Address REGINA SALMI 1032 UNDERWOOD AVE SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 6 of 41	Enter this total on line 3a of Summary Page.	



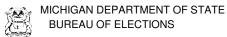
1. Committee I.D. Number 1285

128577

#### **CANDIDATE COMMITTEE**

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Comm Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Address: KEN DEERING 3755 ACORN RIDGE CT NE GRAND RAPIDS, MI 49525	ipt 05/02/2024	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	ipt 05/03/2024		
Name & Address JESSICA LEDESMA 2627 RICHARDS DR SE GRAND RAPIDS, MI 49506		<sub>\$</sub> _75.00	<sub>\$</sub> 75.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt YES 4. Date	eipt 05/07/2024	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address  Type of Contribution:   Direct  Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt YERUYNCA WILLIAMS 60 ALTA DALE AVE NE ADA, MI 49301	eipt <u>05/07/2024</u>	<sub>\$</sub> 300.00	<sub>\$</sub> 300.00
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer			
Business Address	Fund Raiser		
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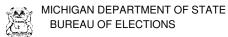
1. Committee I.D. Number

128577

#### **CANDIDATE COMMITTEE**

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/09/2024  Name & Address: DALLAS LENEAR  4031 TIMBERLAND DR SE		
GRAND RAPIDS, MI 49508	<sub>\$</sub> 5.00	<sub>\$</sub> 122.80
5. If over \$100.00 cumulative, please provide:		
Occupation EXECUTIVE DIRECTOR Employer PROJECT GREEN		
Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/10/2024		
Name & Address STACY STOUT		
1324 CLOVER CREST NW	\$250.00	<sub>\$</sub> 250.00
GRAND RAPIDS, MI 49504	Ψ	φ = σ σ σ σ
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR Employer STEELCASE FOUNDATION		
Business Address 901 44TH ST SE, GRAND RAPIDS, MI 49508		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/20/2024		
Name & Address:  WILLIE KNOWLING		
1101 BURGIS CT SE	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
KENTWOOD, MI 49508		Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation BARBER Employer LEGENDS SALON		
Business Address 1221 MADISON AVE SE, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/20/2024  Name & Address		
JOEL BELTMAN		
1834 MICHIGAN ST NE	<sub>s</sub> 10.00	. 10.00
GRAND RAPIDS, MI 49503	\$ 10.00	<u>\$_10.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 10 of 41	line 3a of Summary Page.	

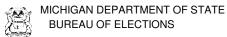


**CANDIDATE COMMITTEE** 

1. Committee I.D. Number \_\_\_128577

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/21/2024  Name & Address: SIDNEY RHODES 1456 CARLTON AVE NE GRAND RAPIDS, MI 49505  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/21/2024  Name & Address  NATASHIA NELSON  431 ALGER ST SE  GRAND RAPIDS, MI 49507	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/21/2024  Name & Address:  CYNTHIA JONES  1420 MACKINAW RD SE  GRAND RAPIDS, MI 49506	<sub>\$</sub> 200.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:		
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 05/22/2024  Name & Address  BERNICE SPEARS  490 CLOVER RIDGE AVE NW  APT 9  GRAND RAPIDS, MI 49504  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	<sub>\$_</sub> 100.00
Occupation RETIRED Employer		
Business Address MI		
Type of Contribution: Direct Loan from a person Fund Raiser		
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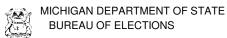


128577 1. Committee I.D. Number

COMMITTEE TO ELECT SENITA LENEAR

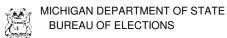
CANDIDATE COMMITTEE 2. Committee Name COM	MMITTEE TO ELE	CT SENITA LENEAR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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 05/22/2024  Name & Address: LOUIS VALERIE  1117 FULLER AVE SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/23/2024  Name & Address  TAMARA SPEARS		
3253 HUNTINGTON WOODS DR SE APT A	<u>\$ 100.00</u>	<u>\$ 100.00</u>
KENTWOOD, MI 49512 5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer NEW BEGINNING THERAPY AND CONSULTING		
Business Address 2828 KRAFT AVE SE, GRAND RAPIDS, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/23/2024  Name & Address:  LENOARD ISON 3948 N BRETON CT SE  KENTWOOD, MI 49508	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/23/2024  Name & Address HUEY COPELAND 2234 SHAWNEE DR SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 198.00	<sub>\$</sub> 198.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	448.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	-1

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128577 1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name	MMITTEE TO ELE	CT SENITA LENEAR
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 05/28/2024  Name & Address: ROBERT COOPER  1919 BOSTON ST SE  APT A205 GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer  Business Address	<sub>\$</sub> 150.00	<sub>\$</sub> 150.00
Type of Contribution: Direct Loan from a person Fund Raiser	<b>=</b>	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/30/2024  Name & Address  LISA OLIVER-KING  2024 ONTONAGON AVE SE  GRAND RAPIDS, MI 49506	<u>\$ 100.00</u>	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation EXECUTIVE DIRECTOR <sub>Employer</sub> OUR KITCHEN TABLE  Business Address 334 BURTON ST SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/01/2024  Name & Address:  ANTOINE WALTON 1035 ALGER ST SE GRAND RAPIDS, MI 49507	\$35.00	<sub>\$</sub> 35.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/01/2024 Name & Address MILINDA YSASI 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505	<sub>\$</sub> 100.00	<sub>\$</sub> 610.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer GROW		
Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	385.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 19 of 41		



### **ITEMIZED CONTRIBUTIONS**

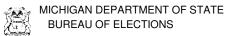
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#### **ENEAR**

1. Committee I.D. Number
2. Committee Name COMMITTEE TO ELECT SENITA L

Enter contributor's name and address. If contribution is from an middle initial. Check box to indicate if contribution is from a Poli Committee (PAC) Report <u>all</u> contributions regardless of amount	itical Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Do Name & Address: ALEXIS HOWARD 2440 MARSHALL AVE SE GRAND RAPIDS, MI 49507	ate of Receipt <u>06/13/2024</u>	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation HUMAN RESOURCES Employer COL  Business Address 100 MICHIGAN ST NE, GRA  Type of Contribution: Direct Loan from a per			
3. Contribution #2 PAC Receipt? YES 4. Da Name & Address  DWAYNE HOWARD  2440 MARSHALL AVE SE  GRAND RAPIDS, MI 49507	ate of Receipt <u>06/13/2024</u>	<sub>\$</sub> 40.00	<sub>\$</sub> 40.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution:	<del></del>		
<ol> <li>Contribution # 3 PAC Receipt? YES 4. D Name &amp; Address: C SINGH-SUWAL 3190 ROLLING MEADOWS DR SARANAC, MI 48881</li> </ol>	Oate of Receipt 06/14/2024	<sub>\$</sub> 55.00	<sub>\$</sub> 55.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a per	son Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. [ Name & Address MILINDA YSASI 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505	Date of Receipt <u>06/15/2024</u>	<sub>\$</sub> 25.00	<sub>\$</sub> 635.00
5. If over \$100.00 cumulative, please provide:			
Occupation CEO Employer GI	ROW		
Business Address 1333 ALGER ST SE, GRAI	ND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a per			
	Page Subtotal	220.00	
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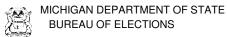
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**CANDIDATE COMMITTEE** 

2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/19/2024  Name & Address: WILL BLACKMON  4828 E MEADOWS CT SE GRAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide: Occupation GROUP PRESIDENT & CEO Employer EPIPHANY MUSIC GROUP	\$ 1,000.00	<sub>\$</sub> 1,000.00
Business Address  Type of Contribution: Direct  Direct		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/22/2024  Name & Address  VICTORIA KNEELING  8515 BLVD 26  APT 209  NORTH RICHLAND HILLS, TX 76180  5. If over \$100.00 cumulative, please provide:  Occupation MEDICAL BILLER Employer GUIDEHOUSE	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Business Address 2701 HIGHPOINT OAKS DR, SUITE 124, LEWISVILLE, TX 75067		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/22/2024  Name & Address:  MARY ALICE WILLIAMS  1919 BOSTON ST SE  GRAND RAPIDS, MI 49506	<sub>\$</sub> 100.00	<sub>\$</sub> 600.00
5. If over \$100.00 cumulative, please provide:  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 06/23/2024 Name & Address GLORIA CAREY 2526 ABBINGTON DR SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  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)  Page 21 of 41	Enter this total on line 3a of Summary Page.	



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_128577

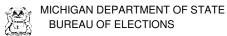
2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 06/23/2024  Name & Address: SHERIDA COBBINS 2310 W 5TH AVE GARY, IN 46404	<sub>\$</sub> 20.00	<sub>\$</sub> 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/23/2024  Name & Address  CHRISTOPHER SAIN  198 CHICORY ST NE  COMSTOCK PARK, MI 49321	<sub>\$</sub> 2,500.00	<sub>\$</sub> 2,500.00
5. If over \$100.00 cumulative, please provide:  Occupation INVESTOR/TRADER Employer CHRIS INC / SELF EMPLOYED  Business Address 198 CHICORY ST NE, COMSTOCK PARK, MI 49321  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/25/2024  Name & Address:  AARON JONKER  927 GIDDINGS AVE SE  GRAND RAPIDS, MI 49506	\$ 500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:  Occupation SELF EMPLOYED Employer  Business Address 927 GIDDINGS AVE SE, GRAND RAPIDS, MI 49506  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/26/2024  Name & Address  SHATAWN BRIGHAM  3611 MAPLE HURST DR SE  KENTWOOD, MI 49512	<sub>\$</sub> 150.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation BUSINESS OWNER Employer BRIGHAM CONSULTANTS		
Business Address 3611 MAPLE HURST DR SE, KENTWOOD, MI 49512  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A  (Complete on last page of Schedule)	3,170.00  Enter this total on line 33 of Summary	

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Enter this total on line 3a of Summary Page.



1. Committee I.D. Number

128577

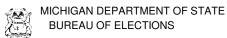
**CANDIDATE COMMITTEE** 

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 06/26/2024  Name & Address: STEPHANIE PIERCE 4140 HOLYOKE DR SE GRAND RAPIDS, MI 49508  5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer PROJECT GREEN	<sub>\$</sub> 100.00	<sub>\$</sub> 200.00
Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507  Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/28/2024  Name & Address  VICTORIA KEELING  8515 BLVD 26  NORTH RICHLAND HILLS, TX 76180	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation MEDICAL BILLER Employer GUIDEHOUSE  Business Address 2701 HIGHPOINT OAKS DR, SUITE 124, LEWISVILLE, TX 75067  Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/01/2024  Name & Address:  CHARLESE HARDIMAN 3326 PINE MEADOW DR SE #304  KENTWOOD, MI 49512  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/01/2024  Name & Address BETTY HILL 3301 PINE MEADOW DR SE APT 103 KENTWOOD, MI 49512 5. If over \$100.00 cumulative, please provide:	§ 30.00	<sub>\$</sub> 35.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		_
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

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1. Committee I.D. Number

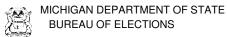
128577

#### **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 07/01/2024  Name & Address: FARRIS WITHERS  4528 COUNTRY HILL DR SE KENTWOOD, MI 49512  5. If over \$100.00 cumulative, please provide: Occupation Employer	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/02/2024  Name & Address  JANE GIETZEN  848 ABERDEEN ST NE  GRAND RAPIDS, MI 49505  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 80.00	<sub>\$</sub> 130.00
Occupation IT DIRECTOR Employer COREWELL HEALTH		
Business Address 100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503  Type of Contribution: Loan from a person Fund Raiser		
Type of Contribution:  Loan from a person  Fund Raiser  3. Contribution # 3 PAC Receipt?  YES  4. Date of Receipt  07/02/2024  Name & Address:  NICOLE THOMPSON  2804 MULFORD DR SE  GRAND RAPIDS, MI 49546	§30.00	<sub>\$</sub> 530.00
5. If over \$100.00 cumulative, please provide:  Occupation FINANCE MANAGER Employer UNITED METHODIST COMMUNITY HOUSE  Business Address 904 SHELDON AVE SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/02/2024  Name & Address D DOANE 5058 JONFIELD AVE SE GRAND RAPIDS, MI 49548	<sub>\$</sub> 60.00	<sub>\$</sub> 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Page Subtotal	200.00	1
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

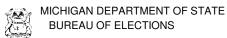


128577 1. Committee I.D. Number

COMMITTEE TO ELECT SENITA LENEAR

CANDIDATE COMMITTEE 2. Committee Name COM	MMITTEE TO ELE	CT SENITA LENEAR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/03/2024  Name & Address: TAMARA SPEARS 3253 HUNTINGTON WOODS DR SE APT A KENTWOOD, MI 49512 5. If over \$100.00 cumulative, please provide: Occupation CEO Employer NEW BEGINNING THERAPY AND CONSULTING	<sub>\$</sub> 120.00	<sub>\$</sub> 220.00
Business Address 2828 KRAFT AVE SE, GRAND RAPIDS, MI 49512		
Type of Contribution: Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/04/2024	-	
Name & Address  DONDREA BROWN 454 CRAWFORD ST SE GRAND RAPIDS, MI 49507	<sub>\$</sub> 150.00	<sub>\$</sub> 150.00
5. If over \$100.00 cumulative, please provide:  Occupation DIRECTOR Employer YOUNG MONEY FINANCE  Business Address PO BOX 7568, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/04/2024  Name & Address:  MILINDA YSASI 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505	\$60.00	<sub>\$</sub> 695.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO  Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/04/2024  Name & Address  JANE GIETZEN  848 ABERDEEN ST NE  GRAND RAPIDS, MI 49505	<sub>\$</sub> 30.00	<sub>\$_</sub> 160.00
5. If over \$100.00 cumulative, please provide:  Occupation IT DIRECTOR Employer COREWELL HEALTH		
Business Address 100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	360.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

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1. Committee I.D. Number

128577

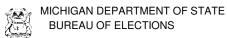
#### **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/04/2024  Name & Address: KEVIN JACKSON 2118 INNWOOD DR SE KENTWOOD, MI 49508  5. If over \$100.00 cumulative, please provide: Occupation Employer	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
Business Address  Type of Contribution:   Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/05/2024  Name & Address  VICTORIA KNEELING  8515 BLVD 26 APT 209  NORTH RICHLAND HILLS, TX 76180  5. If over \$100.00 cumulative, please provide:  Occupation MEDICAL BILLER Employer GUIDEHOUSE  Business Address 2701 HIGHPOINT OAKS DR, SUITE 124, LEWISVILLE, TX 75067	\$ 130.00	<sub>\$</sub> 230.00
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/05/2024  Name & Address:  SHANNON COHEN  1418 COLORADO AVE SE GRAND RAPIDS, MI 49507	<sub>\$</sub> 90.00	<sub>\$</sub> 390.00
5. If over \$100.00 cumulative, please provide:  Occupation CEO  Employer SHANNON COHEN INC.  Business Address 1418 COLORADO AVE SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/05/2024  Name & Address  MARIE PERRY  1592 WAGON WHEEL LN  GRAND BLANC TWP, MI 48439	<sub>\$</sub> 350.00	<sub>\$</sub> 350.00
5. If over \$100.00 cumulative, please provide:  Occupation SALES  Employer GENERAL MOTORS  Business Address 10800 S SAGINAW ST, GRAND BLANC, MI 48439  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

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**CANDIDATE COMMITTEE** 

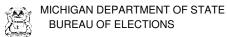
128577 1. Committee I.D. Number

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 07/08/2024  Name & Address: SHORAN WILLIAMS  400 PRESERVATION DR NE  ADA, MI 49301	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/08/2024  Name & Address  MILINDA YSASI 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505	<sub>\$</sub> 60.00	<sub>\$</sub> 755.00
5. If over \$100.00 cumulative, please provide:  Occupation CEO Employer GROW  Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507  Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/08/2024  ARTIE LINDSAY 913 EVERGLADE DR SE GRAND RAPIDS, MI 49507  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 60.00	<sub>\$</sub> 160.00
Occupation PASTOR  Employer TABERNACLE COMMUNITY CHURCH  Business Address 2530 EASTERN AVE SE, GRAND RAPIDS, MI 49507  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/08/2024  Name & Address  CELOPHUS JACKSON  321 BENSON AVE NE  GRAND RAPIDS, MI 49503	<sub>\$</sub> 70.00	<sub>\$</sub> 820.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address  Type of Contribution:		
Type of Contribution:  Loan from a person Fund Raiser	000 00	<u> </u>
Page Subtotal	220.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
07 41	line 3a of Summary	

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1. Committee I.D. Number \_\_\_\_\_\_\_\_

128577

**CANDIDATE COMMITTEE** 

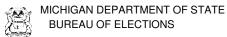
2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 07/08/2024  Name & Address: LINDA DUNN  6582 POTTERS WHEEL CT  CALEDONIA, MI 49316	<sub>\$</sub> 30.00	<sub>\$</sub> 230.00
5. If over \$100.00 cumulative, please provide:  Occupation HEALTH CARE AIDE Employer THRESHOLD INC  Business Address 160 68TH ST SW, GRAND RAPIDS, MI 49548  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/08/2024  Name & Address  DIANNE MAY  PO BOX 1023  FLINT, MI 48501	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution:  Loan from a person  Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/10/2024  ROBBIE SCHAFFER 301 FOUNTAIN ST NE GRAND RAPIDS, MI 49503	§ 60.00	<sub>\$</sub> 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer  Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/12/2024  Name & Address  CONSHANA VAUGHN  3550 BURTON RIDGE DR SE  GRAND RAPIDS, MI 49546	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation OWNER Employer MS. SHANDA'S EBB AND FLOW		
Business Address 3550 BURTON RIDGE DR SE, GRAND RAPIDS, MI 49546  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A  (Complete on last page of Schedule)	Enter this total on line 3a of Summary	-

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Enter this total on line 3a of Summary Page.



1. Committee I.D. Number

128577

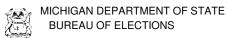
**CANDIDATE COMMITTEE** 

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 07/12/2024  Name & Address: VICTORIA KNEELING  8515 BLVD 26  APT 209  NORTH RICHLAND HILLS, TX 76180  5. If over \$100.00 cumulative, please provide:  Occupation MEDICAL BILLER Employer GUIDEHOUSE  Business Address 2701 HIGHPOINT OAKS DR, SUITE 124, LEWISVILLE, TX 75067	<sub>\$</sub> 100.00	<sub>\$</sub> 330.00
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/12/2024  Name & Address  BECKY JO GLOVER  1043 MARVELLE LN  GREEN BAY, WI 54304	<sub>\$</sub> 60.00	<sub>\$</sub> 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/12/2024  Name & Address:  TOWONNA TANKSLEY 2320 GRANDVIEW DR  FLOWER MOUND, TX 75028	\$30.00	<sub>\$</sub> 230.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/12/2024  Name & Address  VIRGINIA SEYFERTH  5621 SANCTUARY DR NE  ADA, MI 49301	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation CHAIRMAN Employer SEYFERTHPR		
Business Address 40 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	440.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

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1. Committee I.D. Number

128577

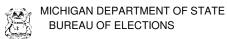
#### **CANDIDATE COMMITTEE**

2. Committee Name

COMMITTEE TO ELECT SENITA LENEAR

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 07/13/2024  Name & Address: NELLIE MCLIN 888 E 100TH PL CHICAGO, IL 60628  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	<sub>\$</sub> 120.00	<sub>\$</sub> 120.00
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/13/2024  Name & Address  DALE GANT 2908 GIDDINGS AVE SE GRAND RAPIDS, MI 49508	<sub>\$</sub> 60.00	<sub>\$</sub> 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/13/2024  Name & Address: ILA WINBUSH 4921 FULLER AVE SE KENTWOOD, MI 49508	\$30.00	<sub>\$</sub> 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/13/2024  Name & Address  STEPHANIE PIERCE 4140 HOLYOKE DR SE GRAND RAPIDS, MI 49508	§30.00	<sub>\$</sub> 230.00
5. If over \$100.00 cumulative, please provide:  Occupation DIRECTOR Employer PROJECT GREEN		
Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		_
Page Subtotal	240.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

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1. Committee I.D. Number

128577

#### **CANDIDATE COMMITTEE**

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address: SARAH HEATH		
1449 DEAN ST NE	<sub>\$</sub> 50.00	° 50.00
GRAND RAPIDS, MI 49505	<u>\$ 00.00</u>	<u>\$ 33133</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/16/2024  Name & Address		
WALTER BRAME		
3446 CHAMBERLAIN AVE SE	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
GRAND RAPIDS, MI 49508	\$ <u> </u>	<u>\$ 00.00</u>
5. If over \$100.00 cumulative, please provide:		
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 07/16/2024  Name & Address:  DALE GANT 2908 GIDDINGS AVE SE GRAND RAPIDS, MI 49508	§ 60.00	<sub>\$</sub> 120.00
5. If over \$100.00 cumulative, please provide:		
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 07/16/2024		
Name & Address  JENNIFER WELLES		
931 GRIGGS ST SE	<sub>\$</sub> 40.00	. 40.00
GRAND RAPIDS, MI 49507	§ <del>40.00</del>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation PORTFOLIO MANAGER Employer GROW		
Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	180.00	<u> </u>
Grand Total of All Schedules 1A	.00.00	
(Complete on last page of Schedule)	Enter this total on	J
Page 34 of 41	line 3a of Summary Page.	



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

1. Committee I. D. Number 128577

#### **CANDIDATE COMMITTEE**

2. Committee Name

#### COMMITTEE TO ELECT SENITA LENEAR

OANDIDA I E OOMIN	111166		
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.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: MIINDA YSASI 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505 If over \$100.00 cumulative, please provide: Occupation: CEO Employer Name & Business Address: GROW 1333 ALGER ST SE, GRAND RAPIDS, MI 49507  Fund Raiser Contribution	4.	150.00	150.00
Contribution # 2 PAC Receipt? Yes Name & Address DALLAS LENEAR 4031 TIMBERLAND DR SE GRAND RAPIDS, MI 49508  If over \$100.00 cumulative, please provide: Occupation: EXECUTIVE DIRECTOR Employer Name & Address: PROJECT GREEN 1333 ALGER ST SE, GRAND RAPIDS, MI 49507  Fund Raiser Contribution	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 WATER AND LIGHT SNACKS  5. Date Of Receipt: 02/27/2024  6. Vendor Name & Address: D AND W 1814 BRETON RD SE, GRAND RAPIDS, MI 49506	00.00	117.78
Contribution #3 PAC Receipt? Yes Name & Address: NADIA BRIGHAM 3611 MAPLE HURST DR SE KENTWOOD, MI 49512 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: BRIGHAM CONSULTANTS 3611 MAPLE HURST DR SE, KENTWOOD, MI 49512  Fund Raiser Contribution	4.	50.00 <sub>\$</sub>	450.00
	Page Subtotal	400.00	600.00
	Grand Total of all Schedules 1-IK		

Enter this total on line 6 of Summary Page

(Complete on last page of Schedule)

Page 1 of 3



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

1. Committee I. D. Number <u>128577</u>

### 2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

CANDIDATE COMM	IIIIEE 2. Oommittee Name		
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: SHANNON COHEN 1418 COLORADO AVE SE GRAND RAPIDS, MI 49507 If over \$100.00 cumulative, please provide: Occupation: CEO Employer Name & Business Address: SHANNON COHEN INC. 1418 COLORADO AVE SE, GRAND RAPIDS, MI 49507  Fund Raiser Contribution	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 LIGHT SNACKS  5. Date Of Receipt: 04/28/2024  6. Vendor Name & Address: GR NOIR 35 DIVISION AVE S, GRAND RAPIDS, MI 49503	150.00	\$ 300.00
Contribution # 2 PAC Receipt? Yes Name & Address CELOPHUS JACKSON 321 BENSON AVE NE GRAND RAPIDS, MI 49503  If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address:	4. Sendorsement 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 EVENT SPACE  5. Date Of Receipt: 05/22/2024  6. Vendor Name & Address: CENTER FOR COMMUNITY TRANSFORMATION 1530 MADISON AVE SE, GRAND RAPIDS, MI 49507	250.00	\$ <u>750.00</u>
Contribution #3 PAC Receipt? Yes Name & Address: ELLEN JAMES 1244 TRAVIS ST NE GRAND RAPIDS, MI 49505 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address:	4.	50.00	400.00
	Page Subtotal  Grand Total of all Schedules 1-Ik  (Complete on last page of Schedule)	(	1,450.00

Enter this total on line 6 of Summary Page

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

1. Committee I. D. Number 128577

#### **CANDIDATE COMMITTEE**

2. Committee Name

#### COMMITTEE TO ELECT SENITA LENEAR

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.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: PRESTON SAIN 1470 AMBERLY DR SE	Goods or Services Purchased by Candidate or Others	300.00	300.00
GRAND RAPIDS, MI 49508  If over \$100.00 cumulative, please provide:  Occupation: FOUNDER  Employer Name & Business Address: BLACK WALL STREET  1470 AMBERLY DR SE, GRAND RAPIDS, MI 49508  Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others- LOAN  Description LIGHT SNACKS AND SPACE  5. Date Of Receipt: 06/01/2024  6. Vendor Name & Address: CENTER FOR COMMUNITY TRANSFORMATION 1530 MADISON AVE SE, GRAND RAPIDS, MI 49507		
Contribution # 2 PAC Receipt? Yes Name & Address DALLAS LENEAR 4031 TIMBERLAND DR SE GRAND RAPIDS, MI 49508	Goods or Services Purchased by Candidate or Others- LOAN		542.80
If over \$100.00 cumulative, please provide:  Occupation: EXECUTIVE DIRECTOR  Employer Name & Address:  PROJECT GREEN  1333 ALGER ST SE,  GRAND RAPIDS, MI 49507	Description LIGHT SNACKS  5. Date Of Receipt: 07/16/2024  6. Vendor Name & Address: HONEY'S CATERING 4140 HOLYOKE DR SE, GRAND RAPIDS, MI 49508		
Contribution #3 PAC Receipt? Yes Name & Address: BING GOEI 1919 BOSTON ST SE GRAND RAPIDS, MI 49506 If over \$100.00 cumulative, please provide: Occupation: CEO Employer Name & Address: EASTERN FLORAL 2836 BROADMOOR AVE SE, GRAND RAPIDS, MI 49512  Fund Raiser Contribution	4.	300.00 <sub>\$</sub>	550.00
	Page Subto	1,020.00	1,392.80

Enter this total on line 6 of Summary Page

2,070.00

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



Summary Page.

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#### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

128577 1. Committee I.D. Number

2 Committee Name COMMITTEE TO ELECT SENITA LENEAR

	4. 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.  GENESIS SUITES
/24/2024	20	MEET AND GREET	1333 ALGER ST SE GRAND RAPIDS, MI 4950 Private Residence
tal Contributions	465.00		
her Receipts	0.00		
oss Receipts (Add lines 7 ar	nd 8) 465.00		
Total Cost of Event	<u>150.00</u>	Made For the Frent	
เI Cost includes In-Kind Cont	tributions and All Expenditures	iviace for the Event)	
I Cost includes In-Kind Cont  Check if event was a join	tributions and All Expenditures at fund raiser and complete the		
<u></u>	·	following:	Expenditure Split (%)
Check if event was a join	nt fund raiser and complete the Contribution S	following:	
Check if event was a join	nt fund raiser and complete the Contribution S	following:	
Check if event was a join	nt fund raiser and complete the Contribution S	following:	
Check if event was a join	nt fund raiser and complete the Contribution S	following:	
Check if event was a join	nt fund raiser and complete the Contribution S	following:	
Check if event was a join	nt fund raiser and complete the Contribution S	following:	

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 128577

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

	- USE A SEPARATE SHI	EET 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. GR NOIR
04/28/2024	20	SMALL BUSINESS OWNERS FOR SENITA FOR MAYOR	35 DIVISION AVE S GRAND RAPIDS, MI 4950 Private Residence
7. Total Contributions	975.00		
3. Other Receipts	0.00	<del></del>	
9. Gross Receipts (Add lines 7 a	and 8) 975.00	<del></del>	
Total Cost of Event     Total Cost includes In-Kind Coi	300.00 ntributions and All Expenditures	Made For the Event)	
1. Check if event was a joint	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	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.

Page	3	of 6	
Page	_	OI O	

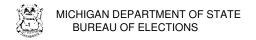


#### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

128577

2 Committee Name COMMITTEE TO ELECT SENITA LENEAR

or Participating (whichever is greater)  or Participating (whichever is greater)  place where the CENTER TRANSF 1530 MA	
or Participating (whichever is greater)  25    Community Leaders For Senita Lenear   CENTER TRANSF 1530 M/ GRAND Private Reserved   CENTER TRANSF 1530 M/ GRAND   CENTER TRANS	
25 COMMUNITY LEADERS FOR SENITA LENEAR GRAND Private Research Private Research Receipts  3. Other Receipts  4. Total Contributions  5. Other Receipts (Add lines 7 and 8)  6. Gross Receipts (Add lines 7 and 8)  7. Total Cost of Event  6. Total Cost of Event  7. Total Cost of Event  9. Gross Receipts (Add lines 7 and 8)  10. 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	I Name (If any) of t e activity was held FOR COMMUNIT
3. Other Receipts  9. Gross Receipts (Add lines 7 and 8)  10. Total Cost of Event (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  Expenditures	ORMATION DISON AVE SE RAPIDS, MI 4950' sidence
9. Gross Receipts (Add lines 7 and 8)  10. Total Cost of Event (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  Expenditures	
10. Total Cost of Event (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  Expenditures	
(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 Expenditures	
Co-Sponsor(s) Contribution Split Expenditu	
·	
	e Split
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
<ul> <li>The committee is required to file a separate Fund Raiser Schedule for each fund raising event held period covered by the Campaign Statement.</li> </ul>	luring the
Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1E Summary Page.  Fach committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the even	) and the



#### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

128577 1. Committee I.D. Number

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

	- USE A	SEPARATE SHI	EET FOR EACH I	EVENT -	
or Partic greater)		of Individuals Attending ating (whichever is	5. Type of Fund Raising Activity		6. Address and Name (If any) of place where the activity was held CENTER FOR COMMUNITRANSFORMATION
06/01/2024		20	MEET AND G	REET	1530 MADISON AVE SE GRAND RAPIDS, MI 4950 Private Residence
7. Total Contributions		635.00			
3. Other Receipts		0.00			
9. Gross Receipts (Add lines 7 a	and 8)	635.00			
10. Total Cost of Event (Total Cost includes In-Kind Cor	ntributions	300.00 and All Expenditures	Made For the Event)		
11. Check if event was a join	int fund ra	iser and complete the	following:		
Co-Sponsor(s)		Contribution S (%)	plit		Expenditure Split (%)
	_				
	-				
	-				
The committee is require	ed to file a	a separate Fund Baise	er 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.

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Summary Page.

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#### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

128577 1. Committee I.D. Number

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

SW

	- USE A	A SEPARATE SH	EET FOR EACH EVENT	•
Date Event Was Held		of Individuals Attending ating (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any place where the activity was GOEI CENTER
7/16/2024		40	CAMPAIGN END OF CYCLE FUNDRAISE	818 BUTTERWORTH GRAND RAPIDS, MI
				Private Residence
otal Contributions		3,810.00		
. Other Receipts . Gross Receipts (Add lines 7 and 8)		0.00		
		3,810.00		
Total Cost of Event al Cost includes In-Kind Co	ntributions	720.00 and All Expenditures	s Made For the Event)	
Check if event was a jo	int fund ra	iser and complete the	e following:	
Co-Sponsor(s)		Contribution S (%)	Split	Expenditure Split (%)
	-			
	_			
	_			
	-			
	_			
	_			

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