



FILED

13 AUG 2024 AM 10:25

KENT COUNTY CLERK  
GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE  
COVER PAGE**

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: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

**128577**

4. Candidate Last Name First Name M.I.

**LENEAR SENITA R**

2. Committee Name

**COMMITTEE TO ELECT SENITA LENEAR**

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

**MAYOR, GRAND RAPIDS**

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

5. Committee's Mailing Address

**PO BOX 68582  
GRAND RAPIDS, MI 49516**

6. Treasurer's Name & Residential Address

**MILINDA D YSASI-CASTANON  
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 be sent to this address by the filing official.

Area Code & Phone (616) 617-9755

7. Treasurer's Business Address

**1345 COLUMBIA AVE NE  
GRAND RAPIDS, MI 49505**

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

Area Code and Phone (616) 617-9755

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

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.)

Date of Election, Convention or Caucus

08/06/2024

**9e. Dissolution of Candidate Committee**

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper \_\_\_\_\_ /

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

08/13/2024

Candidate \_\_\_\_\_ /

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

08/13/2024



**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 <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>02/03/2024</u>	
Name & Address: <b>JANE GIETZEN</b> <b>848 ABERDEEN ST NE</b> <b>GRAND RAPIDS, MI 49505</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT DIRECTOR</u> Employer <u>COREWELL HEALTH</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/17/2024</u>	
Name & Address: <b>RAHNI BRYANT</b> <b>1901 FORRESTER ST SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSESSOR</u> Employer <u>ECIC</u> Business Address <u>8164 EXECUTIVE CT, LANSING, MI 48917</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/17/2024</u>	
Name & Address: <b>CHRIS DORSEY</b> <b>7409 BRACKENWOOD DR</b> <b>INDIANAPOLIS, IN 46260</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/19/2024</u>	
Name & Address: <b>VON WISSMILLER</b> <b>6211 MERCED LAKE AVE</b> <b>SAN DIEGO, CA 92119</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>THREAT MANAGER</u> Employer <u>JP MORGAN CHASE BANK</u> Business Address <u>8222 MIRA MESA BLVD, SAN DIEGO, CA 92126</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

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 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 <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>03/01/2024</u>	
Name & Address: <b>BRIAN ELLIS</b> 4080 CAMELOT RIDGE DR SE GRAND RAPIDS, MI 49546		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>BROOK TREE CAPITAL MANAGEMENT</u> Business Address <u>4080 CAMELOT RIDGE DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/2024</u>	
Name & Address: <b>MAYA THOMPSON</b> 234 MARKET AVE SW APT 217 GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: <b>JENNIFER SMITH</b> 6385 WAINSCOT DR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SHANNON COHEN INC</u> Business Address <u>6385 WAINSCOT DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/11/2024</u>	
Name & Address: <b>NINA THOMPSON</b> 4031 TIMBERLAND DR SE GRAND RAPIDS, MI 49508		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FLIGHT ATTENDENT</u> Employer <u>AMERICAN AIRLINES ENVOY</u> Business Address <u>5500 44TH ST SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 2,650.00

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

Page Subtotal 750.00

Grand Total of All Schedules 1A  
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Enter this total on  
line 3a of Summary  
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**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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/02/2024</u>	
Name & Address: <b>KEN DEERING</b> <b>3755 ACORN RIDGE CT NE</b> <b>GRAND RAPIDS, MI 49525</b>		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/03/2024</u>	
Name & Address: <b>JESSICA LEDESMA</b> <b>2627 RICHARDS DR SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: <b>MERCEDES BARRAGAN</b> <b>2415 ALMONT AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/2024</u>	
Name & Address: <b>VERUYNCA WILLIAMS</b> <b>60 ALTA DALE AVE NE</b> <b>ADA, MI 49301</b>		\$ <u>300.00</u>	\$ <u>300.00</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			

Page Subtotal 500.00

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/09/2024</u>	
Name & Address: <b>DALLAS LENEAR</b> 4031 TIMBERLAND DR SE GRAND RAPIDS, MI 49508		\$ <u>5.00</u>	\$ <u>122.80</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>PROJECT GREEN</u> Business Address <u>1333 ALGER ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/10/2024</u>	
Name & Address: <b>STACY STOUT</b> 1324 CLOVER CREST NW GRAND RAPIDS, MI 49504		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>STEELCASE FOUNDATION</u> Business Address <u>901 44TH ST SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: <b>WILLIE KNOWLING</b> 1101 BURGIS CT SE KENTWOOD, MI 49508		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BARBER</u> Employer <u>LEGENDS SALON</u> Business Address <u>1221 MADISON AVE SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: <b>JOEL BELTMAN</b> 1834 MICHIGAN ST NE GRAND RAPIDS, MI 49503		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **515.00**

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

1. Committee I.D. Number 128577  
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/21/2024</u> Name & Address: <b>SIDNEY RHODES</b> <b>1456 CARLTON AVE NE</b> <b>GRAND RAPIDS, MI 49505</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/21/2024</u> Name & Address: <b>NATASHIA NELSON</b> <b>431 ALGER ST SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/21/2024</u> Name & Address: <b>CYNTHIA JONES</b> <b>1420 MACKINAW RD SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>200.00</u>	\$ <u>200.00</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			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2024</u> Name & Address: <b>BERNICE SPEARS</b> <b>490 CLOVER RIDGE AVE NW</b> <b>APT 9</b> <b>GRAND RAPIDS, MI 49504</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address <u>MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **375.00**

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: LOUIS VALERIE 1117 FULLER AVE SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: TAMARA SPEARS 3253 HUNTINGTON WOODS DR SE APT A KENTWOOD, MI 49512		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>NEW BEGINNING THERAPY AND CONSULTING</u> Business Address <u>2828 KRAFT AVE SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: LENOARD ISON 3948 N BRETON CT SE KENTWOOD, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: HUEY COPELAND 2234 SHAWNEE DR SE GRAND RAPIDS, MI 49506		\$ <u>198.00</u>	\$ <u>198.00</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			

Page Subtotal 448.00

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/28/2024</u>	
Name & Address: ROBERT COOPER 1919 BOSTON ST SE APT A205 GRAND RAPIDS, MI 49506		\$ <u>150.00</u>	\$ <u>150.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/30/2024</u>	
Name & Address: LISA OLIVER-KING 2024 ONTONAGON AVE SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>OUR KITCHEN TABLE</u> Business Address <u>334 BURTON ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/01/2024</u>	
Name & Address: ANTOINE WALTON 1035 ALGER ST SE GRAND RAPIDS, MI 49507		\$ <u>35.00</u>	\$ <u>35.00</u>
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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/01/2024</u>	
Name & Address: MILINDA YSASI 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>610.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GROW</u> Business Address <u>1333 ALGER ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 385.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 <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>06/13/2024</u>	
Name & Address: <b>ALEXIS HOWARD</b> <b>2440 MARSHALL AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HUMAN RESOURCES</u> Employer <u>COREWELL HEALTH</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: <b>DWAYNE HOWARD</b> <b>2440 MARSHALL AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/14/2024</u>	
Name & Address: <b>C SINGH-SUWAL</b> <b>3190 ROLLING MEADOWS DR</b> <b>SARANAC, MI 48881</b>		\$ <u>55.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/15/2024</u>	
Name & Address: <b>MILINDA YSASI</b> <b>1345 COLUMBIA AVE NE</b> <b>GRAND RAPIDS, MI 49505</b>		\$ <u>25.00</u>	\$ <u>635.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GROW</u> Business Address <u>1333 ALGER ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 220.00

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 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 <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>06/19/2024</u>	
Name & Address: <b>WILL BLACKMON</b> 4828 E MEADOWS CT SE GRAND RAPIDS, MI 49546		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GROUP PRESIDENT &amp; CEO</u> Employer <u>EPIPHANY MUSIC GROUP</u> Business Address <u>5940 N SAM HOUSTON PKWY E, HUMBLE, TX 77396</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/22/2024</u>	
Name & Address: <b>VICTORIA KNEELING</b> 8515 BLVD 26 APT 209 NORTH RICHLAND HILLS, TX 76180		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAL BILLER</u> Employer <u>GUIDEHOUSE</u> Business Address <u>2701 HIGHPOINT OAKS DR, SUITE 124, LEWISVILLE, TX 75067</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/22/2024</u>	
Name & Address: <b>MARY ALICE WILLIAMS</b> 1919 BOSTON ST SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>600.00</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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/23/2024</u>	
Name & Address: <b>GLORIA CAREY</b> 2526 ABBINGTON DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,300.00**

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

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 <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>06/23/2024</u>	
Name & Address: <b>SHERIDA COBBINS</b> <b>2310 W 5TH AVE</b> <b>GARY, IN 46404</b>		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/23/2024</u>	
Name & Address: <b>CHRISTOPHER SAIN</b> <b>198 CHICORY ST NE</b> <b>COMSTOCK PARK, MI 49321</b>		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR/TRADER</u> Employer <u>CHRIS INC / SELF EMPLOYED</u> Business Address <u>198 CHICORY ST NE, COMSTOCK PARK, MI 49321</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/25/2024</u>	
Name & Address: <b>AARON JONKER</b> <b>927 GIDDINGS AVE SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>927 GIDDINGS AVE SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/26/2024</u>	
Name & Address: <b>SHATAWN BRIGHAM</b> <b>3611 MAPLE HURST DR SE</b> <b>KENTWOOD, MI 49512</b>		\$ <u>150.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>BRIGHAM CONSULTANTS</u> Business Address <u>3611 MAPLE HURST DR SE, KENTWOOD, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **3,170.00**

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 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 <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>06/26/2024</u> Name & Address: <b>STEPHANIE PIERCE</b> <b>4140 HOLYOKE DR SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PROJECT GREEN</u> Business Address <u>1333 ALGER ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/28/2024</u> Name & Address: <b>VICTORIA KEELING</b> <b>8515 BLVD 26</b> <b>NORTH RICHLAND HILLS, TX 76180</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAL BILLER</u> Employer <u>GUIDEHOUSE</u> Business Address <u>2701 HIGHPOINT OAKS DR, SUITE 124, LEWISVILLE, TX 75067</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/01/2024</u> Name & Address: <b>CHARLESE HARDIMAN</b> <b>3326 PINE MEADOW DR SE</b> <b>#304</b> <b>KENTWOOD, MI 49512</b>		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/01/2024</u> Name & Address: <b>BETTY HILL</b> <b>3301 PINE MEADOW DR SE</b> <b>APT 103</b> <b>KENTWOOD, MI 49512</b>		\$ <u>30.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 260.00

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

Enter this total on  
line 3a of Summary  
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**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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/01/2024</u> Name & Address: <b>FARRIS WITHERS</b> <b>4528 COUNTRY HILL DR SE</b> <b>KENTWOOD, MI 49512</b>		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/02/2024</u> Name & Address: <b>JANE GIETZEN</b> <b>848 ABERDEEN ST NE</b> <b>GRAND RAPIDS, MI 49505</b>		\$ <u>80.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT DIRECTOR</u> Employer <u>COREWELL HEALTH</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/02/2024</u> Name & Address: <b>NICOLE THOMPSON</b> <b>2804 MULFORD DR SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>30.00</u>	\$ <u>530.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE MANAGER</u> Employer <u>UNITED METHODIST COMMUNITY HOUSE</u> Business Address <u>904 SHELDON AVE SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/02/2024</u> Name & Address: <b>D DOANE</b> <b>5058 JONFIELD AVE SE</b> <b>GRAND RAPIDS, MI 49548</b>		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 200.00

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 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/03/2024</u>	
Name & Address: <b>TAMARA SPEARS</b> 3253 HUNTINGTON WOODS DR SE APT A KENTWOOD, MI 49512		\$ <u>120.00</u>	\$ <u>220.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>NEW BEGINNING THERAPY AND CONSULTING</u> Business Address <u>2828 KRAFT AVE SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/04/2024</u>	
Name & Address: <b>DONDREA BROWN</b> 454 CRAWFORD ST SE GRAND RAPIDS, MI 49507		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>YOUNG MONEY FINANCE</u> Business Address <u>PO BOX 7568, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/04/2024</u>	
Name & Address: <b>MILINDA YSASI</b> 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505		\$ <u>60.00</u>	\$ <u>695.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GROW</u> Business Address <u>1333 ALGER ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/04/2024</u>	
Name & Address: <b>JANE GIETZEN</b> 848 ABERDEEN ST NE GRAND RAPIDS, MI 49505		\$ <u>30.00</u>	\$ <u>160.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT DIRECTOR</u> Employer <u>COREWELL HEALTH</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 360.00

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 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/04/2024</u>	
Name & Address: <b>KEVIN JACKSON</b> 2118 INNWOOD DR SE KENTWOOD, MI 49508		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/05/2024</u>	
Name & Address: <b>VICTORIA KNEELING</b> 8515 BLVD 26 APT 209 NORTH RICHLAND HILLS, TX 76180		\$ <u>130.00</u>	\$ <u>230.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAL BILLER</u> Employer <u>GUIDEHOUSE</u> Business Address <u>2701 HIGHPOINT OAKS DR, SUITE 124, LEWISVILLE, TX 75067</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/05/2024</u>	
Name & Address: <b>SHANNON COHEN</b> 1418 COLORADO AVE SE GRAND RAPIDS, MI 49507		\$ <u>90.00</u>	\$ <u>390.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SHANNON COHEN INC.</u> Business Address <u>1418 COLORADO AVE SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/05/2024</u>	
Name & Address: <b>MARIE PERRY</b> 1592 WAGON WHEEL LN GRAND BLANC TWP, MI 48439		\$ <u>350.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>GENERAL MOTORS</u> Business Address <u>10800 S SAGINAW ST, GRAND BLANC, MI 48439</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 600.00

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

Enter this total on  
line 3a of Summary  
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**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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/08/2024</u>	
Name & Address: <b>SHORAN WILLIAMS</b> <b>400 PRESERVATION DR NE</b> <b>ADA, MI 49301</b>		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/08/2024</u>	
Name & Address: <b>MILINDA YSASI</b> <b>1345 COLUMBIA AVE NE</b> <b>GRAND RAPIDS, MI 49505</b>		\$ <u>60.00</u>	\$ <u>755.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GROW</u> Business Address <u>1333 ALGER ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/08/2024</u>	
Name & Address: <b>ARTIE LINDSAY</b> <b>913 EVERGLADE DR SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>60.00</u>	\$ <u>160.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PASTOR</u> Employer <u>TABERNACLE COMMUNITY CHURCH</u> Business Address <u>2530 EASTERN AVE SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/08/2024</u>	
Name & Address: <b>CELOPHUS JACKSON</b> <b>321 BENSON AVE NE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>70.00</u>	\$ <u>820.00</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			

Page Subtotal 220.00

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

Enter this total on  
line 3a of Summary  
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**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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/08/2024</u>	
Name & Address: <b>LINDA DUNN</b> <b>6582 POTTERS WHEEL CT</b> <b>CALEDONIA, MI 49316</b>		\$ <u>30.00</u>	\$ <u>230.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTH CARE AIDE</u> Employer <u>THRESHOLD INC</u> Business Address <u>160 68TH ST SW, GRAND RAPIDS, MI 49548</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/08/2024</u>	
Name & Address: <b>DIANNE MAY</b> <b>PO BOX 1023</b> <b>FLINT, MI 48501</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: <b>ROBBIE SCHAFFER</b> <b>301 FOUNTAIN ST NE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/12/2024</u>	
Name & Address: <b>CONSHANA VAUGHN</b> <b>3550 BURTON RIDGE DR SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MS. SHANDA'S EBB AND FLOW</u> Business Address <u>3550 BURTON RIDGE DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 240.00

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 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/12/2024</u>	
Name & Address: VICTORIA KNEELING 8515 BLVD 26 APT 209 NORTH RICHLAND HILLS, TX 76180		\$ <u>100.00</u>	\$ <u>330.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAL BILLER</u> Employer <u>GUIDEHOUSE</u> Business Address <u>2701 HIGHPOINT OAKS DR, SUITE 124, LEWISVILLE, TX 75067</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/12/2024</u>	
Name & Address: BECKY JO GLOVER 1043 MARVELLE LN GREEN BAY, WI 54304		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/12/2024</u>	
Name & Address: TOWONNA TANKSLEY 2320 GRANDVIEW DR FLOWER MOUND, TX 75028		\$ <u>30.00</u>	\$ <u>230.00</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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/12/2024</u>	
Name & Address: VIRGINIA SEYFERTH 5621 SANCTUARY DR NE ADA, MI 49301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>SEYFERTHPR</u> Business Address <u>40 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 440.00

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 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2024</u>	
Name & Address: <b>NELLIE MCLIN</b> <b>888 E 100TH PL</b> <b>CHICAGO, IL 60628</b>		\$ <u>120.00</u>	\$ <u>120.00</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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2024</u>	
Name & Address: <b>DALE GANT</b> <b>2908 GIDDINGS AVE SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2024</u>	
Name & Address: <b>ILA WINBUSH</b> <b>4921 FULLER AVE SE</b> <b>KENTWOOD, MI 49508</b>		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2024</u>	
Name & Address: <b>STEPHANIE PIERCE</b> <b>4140 HOLYOKE DR SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>30.00</u>	\$ <u>230.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>PROJECT GREEN</u> Business Address <u>1333 ALGER ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 240.00

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 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2024</u>	
Name & Address: <b>SARAH HEATH</b> <b>1449 DEAN ST NE</b> <b>GRAND RAPIDS, MI 49505</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2024</u>	
Name & Address: <b>WALTER BRAME</b> <b>3446 CHAMBERLAIN AVE SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>30.00</u>	\$ <u>30.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2024</u>	
Name & Address: <b>DALE GANT</b> <b>2908 GIDDINGS AVE SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>60.00</u>	\$ <u>120.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2024</u>	
Name & Address: <b>JENNIFER WELLES</b> <b>931 GRIGGS ST SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PORTFOLIO MANAGER</u> Employer <u>GROW</u> Business Address <u>1333 ALGER ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 180.00

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

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 128577  
2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

### CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MIINDA YSASI</b> <b>1345 COLUMBIA AVE NE</b> <b>GRAND RAPIDS, MI 49505</b> If over \$100.00 cumulative, please provide: Occupation: <b>CEO</b> Employer Name & Business Address: <b>GROW</b> <b>1333 ALGER ST SE,</b> <b>GRAND RAPIDS, MI 49507</b> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>FOOD ITEMS</b> 5. Date Of Receipt: <b>02/24/2024</b> 6. Vendor Name & Address: <b>D AND W</b> <b>1814 BRETON RD SE,</b> <b>GRAND RAPIDS, MI 49506</b>	\$ <b>150.00</b>	\$ <b>150.00</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>DALLAS LENEAR</b> <b>4031 TIMBERLAND DR SE</b> <b>GRAND RAPIDS, MI 49508</b> If over \$100.00 cumulative, please provide: Occupation: <b>EXECUTIVE DIRECTOR</b> Employer Name & Address: <b>PROJECT GREEN</b> <b>1333 ALGER ST SE,</b> <b>GRAND RAPIDS, MI 49507</b> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>WATER AND LIGHT SNACKS</b> 5. Date Of Receipt: <b>02/27/2024</b> 6. Vendor Name & Address: <b>D AND W</b> <b>1814 BRETON RD SE,</b> <b>GRAND RAPIDS, MI 49506</b>	\$ <b>100.00</b>	\$ <b>117.78</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>NADIA BRIGHAM</b> <b>3611 MAPLE HURST DR SE</b> <b>KENTWOOD, MI 49512</b> If over \$100.00 cumulative, please provide: Occupation: <b>BUSINESS OWNER</b> Employer Name & Address: <b>BRIGHAM CONSULTANTS</b> <b>3611 MAPLE HURST DR SE,</b> <b>KENTWOOD, MI 49512</b> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>WINE</b> 5. Date Of Receipt: <b>04/28/2024</b> 6. Vendor Name & Address: <b>GR NOIR</b> <b>35 DIVISION AVE S,</b> <b>GRAND RAPIDS, MI 49503</b>	\$ <b>150.00</b>	\$ <b>450.00</b>

Page Subtotal **400.00** **600.00**

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

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 128577  
2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

### CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SHANNON COHEN</b> <b>1418 COLORADO AVE SE</b> <b>GRAND RAPIDS, MI 49507</b> If over \$100.00 cumulative, please provide: Occupation: <b>CEO</b> Employer Name & Business Address: <b>SHANNON COHEN INC.</b> <b>1418 COLORADO AVE SE,</b> <b>GRAND RAPIDS, MI 49507</b> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>LIGHT SNACKS</b> 5. Date Of Receipt: <b>04/28/2024</b> 6. Vendor Name & Address: <b>GR NOIR</b> <b>35 DIVISION AVE S,</b> <b>GRAND RAPIDS, MI 49503</b>	\$ <b>150.00</b>	\$ <b>300.00</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>CELOPHUS JACKSON</b> <b>321 BENSON AVE NE</b> <b>GRAND RAPIDS, MI 49503</b> If over \$100.00 cumulative, please provide: Occupation: <b>RETIRED</b> Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>EVENT SPACE</b> 5. Date Of Receipt: <b>05/22/2024</b> 6. Vendor Name & Address: <b>CENTER FOR COMMUNITY TRANSFORMATION</b> <b>1530 MADISON AVE SE,</b> <b>GRAND RAPIDS, MI 49507</b>	\$ <b>250.00</b>	\$ <b>750.00</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>ELLEN JAMES</b> <b>1244 TRAVIS ST NE</b> <b>GRAND RAPIDS, MI 49505</b> If over \$100.00 cumulative, please provide: Occupation: <b>RETIRED</b> Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>LIGHT SNACKS</b> 5. Date Of Receipt: <b>05/22/2024</b> 6. Vendor Name & Address: <b>HONEY'S CATERING</b> <b>4140 HOLYOKE DR SE,</b> <b>GRAND RAPIDS, MI 49508</b>	\$ <b>250.00</b>	\$ <b>400.00</b>
<input checked="" type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **650.00** **1,450.00**

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

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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>PRESTON SAIN</b> 1470 AMBERLY DR SE GRAND RAPIDS, MI 49508 <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>FOUNDER</b> Employer Name & Business Address: <b>BLACK WALL STREET</b> 1470 AMBERLY DR SE, GRAND RAPIDS, MI 49508 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u><b>LIGHT SNACKS AND SPACE</b></u> 5. Date Of Receipt: <u>06/01/2024</u> 6. <b>Vendor Name &amp; Address:</b> <b>CENTER FOR COMMUNITY TRANSFORMATION</b> 1530 MADISON AVE SE, GRAND RAPIDS, MI 49507	\$ <u>300.00</u>	\$ <u>300.00</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>DALLAS LENEAR</b> 4031 TIMBERLAND DR SE GRAND RAPIDS, MI 49508 <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>EXECUTIVE DIRECTOR</b> Employer Name & Address: <b>PROJECT GREEN</b> 1333 ALGER ST SE, GRAND RAPIDS, MI 49507 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u><b>LIGHT SNACKS</b></u> 5. Date Of Receipt: <u>07/16/2024</u> 6. <b>Vendor Name &amp; Address:</b> <b>HONEY'S CATERING</b> 4140 HOLYOKE DR SE, GRAND RAPIDS, MI 49508	\$ <u>420.00</u>	\$ <u>542.80</u>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>BING GOEI</b> 1919 BOSTON ST SE GRAND RAPIDS, MI 49506 <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>CEO</b> Employer Name & Address: <b>EASTERN FLORAL</b> 2836 BROADMOOR AVE SE, GRAND RAPIDS, MI 49512 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" 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- <b>LOAN</b> Description <u><b>SPACE</b></u> 5. Date Of Receipt: <u>07/16/2024</u> 6. <b>Vendor Name &amp; Address:</b> <b>GOEI CENTER</b> 818 BUTTERWORTH ST SW, GRAND RAPIDS, MI 49504	\$ <u>300.00</u>	\$ <u>550.00</u>

Page Subtotal 1,020.00 1,392.80

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) 2,070.00

Enter this total  
on line 6 of Summary  
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**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 128577  
2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>02/24/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>20</u>	5. Type of Fund Raising Activity  <u>MEET AND GREET</u>	6. Address and Name (If any) of the place where the activity was held. <u>GENESIS SUITES</u> <u>1333 ALGER ST SE</u> <u>GRAND RAPIDS, MI 49507</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 465.00  
8. Other Receipts 0.00  
9. Gross Receipts (Add lines 7 and 8) 465.00  
10. Total Cost of Event 150.00  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
<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.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **128577**  
2. Committee Name **COMMITTEE TO ELECT SENITA LENEAR**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <b>04/28/2024</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>20</b>	5. Type of Fund Raising Activity  SMALL BUSINESS OWNERS FOR SENITA FOR MAYOR	6. Address and Name (If any) of the place where the activity was held. GR NOIR 35 DIVISION AVE S GRAND RAPIDS, MI 49503 <input type="checkbox"/> Private Residence
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7. Total Contributions **975.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **975.00**  
10. Total Cost of Event **300.00**  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **128577**  
2. Committee Name **COMMITTEE TO ELECT SENITA LENEAR**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <b>05/22/2024</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>25</b>	5. Type of Fund Raising Activity  COMMUNITY LEADERS FOR SENITA LENEAR	6. Address and Name (If any) of the place where the activity was held. CENTER FOR COMMUNITY TRANSFORMATION 1530 MADISON AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Private Residence
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7. Total Contributions **2,845.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **2,845.00**  
10. Total Cost of Event **500.00**  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 128577  
2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>06/01/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>20</u>	5. Type of Fund Raising Activity  <u>MEET AND GREET</u>	6. Address and Name (If any) of the place where the activity was held. CENTER FOR COMMUNITY TRANSFORMATION 1530 MADISON AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Private Residence
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7. Total Contributions 635.00  
8. Other Receipts 0.00  
9. Gross Receipts (Add lines 7 and 8) 635.00  
10. Total Cost of Event 300.00  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
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- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 128577  
2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>07/16/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>40</u>	5. Type of Fund Raising Activity  CAMPAIGN END OF CYCLE FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. GOEI CENTER 818 BUTTERWORTH ST SW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Private Residence
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7. Total Contributions 3,810.00  
8. Other Receipts 0.00  
9. Gross Receipts (Add lines 7 and 8) 3,810.00  
10. Total Cost of Event 720.00  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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