

CANDIDATE COMMITTEE COVER PAGE

FILED 25 OCT 2024 PM 12:51

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: 08/27/2024 to 10/20/2024 1. Committee I.D. Number 4. Candidate Last Name First Name M.I. SENITA LENEAR R 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

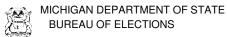
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (616) 617-9755 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee 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, Primary owes no lates fees or has any oustanding debt. October Quarterly X 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 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 11/05/2024 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 10/25/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 10/25/2024 signature on file Candidate Date Type or Print Name Signature

1. Committee I.D. Number 128577

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 6,520.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 6,520.00	(18.) \$ 39,092.80
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _6,520.00	(20.) \$ 39,092.80
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 1,500.00	(21.) \$ 3,870.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 7,657.86	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 7,657.86	(23.) \$ 30,596.38
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(106.) \$	
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 13,574.06	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 6,520.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_20,094.06	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11)	(16.) - \$ 7,657.86	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 12,436.20 *	

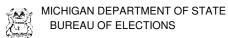


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

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 08/29/2024 Name & Address: BRAD BECKER 2026 N MAGNOLIA AVE	200.00	, 200.00
TUCSON, AZ 85712	_{\$} 200.00	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer BECKER FINANCIAL SERVICES		
Business Address 2026 N MAGNOLIA AVE, TUCSON, AZ 85712		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/29/2024 Name & Address		
WILLIE KNOWLING		
1101 BURGIS CT SE	_{\$} 250.00	_s 500.00
KENTWOOD, MI 49508	Ψ	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation CAREGIVER 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 # 3 PAC Receipt? YES 4. Date of Receipt 09/04/2024 Name & Address:		
JEFF KIMBREL	100.00	
754 OAKDALE ST SE	_{\$} 100.00	_{\$} 330.00
GRAND RAPIDS, MI 49507		
5. If over \$100.00 cumulative, please provide:		
Occupation BUSINESS OWNER Employer PAINTING BY JEFF		
Business Address 754 OAKDALE 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 09/04/2024 Name & Address		
BRANDY KIMBRAL		
1146 PINE AVE NW	_{\$} 10.00	₂ 10.00
GRAND RAPIDS, MI 49504	§ 10.00	\$ 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	560.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_I
Page 1 of 9	line 3a of Summary Page.	



1. Committee I.D. Number

128577

CANDIDATE COMMITTEE

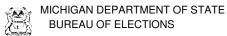
2. Committee Name

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 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 09/04/2024 Name & Address: LEON YARBROUGH 322 MICHIGAN PL NE GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer O AND E PARTY STORE Business Address 1425 EASTERN AVE SE, GRAND RAPIDS, MI 49507	_{\$} 100.00	_{\$} 100.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/04/2024 Name & Address DEEDEE ARMSTRONG 22 DWIGHT AVE SE GRAND RAPIDS, MI 49506	_{\$} 20.00	_{\$} 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 # 3 PAC Receipt? YES 4. Date of Receipt 09/05/2024 Name & Address: CAROL PAINE-MCGOVERN 2445 HALL ST SE EAST GRAND RAPIDS, MI 49506	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/05/2024 Name & Address TERESA KELLY 1020 OAKDALE ST SE GRAND RAPIDS, MI 49507	_{\$} 10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	230.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

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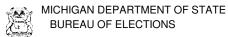


CANDIDATE COMMITTEE

1. Committee I.D. Number ___128577

2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/06/2024 Name & Address: MINNIE MCMUTRY 1136 COOPER AVE SE GRAND RAPIDS, MI 49507 5. If over \$100.00 cumulative, please provide:	_{\$} 20.00	_{\$} 20.00
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/22/2024		
SHORAN WILLIAMS 400 PRESERVATION DR NE ADA, MI 49301	\$ 250.00	_{\$} 280.00
5. If over \$100.00 cumulative, please provide:		
Occupation LAWYER Employer PINSKY SMITH, LLC		
Business Address 146 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/25/2024 Name & Address: JIMMIE TAYLOR 2133 OMENA AVE SE GRAND RAPIDS, MI 49506	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	1	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/29/2024 Name & Address NICOLE THOMPSON 2804 MULFORD DR SE GRAND RAPIDS, MI 49546	_{\$} 100.00	_{\$_} 1,130.00
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR ONE ONCOLOGY		
Business Address 2959 LUCERNE DR SE, GRAND RAPIDS, MI 49546		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	870.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of	Enter this total on line 3a of Summary Page.	



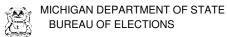
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number ___128577

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2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/30/2024 Name & Address: KATHRYN HICKOK 75 DIAMOND AVE NE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 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 #2 PAC Receipt? YES 4. Date of Receipt 10/01/2024		
JOHN EVANS 724 HARLAN AVE NE GRAND RAPIDS, MI 49503	_{\$} 40.00	_{\$} 40.00
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 10/01/2024 Name & Address: JOSEPH JONES 2528 ORCHARD VIEW DR NE GRAND RAPIDS, MI 49505	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer THE HEKIMA GROUP LLC		
Business Address 2528 ORCHARD VIEW DR NE, GRAND RAPIDS, MI 49505		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/01/2024 Name & Address SHANNON COHEN 1418 COLORADO AVE SE GRAND RAPIDS, MI 49507	_{\$} 250.00	_{\$} 640.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO SHANNON COHEN INC		
Business Address PO BOX 6155, GRAND RAPIDS, MI 49516		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	565.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 4 of 9	Enter this total on line 3a of Summary Page.	

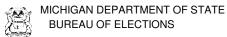


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number ___128577

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/01/2024 Name & Address: VENEESE CHANDLER 1456 S SAXONY DR SE GRAND RAPIDS, MI 49508	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer DR DIVA ACCESSORIES		
Business Address 1456 S SAXONY DR SE, GRAND RAPIDS, MI 49508		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/01/2024		
Name & Address		
TASHA HENDERSON 4828 E MEADOWS CT SE	500.00	_{\$} 500.00
GRAND RAPIDS, MI 49546	\$ <u>000.00</u>	\$ 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation ENTREPRENEUR Employer EPIPHANY MUSIC GROUP		
Business Address 4828 E MEADOWS CT SE, GRAND RAPIDS, MI 49546		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/01/2024 Name & Address: TAWANNA WRIGHT 5600 E GROVE DR SE KENTWOOD, MI 49512	_{\$} 250.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WEST MI WORKS		
Business Address 215 STRAIGHT AVE NW, GRAND RAPIDS, MI 49504		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/03/2024 Name & Address		
NANCY REITS 535 MULFORD DR SE GRAND RAPIDS, MI 49507	_{\$} 20.00	_{\$_} 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	870.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) Page 5 of 9	Enter this total on line 3a of Summary Page.	_



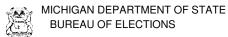
128577 1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name COI	MMITTEE TO ELE	ECT 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 10/05/2024 Name & Address: NINA THOMPSON 4031 TIMBERLAND DR SE GRAND RAPIDS, MI 49508	_{\$} 250.00	_{\$} 1,750.00
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: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/05/2024 Name & Address CHARLES HARRELL 505 N DUSABLE LAKE SHORE DR CHICAGO, IL 60611	_{\$_} 1,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT & CEO Employer THE IT ARCHITECT CORPORATION Business Address 505 N DUSABLE LAKE SHORE DR, CHICAGO, IL 60611 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/07/2024 Name & Address: PATRICK MILES 2856 REEDS LAKE BLVD SE EAST GRAND RAPIDS, MI 49506	_{\$} 500.00	_{\$} 750.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer BARNES & THORNBURG LLP Business Address 171 MONROE AVE NW, SUITE 1000, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/09/2024 Name & Address ATTAH OBANDE 5570 WING AVE SE KENTWOOD, MI 49512	_{\$} 250.00	_{\$} 280.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OPERATIONS Employer ELIZABETH ROSARIO LAW Business Address 5570 WING AVE SE, KENTWOOD, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	2,000.00	-

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

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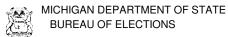
1. Committee I.D. Number ___

128577

CANDIDATE COMMITTEE

2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/10/2024 Name & Address: STACEY JR WILLIS 5282 BURGIS AVE SE KENTWOOD, MI 49508 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 25.00	_{\$} 25.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/12/2024 Name & Address WALTER BRAME 3446 CHAMBERLAIN AVE SE GRAND RAPIDS, MI 49508	\$ 100.00	_{\$} 130.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/15/2024 Name & Address: SOMMER JABBAR 3157 HUBAL AVE SW WYOMING, MI 49519	§ 50.00	_{\$} 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 10/15/2024 Name & Address DAVID CAIN 1520 HIDDEN CREEK CIR DR NE GRAND RAPIDS, MI 49505	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	225.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 7 of 9	Enter this total on line 3a of Summary Page.	



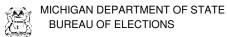
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CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/15/2024 Name & Address: LAURA MOODY 2222 ROLLING HILLS DR SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide:	_{\$} 500.00	_{\$} 500.00
Occupation RETIRED NURSE Employer RETIRED NURSE		
Business Address 2222 ROLLING HILLS 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 10/16/2024 Name & Address CINDY BARTMAN 811 FLAT ST NE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 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 10/17/2024 Name & Address: LUPE MONTINGY 977 WALTHAM ST SE GRAND RAPIDS, MI 49546	\$ 100.00	_{\$} 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		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/18/2024 Name & Address WILLIAM JACKSON 2415 ALMONT AVE SE GRAND RAPIDS, MI 49507	_{\$} 25.00	_{\$_} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	650.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6 of 9	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

128577

CANDIDATE COMMITTEE

2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/18/2024 Name & Address: ALVIN HILLS 1667 CHATEAU DR SW WYOMING, MI 49519	_{\$} 250.00	_{\$} 250.00		
5. If over \$100.00 cumulative, please provide:				
Occupation SELF EMPLOYEED Employer ALVIN HILLS				
Business Address 1667 CHATEAU DR SW, WYOMING, MI 49519				
Type of Contribution: Loan from a person Fund Raiser				
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/18/2024 Name & Address				
TOINE MURPHY				
28861 LORIKAY ST	_{\$} 100.00	_s 100.00		
FARMINGTON HILLS, MI 48334		·		
5. If over \$100.00 cumulative, please provide:				
Occupation SELF EMPLOYED Employer TOINE MURPHY				
Business Address 28861 LORIKAY ST, FARMINGTON HILLS, MI 48334				
Type of Contribution: Direct Loan from a person Fund Raiser				
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/19/2024 Name & Address: LLOYD BANKS 38056 KLARR DR NORTHVILLE, MI 48167	<u>\$ 100.00</u>	_{\$} 100.00		
5. If over \$100.00 cumulative, please provide:				
Occupation CONSULTANT Employer BANKS & COMPANY				
Business Address 2711 E JEFFERSON AVE, DETROIT, MI 48207				
Type of Contribution: Direct Loan from a person Fund Raiser				
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/19/2024				
ROZ SULLIVAN 6450 BRIDLEWOOD CT NE ADA, MI 49301	_{\$} 100.00	_{\$} 100.00		
5. If over \$100.00 cumulative, please provide:				
Occupation ARTIST Employer RETIRED				
Business Address 6450 BRIDLEWOOD CT NE, ADA, MI 49301				
Type of Contribution: Direct Loan from a person Fund Raiser				
Page Subtotal	550.00			
Grand Total of All Schedules 1A (Complete on last page of Schedule)	6,520.00 Enter this total on			
Page 9 of 9	line 3a of Summary Page.			



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

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

\sim	NIDID	ATE	00848	AITTEE
CA	NDID	AIE	COM	MITTEE

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

OANDIDATE OOMIN	III I LL		
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 Receipt6. 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	4. Endorsement or Guarantee of Bank Loan	<u>I</u>	
Name & Address: MILINDA YSASI		1,500.00	2,505.00
1345 COLUMBIA AVE NE	Goods or Services Purchased by Candidate or Others		
GRAND RAPIDS, MI 49505	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide:	Description TECHNOLOGY		
Occupation: CEO Employer Name & Business Address:	5. Date Of Receipt: 09/30/2024		
GROW	6. Vendor Name & Address:		
1333 ALGER ST SE,	SOL DESIGN		
GRAND RAPIDS, MI 49507	1945 BALLARD ST SE,		
Fund Raiser Contribution	GRAND RAPIDS, MI 49506		
Contribution # 2 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address			
	Goods Donated or Loaned Services Donated	\$	
	Goods or Services Purchased by Candidate or Others		
	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide: Occupation:	Description		
Employer Name & Address:	5. Date Of Receipt:		
Employer Name & Address.	6. Vendor Name & Address:		
	Clic	k Here for Memo It	emization
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address:	Goods Donated or Loaned Services Donated \$	\$	
	Goods or Services Purchased by Candidate or Others	<u> </u>	
	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative places provide	Goods of Services Furchased by Candidate of Others- LOAN		
If over \$100.00 cumulative, please provide:	Description		
Occupation:	5. Date Of Receipt:		
Employer Name & Address:	6. Vendor Name & Address:		
	Clic	ck Here for Memo It	emization
Fund Raiser Contribution			
	Page Subtotal	1,500.00	2,505.00
			,
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	1,500.00	
	(Sumplete on last page of Schedule)		

Enter this total on line 6 of Summary Page



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

128577

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

2. 0	ommittee Name		·····
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		•	
Name SIGNS ON THE CHEAP	VADD SIGNS	09/19/2024 Date	\$ <u>993.94</u>
Address 11525A STONEHOLLOW DR AUSTIN, TX 78758	Purpose: YARD SIGNS	Date	
7.001114, 17.70700			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name FACEBOOK		09/24/2024	\$ 160.00
Address	Purpose: ADS	Date	
1 META WY			
MENLO PARK, CA 94025			
WEITES FAIRING OFF STOLES	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name KCI		09/30/2024	\$ 3,655.29
Address	Purpose: MAIL HOUSE	Date	
3901 E PARIS AVE SE			
KENTWOOD, MI 49512			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name FACEBOOK		10/04/2024	\$ 55.37
Address	Purpose: ADS	Date	
1 META WY			
MENLO PARK, CA 94025			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name MEIJER		10/10/2224	
	MATER AND ON ACIO	10/16/2024	\$ 40.74
Address	Purpose: WATER AND SNACKS	Date	10.7 1
1540 28TH ST SE			
GRAND RAPIDS, MI 49508	Charle boy if this governed to the second of		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	4,905.34
	Grand Total of all S	Schedules 1B	
	(Complete on last page	of Schedule)	

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number

128577

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name ADVANCED CAMPAIGN TECH		10/19/2024
ADVANCED CAMPAIGN TECH		\$ 2,752.52 Date
Address THOMPSON AVE SE	Purpose: MAIL HOUSE	Date
ALTO, MI 49302		
ALTO, WII 49302	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous	
	statement	
Expenditure #2		
Name		\$
Address	Purpose:	Date ———
Addi 655	1 dipose.	
	Click F	Here for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #3	Statement	
Name		
Traine		\$
Address	Purpose:	Date
	Cliak L	Joro for Mama Itamization Tuna
		lere for Memo Itemization Type
	LICheck box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #4		
Name		
Address		\$
Address	Purpose:	
	Click H	lere for Memo Itemization Type
	Check box if this expenditure is payment of	<i>71</i>
□	debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #5		
Name		
Address	Purpose:	\$
7.44.666	i uipose.	
		Here for Memo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
	Subto	tal this page 2,752.52

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

7,657.86

Enter this total on line 8a of Summary Page



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	EVENT -		
3. Date Event Was Held		of Individuals Attending ating (whichever is	5. Type of Fund Raising Activity		6. Address and Name (If any) of the place where the activity was held SOPHISTICATED	
09/04/2024		10	MEET AND GREET		GENTLEMAN'S CLUB 1439 EASTERN AVE SE GRAND RAPIDS, MI 4950 Private Residence	
7. Total Contributions		230.00		_		
Other Receipts		0.00				
9. Gross Receipts (Add lines 7 and 8)		230.00		-		
10. Total Cost of Event (Total Cost includes In-Kind Co	ntributions	0.00 and All Expenditures	Made For the Even	t)		
11. Check if event was a jo	int fund rai	ser and complete the	following:			
Co-Sponsor(s)	Contribution Spl (%)		plit		Expenditure Split (%)	
	_					
	_					
	_					
The committee is no south			Calaaduda fau aad	وماما المصارية	u a casa la a la la la colona de la a	

- 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.

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Page	ı	of C



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

128577 1. Committee I.D. Number

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

	- USE A SEPARATE SH	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. STUDIO COR3	
10/18/2024	10	MEET AND GREET	1300 FRONT AVE NW GRAND RAPIDS, MI 49504 Private Residence	
7. Total Contributions	375.00	 		
8. Other Receipts	0.00	 		
9. Gross Receipts (Add lines 7 a	and 8) 375.00			
10. Total Cost of Event (Total Cost includes In-Kind Co	0.00 ntributions and All Expenditures	Made For the Event)		
11. Check if event was a jo	int fund raiser and complete the	following:		
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)	
				
				
				
				
				
The committee in the second	and to Clare and a set of Free Delay	O - le di . l f le . f d ! - ! - ! -	and the field of the other	

- 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.

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