



FILED

25 OCT 2024 PM 12:51

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: 08/27/2024 to 10/20/2024

1. Committee I.D. Number

**128577**

4. Candidate Last Name First Name M.I.

**LENEAR SENITA R**

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

**MAYOR, GRAND RAPIDS**

2. Committee Name

**COMMITTEE TO ELECT SENITA LENEAR**

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

11/05/2024

**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

10/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

10/25/2024



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 128577

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

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



**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>08/29/2024</u>	
Name & Address: <b>BRAD BECKER</b> <b>2026 N MAGNOLIA AVE</b> <b>TUCSON, AZ 85712</b>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BECKER FINANCIAL SERVICES</u> Business Address <u>2026 N MAGNOLIA AVE, TUCSON, AZ 85712</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>08/29/2024</u>	
Name & Address: <b>WILLIE KNOWLING</b> <b>1101 BURGIS CT SE</b> <b>KENTWOOD, MI 49508</b>		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAREGIVER</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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/04/2024</u>	
Name & Address: <b>JEFF KIMBREL</b> <b>754 OAKDALE ST SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>100.00</u>	\$ <u>330.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>PAINTING BY JEFF</u> Business Address <u>754 OAKDALE 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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/04/2024</u>	
Name & Address: <b>BRANDY KIMBRAL</b> <b>1146 PINE AVE NW</b> <b>GRAND RAPIDS, MI 49504</b>		\$ <u>10.00</u>	\$ <u>10.00</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			

Page Subtotal **560.00**

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>09/04/2024</u> Name & Address: <b>LEON YARBROUGH</b> <b>322 MICHIGAN PL 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>BUSINESS OWNER</u> Employer <u>O AND E PARTY STORE</u> Business Address <u>1425 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 #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/04/2024</u> Name & Address: <b>DEEDEE ARMSTRONG</b> <b>22 DWIGHT AVE SE</b> <b>GRAND RAPIDS, MI 49506</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 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>09/05/2024</u> Name & Address: <b>CAROL PAINE-MCGOVERN</b> <b>2445 HALL ST SE</b> <b>EAST GRAND RAPIDS, MI 49506</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 # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/05/2024</u> Name & Address: <b>TERESA KELLY</b> <b>1020 OAKDALE ST SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <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 230.00

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

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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>09/06/2024</u> Name & Address: <b>MINNIE MCMUTRY</b> <b>1136 COOPER AVE SE</b> <b>GRAND RAPIDS, MI 49507</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>09/22/2024</u> Name & Address: <b>SHORAN WILLIAMS</b> <b>400 PRESERVATION DR NE</b> <b>ADA, MI 49301</b>		\$ <u>250.00</u>	\$ <u>280.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>PINSKY SMITH, LLC</u> Business Address <u>146 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			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/25/2024</u> Name & Address: <b>JIMMIE TAYLOR</b> <b>2133 OMENA 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>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>09/29/2024</u> Name & Address: <b>NICOLE THOMPSON</b> <b>2804 MULFORD DR SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>100.00</u>	\$ <u>1,130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>ONE ONCOLOGY</u> Business Address <u>2959 LUCERNE 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 870.00

Grand Total of All Schedules 1A  
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: KATHRYN HICKOK 75 DIAMOND AVE NE GRAND RAPIDS, MI 49503		\$ <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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: JOHN EVANS 724 HARLAN AVE NE GRAND RAPIDS, MI 49503		\$ <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>10/01/2024</u>	
Name & Address: JOSEPH JONES 2528 ORCHARD VIEW DR NE GRAND RAPIDS, MI 49505		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>THE HEKIMA GROUP LLC</u> Business Address <u>2528 ORCHARD VIEW DR NE, GRAND RAPIDS, MI 49505</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>10/01/2024</u>	
Name & Address: SHANNON COHEN 1418 COLORADO AVE SE GRAND RAPIDS, MI 49507		\$ <u>250.00</u>	\$ <u>640.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SHANNON COHEN INC</u> Business Address <u>PO BOX 6155, GRAND RAPIDS, MI 49516</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 565.00

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: <b>VEENESE CHANDLER</b> <b>1456 S SAXONY DR 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>BUSINESS OWNER</u> Employer <u>DR DIVA ACCESSORIES</u> Business Address <u>1456 S SAXONY DR 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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: <b>TASHA HENDERSON</b> <b>4828 E MEADOWS CT SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR</u> Employer <u>EPIPHANY MUSIC GROUP</u> Business Address <u>4828 E MEADOWS CT 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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: <b>TAWANNA WRIGHT</b> <b>5600 E GROVE DR SE</b> <b>KENTWOOD, MI 49512</b>		\$ <u>250.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WEST MI WORKS</u> Business Address <u>215 STRAIGHT AVE NW, GRAND RAPIDS, MI 49504</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>10/03/2024</u>	
Name & Address: <b>NANCY REITS</b> <b>535 MULFORD DR SE</b> <b>GRAND RAPIDS, MI 49507</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			

Page Subtotal **870.00**

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2024</u>	
Name & Address: NINA THOMPSON 4031 TIMBERLAND DR SE GRAND RAPIDS, MI 49508		\$ <u>250.00</u>	\$ <u>1,750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FLIGHT ATTENDANT</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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2024</u>	
Name & Address: CHARLES HARRELL 505 N DUSABLE LAKE SHORE DR CHICAGO, IL 60611		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT &amp; CEO</u> Employer <u>THE IT ARCHITECT CORPORATION</u> Business Address <u>505 N DUSABLE LAKE SHORE DR, CHICAGO, IL 60611</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>10/07/2024</u>	
Name & Address: PATRICK MILES 2856 REEDS LAKE BLVD SE EAST GRAND RAPIDS, MI 49506		\$ <u>500.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BARNES &amp; THORNBURG LLP</u> Business Address <u>171 MONROE AVE NW, SUITE 1000, 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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: ATTAH OBANDE 5570 WING AVE SE KENTWOOD, MI 49512		\$ <u>250.00</u>	\$ <u>280.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OPERATIONS</u> Employer <u>ELIZABETH ROSARIO LAW</u> Business Address <u>5570 WING AVE SE, KENTWOOD, MI 49512</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 2,000.00

Grand Total of All Schedules 1A  
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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>10/10/2024</u>	
Name & Address: <b>STACEY JR WILLIS</b> <b>5282 BURGIS AVE SE</b> <b>KENTWOOD, MI 49508</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 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>10/12/2024</u>	
Name & Address: <b>WALTER BRAME</b> <b>3446 CHAMBERLAIN AVE SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>100.00</u>	\$ <u>130.00</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>10/15/2024</u>	
Name & Address: <b>SOMMER JABBAR</b> <b>3157 HUBAL AVE SW</b> <b>WYOMING, MI 49519</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>10/15/2024</u>	
Name & Address: <b>DAVID CAIN</b> <b>1520 HIDDEN CREEK CIR DR 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			

Page Subtotal 225.00

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>10/15/2024</u>	
Name & Address: <b>LAURA MOODY</b> <b>2222 ROLLING HILLS DR SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED NURSE</u> Employer <u>RETIRED NURSE</u> Business Address <u>2222 ROLLING HILLS 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>10/16/2024</u>	
Name & Address: <b>CINDY BARTMAN</b> <b>811 FLAT ST NE</b> <b>GRAND RAPIDS, MI 49503</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>10/17/2024</u>	
Name & Address: <b>LUPE MONTINGY</b> <b>977 WALTHAM ST 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>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>10/18/2024</u>	
Name & Address: <b>WILLIAM JACKSON</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			

Page Subtotal **650.00**

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>10/18/2024</u>	
Name & Address: <b>ALVIN HILLS</b> 1667 CHATEAU DR SW WYOMING, MI 49519		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYEED</u> Employer <u>ALVIN HILLS</u> Business Address <u>1667 CHATEAU DR SW, WYOMING, MI 49519</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>10/18/2024</u>	
Name & Address: <b>TOINE MURPHY</b> 28861 LORIKAY ST FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>TOINE MURPHY</u> Business Address <u>28861 LORIKAY ST, FARMINGTON HILLS, MI 48334</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>10/19/2024</u>	
Name & Address: <b>LLOYD BANKS</b> 38056 KLARR DR NORTHVILLE, MI 48167		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>BANKS &amp; COMPANY</u> Business Address <u>2711 E JEFFERSON AVE, DETROIT, MI 48207</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>10/19/2024</u>	
Name & Address: <b>ROZ SULLIVAN</b> 6450 BRIDLEWOOD CT NE ADA, MI 49301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARTIST</u> Employer <u>RETIRED</u> Business Address <u>6450 BRIDLEWOOD CT NE, ADA, MI 49301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 128577

## CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

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>MILINDA 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 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 <b>TECHNOLOGY</b> 5. Date Of Receipt: <b>09/30/2024</b> 6. Vendor Name & Address: <b>SOL DESIGN</b> <b>1945 BALLARD ST SE,</b> <b>GRAND RAPIDS, MI 49506</b>	\$ <b>1,500.00</b>	\$ <b>2,505.00</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:  <input 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 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 5. Date Of Receipt: 6. Vendor Name & Address:  <a href="#">Click Here for Memo Itemization</a>	\$	\$
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:  <input 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 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 5. Date Of Receipt: 6. Vendor Name & Address:  <a href="#">Click Here for Memo Itemization</a>	\$	\$

Page Subtotal

**1,500.00**

**2,505.00**

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

**1,500.00**

Enter this total  
on line 6 of Summary  
Page



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

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>SIGNS ON THE CHEAP</b>  Address <b>11525A STONEHOLLOW DR AUSTIN, TX 78758</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>YARD SIGNS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/19/2024</b> Date	\$ <b>993.94</b>
Expenditure #2 Name <b>FACEBOOK</b>  Address <b>1 META WY MENLO PARK, CA 94025</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>ADS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/24/2024</b> Date	\$ <b>160.00</b>
Expenditure #3 Name <b>KCI</b>  Address <b>3901 E PARIS AVE SE KENTWOOD, MI 49512</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>MAIL HOUSE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/30/2024</b> Date	\$ <b>3,655.29</b>
Expenditure #4 Name <b>FACEBOOK</b>  Address <b>1 META WY MENLO PARK, CA 94025</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>ADS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/04/2024</b> Date	\$ <b>55.37</b>
Expenditure #5 Name <b>MEIJER</b>  Address <b>1540 28TH ST SE GRAND RAPIDS, MI 49508</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>WATER AND SNACKS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/16/2024</b> Date	\$ <b>40.74</b>

Subtotal this page **4,905.34**

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

Enter this total  
on line 8a of  
Summary Page



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

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>ADVANCED CAMPAIGN TECH</b>  Address <b>THOMPSON AVE SE</b> <b>ALTO, MI 49302</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>MAIL HOUSE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/19/2024</b> Date	\$ <b>2,752.52</b>
Expenditure #2 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal 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**

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>09/04/2024</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>10</b>	5. Type of Fund Raising Activity  <b>MEET AND GREET</b>	6. Address and Name (If any) of the place where the activity was held. <b>SOPHISTICATED GENTLEMAN'S CLUB</b> <b>1439 EASTERN AVE SE</b> <b>GRAND RAPIDS, MI 49507</b> <input type="checkbox"/> Private Residence
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7. Total Contributions **230.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **230.00**  
10. Total Cost of Event **0.00**  
(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>10/18/2024</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>10</b>	5. Type of Fund Raising Activity  <b>MEET AND GREET</b>	6. Address and Name (If any) of the place where the activity was held. <b>STUDIO COR3 1300 FRONT AVE NW GRAND RAPIDS, MI 49504</b> <input type="checkbox"/> Private Residence
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7. Total Contributions **375.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **375.00**  
10. Total Cost of Event **0.00**  
(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.