

## CANDIDATE COMMITTEE COVER PAGE

FILED 25 OCT 2024 PM 03:03

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

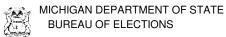
FOR OFFICIAL USE ONLY

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. DAVID LAGRAND M 2023021 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name **MAYOR, GRAND RAPIDS** LAGRAND FOR GRAND RAPIDS 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 1551 KALAMAZOO AVE SE RICHARD WILLIAMSON GRAND RAPIDS, MI 49507 752 PARIS AVE SE GRAND RAPIDS, MI 49503 Area Code and Phone (616) 540-0994 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (616) 499-1814 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) 752 PARIS AVE SE RICHARD WILLIAMSON **GRAND RAPIDS. MI 49503** 752 PARIS AVE SE GRAND RAPIDS, MI 49503 Area Code and Phone (616) 499-1814 (616) 499-1814 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 Signature Type or Print Name

1. Committee I.D. Number 2023021

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

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 22,423.85	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 22,423.85	(18.) \$ 190,360.41
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.) \$ 22,423.85	(20.) \$ 190,360.41
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 86.80	(21.) \$ 5,196.29
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.) \$ 69,227.82	
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.) \$ 69,227.82	(23.) \$ 187,911.87
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	(10b.) \$	
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	1
13. Ending Balance of last report filed	(13.) \$ 49,252.51	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 22,423.85	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_71,676.36	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ 69,227.82	
(Subtract line 16 from line 15)	(17.) \$ 2,448.54	



# **ITEMIZED CONTRIBUTIONS**

2022021

SCHEDULE 1A	1. Committee I.D. Number	2023021	
CANDIDATE COMMITTEE	2. Committee Name LAG	RAND FOR (	GRAND RAPIDS
Enter contributor's name and address. If contribution is from an individual, ent middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: DONALD TAYLOR 4536 HERSMAN ST SE GRAND RAPIDS, MI 49546	08/28/2024	<sub>\$</sub> 258.32	<sub>\$</sub> 1,715.80
5. If over \$100.00 cumulative, please provide:			
Business Address  Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address DAVID BAAK 30 COLLEGE AVE SE GRAND RAPIDS, MI 49503	08/28/2024	<sub>\$</sub> 51.83	<sub>\$</sub> 51.83
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED  Business Address  Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:  JEANIE KAMMERAAD  2136 S CROSS CREEK DR SE  GRAND RAPIDS, MI 49508	08/28/2024	<sub>\$</sub> 26.01	<sub>\$</sub> 233.12
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED  Business Address  Type of Contribution: ✓ Direct Loan from a person	Fund Raiser		
	t 08/28/2024	<sub>\$</sub> 103.45	<sub>\$</sub> 155.28
Employer :: :: :: Employer			

Page Subtotal 439.61 Grand Total of All Schedules 1A

(Complete on last page of Schedule)

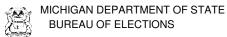
Fund Raiser

Loan from a person

Enter this total on line 3a of Summary Page.

Business Address

Type of Contribution: Direct



1. Committee I.D. Number \_\_\_\_2023021

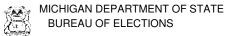
**CANDIDATE COMMITTEE** 

2. Committee Name LAGRAND FOR GRAND RAPIDS

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 08/28/2024  Name & Address: KARL WESTERHOF 2220 PARIS AVE SE GRAND RAPIDS, MI 49507	<sub>\$</sub> 26.01	<sub>\$</sub> 77.02
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED		
Business Address  Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/30/2024  Name & Address  JOHN LAGRAND  1110 CRESCENT ST NE  GRAND RAPIDS, MI 49503	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:  Occupation PHYSICIAN Employer ADVANCED OB/GYN  Business Address 1110 CRESCENT ST NE, GRAND RAPIDS, MI 49503  Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/31/2024  Name & Address:  KENNETH BRATT 2041 LITTLE HERON CT SE GRAND RAPIDS, MI 49546	<sub>\$</sub> 100.00	<sub>\$</sub> 150.00
5. If over \$100.00 cumulative, please provide:  Occupation PROFESSOR EMERITUS Employer CALVIN UNIVERSITY  Business Address 3201 BURTON ST SE, GRAND RAPIDS, MI 49506  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/03/2024  Name & Address  RENTAL PROPERTY OWNERS ASSOCIATION PAC  1459 MICHIGAN ST NE  GRAND RAPIDS, MI 49503	<sub>\$</sub> 1,000.00	<sub>\$_</sub> 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer  Business Address  Type of Contribution:		
Page Subtotal	1,626.01	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

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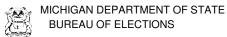
#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_2023021

2. Committee Name

#### LAGRAND FOR GRAND RAPIDS

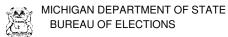
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/03/2024  Name & Address: GERALD ETKIND 1050 ELLIOTT ST SE GRAND RAPIDS, MI 49507	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:  Occupation FURNACE OPERATOR Employer STATE HEAT TREATING COMPANY  Business Address 520 32ND ST SE, GRAND RAPIDS, MI 49548		
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  TEAMSTERS LOCAL 406 PAC  3315 EASTERN AVE SE  GRAND RAPIDS, MI 49508	\$ 1,000.00	<sub>\$</sub> 2,500.00
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 Name & Address:  DENNIS MURPHY 551 BURTON ST SE GRAND RAPIDS, MI 49507  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 5.00	<sub>\$</sub> 25.00
Occupation ENGINEER Employer AMERICAN SEATING		
Business Address 901 BROADWAY 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 09/09/2024 Name & Address  AMALGAMATED TRANSIT UNION PAC 918 BENJAMIN AVE NE GRAND RAPIDS, MI 49503	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:		
Page Subtotal	1,130.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 3 of 25	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number \_\_2023021

**CANDIDATE COMMITTEE** 

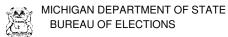
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/09/2024  Name & Address: MIRA JOURDAN 2626 BROOKLYN AVE SE GRAND RAPIDS, MI 49507  5. If over \$100.00 cumulative, please provide: Occupation PSYCHOLOGIST Employer MIRA KRISHNAN LLC Business Address 4320 44TH ST SW, GRANDVILLE, MI 49418	<sub>\$</sub> 100.00	<sub>\$</sub> 350.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/10/2024  Name & Address  BOB COOPER 1919 BOSTON ST SE APT A GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED	\$ 10.53	<sub>\$</sub> 73.71
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address: HEIDI BOLDUC 32 BENJAMIN AVE SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED  PAC Receipt? YES 4. Date of Receipt 09/10/2024	<u>\$ 10.00</u>	<sub>\$</sub> 10.00
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/11/2024  Name & Address  JEFF CRANSON  2618 COLLEGE AVE NE GRAND RAPIDS, MI 49505	<sub>\$</sub> 250.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation ADMINISTRATOR Employer STATE OF MICHIGAN		
Business Address 425 W OTTAWA ST, LANSING, MI 48933  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	370.53	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 4 of 25	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number \_\_2023021

**CANDIDATE COMMITTEE** 

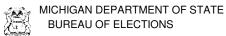
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/12/2024  Name & Address: RYAN OGLE		
1024 CADILLAC DR SE	516 15	<sub>\$</sub> 516.45
GRAND RAPIDS, MI 49506	§ 310.43	§ 310.43
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer SELF EMPLOYED		
Business Address 1680 E PARIS AVE 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 09/13/2024		
Name & Address TERRY NORLIN		
558 MORRIS AVE SE	<sub>\$</sub> 51.83	<sub>\$</sub> 51.83
GRAND RAPIDS, MI 49503	\$ <u></u>	\$ 0 1100
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/17/2024  Name & Address:  LAURIE MURPHY  560 TRUMAN ST	<sub>\$</sub> 258.32	<sub>\$</sub> 258.32
KENT CITY, MI 49330		
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MILLER JOHNSON		
Business Address 45 OTTAWA AVE SW, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/17/2024 Name & Address		
JASON BARRIX		
1836 ATHEARN DR SW	<sub>\$</sub> 100.00	. 100.00
BYRON CENTER, MI 49315	Ψ	Φ
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 2828 KRAFT AVE SE, GRAND RAPIDS, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	926.60	
Grand Total of All Schedules 1A		•
(Complete on last page of Schedule)	Enter this total on	J
Page 5 of 25	line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number 2023021

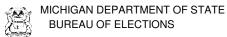
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/18/2024  Name & Address: LIZ BRANSDORF 900 MONROE AVE NW GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MIKA MEYERS PLC  Business Address 900 MONROE AVE NW, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/18/2024  Name & Address  JAMES BRATT
Occupation ATTORNEY  Employer MIKA MEYERS PLC  Business Address 900 MONROE AVE NW, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2  Name & Address  ATTORNEY  Employer MIKA MEYERS PLC  Fund Raiser  4. Date of Receipt 09/18/2024
Name & Address
2435 LINDEN AVE SE \$150.00 \$450.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED  Business Address
Type of Contribution: ✓ Direct
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/18/2024  Name & Address: FREDERICK CONOVER 1048 OTTILLIA ST SE GRAND RAPIDS, MI 49507
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED
Business Address  Type of Contribution:   ✓ Direct Loan from a person Fund Raiser
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/18/2024  Name & Address STEVE TENELSHOF 216 PROSPECT AVE NE GRAND RAPIDS, MI 49503  \$ 100.00
5. If over \$100.00 cumulative, please provide:
Occupation PHYSICIAN Employer GRAND RAPIDS EMERGENCY MEDICAL GROUP
Business Address 300 JEFFERSON AVE SE, GRAND RAPIDS, MI 49503
Type of Contribution: ✓ Direct Loan from a person Fund Raiser
Page Subtotal 498.21
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on line 3a of Summary Page



1. Committee I.D. Number \_\_2023021

**CANDIDATE COMMITTEE** 

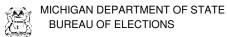
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/18/2024  Name & Address: JULIA SMITH  1727 RIDGEWOOD AVE SE GRAND RAPIDS, MI 49506	<sub>s</sub> 100.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation ADMINISTRATOR Employer LEGAL AID OF WESTERN MICHIGAN		
Business Address 25 DIVISION AVE S, STE 300, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/18/2024		
Name & Address  LARRY WILLEY		
4350 RIVERWATCH RD	<sub>\$</sub> 25.00	§ 775 <b>.</b> 00
ROCKFORD, MI 49341	\$ <u></u>	\$ 110.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WILLEY & CHAMBERLAIN		
Business Address 300 OTTAWA AVE NW, SUITE 810, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/18/2024  Name & Address:  NANCY MEYER  1676 RIDGEMOOR DR SE  GRAND RAPIDS, MI 49506	<sub>\$</sub> 25.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/18/2024 Name & Address		
JOHN APOL		
4921 N QUAIL CREST DR SE	<sub>\$</sub> 51.83	<sub>6</sub> 178.66
GRAND RAPIDS, MI 49546	\$	\$
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	201.83	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	<b>-</b> ,
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1. Committee I.D. Number \_\_\_\_2023021

**CANDIDATE COMMITTEE** 

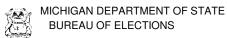
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/19/2024 Name & Address: THOMAS SCHULTZ 2988 RICHMOND ST NW GRAND RAPIDS, MI 49504	<sub>\$</sub> 750.00	<sub>\$</sub> 1,750.00
5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer SELF EMPLOYED		
Business Address  Type of Contribution:    161 OTTAWA AVE NW, SUITE 303, GRAND RAPIDS, MI 49503		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/23/2024		
MARIANNE STEHOUWER 1789 OAKLEIGH WOODS DR NW GRAND RAPIDS, MI 49504	<sub>\$</sub> 258.32	<sub>\$</sub> 258.32
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED		
·		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/23/2024  Name & Address: TONY BAKER 455 MADISON AVE SE GRAND RAPIDS, MI 49503	<u>\$ 100.00</u>	<sub>\$</sub> 175.00
5. If over \$100.00 cumulative, please provide:		
Occupation FERRIS UNIVERSITY Employer PROFESSOR		
Business Address 1201 S STATE ST, BIG RAPIDS, MI 49307  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/23/2024		
RYAN SCHMIDT 812 ROSEWOOD AVE SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 250.00	<sub>\$</sub> 603.45
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE DEVELOPER Employer INDIGO DESIGN + DEVELOPMENT		
Business Address 920 CHERRY ST SE, STE 3, GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,358.32	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 8 of 25	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number \_\_2023021

**CANDIDATE COMMITTEE** 

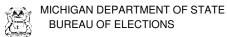
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/24/2024  Name & Address: STEPHEN WATERBURY 150 WOODWARD LN SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 103.45	<sub>\$</sub> 465.22
Occupation RETIRED Employer RETIRED		
Business Address  Type of Contribution:   Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/24/2024		
Name & Address CHARLES BURPEE 22 CAMPAU CIR NW GRAND RAPIDS, MI 49503	\$ 250.00	<sub>\$</sub> _750.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WARNER NORCROSS + JUDD LLP		
Business Address 150 OTTAWA AVE 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: PAULA VANDERHOVEN 2230 RAYBROOK ST SE APT 102 GRAND RAPIDS, MI 49546	\$ 50.00	<sub>\$</sub> 225.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address APT 102, GRAND RAPIDS, MI 49546		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/25/2024  Name & Address  ANDREW SCHMIDT  6305 SCARBOROUGH DR SE  ADA, MI 49301	<sub>\$</sub> 150.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation BANKER Employer MACATAWA BANK		
Business Address 126 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	553.45	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
9 of 25	line 3a of Summary Page.	



1. Committee I.D. Number \_\_\_\_2023021

#### **CANDIDATE COMMITTEE**

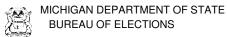
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/25/2024  Name & Address: SARA DEBOER 1144 IROQUOIS DR SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 26.01	<sub>\$</sub> 176.01
Occupation NOT EMPLOYED Employer SELF  Business Address 1144 IROQUOIS DR SE, GRAND RAPIDS, MI 49506  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/25/2024  Name & Address  VIRGINIA LAGRAND  255 COLLEGE AVE SE  GRAND RAPIDS, MI 49503	<sub>\$</sub> 25.00	<sub>\$</sub> 450.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED  Employer RETIRED  Business Address  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:  LAURA CESA 1341 LEONARD ST NE GRAND RAPIDS, MI 49505	§ <b>5</b> .00	<sub>\$</sub> 5.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer  Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/26/2024  Name & Address PHILIP QUIST 2111 RAYBROOK ST SE APT 4001 GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 103.45	<sub>\$</sub> 310.35
Occupation RETIRED  Business Address  Type of Contribution: Direct  Loan from a person  Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 10 of 25	Enter this total on line 3a of Summary Page.	-



1. Committee I.D. Number \_\_2023021

**CANDIDATE COMMITTEE** 

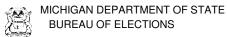
GARY DE KOCK 1673 WALKER AVE NW GRAND RAPIDS, MI 49504  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED  Business Address  Type of Contribution: Poiret Loan from a person Figure A Date of Receipt 09/30/2024  Name & Address  Type of Contribution: Poiret Loan from a person Figure A Date of Receipt 09/30/2024  Name & Address  Type of Contribution: Poiret Loan from a person Figure A Date of Receipt 09/30/2024  Name & Address  Type of Contribution: Poiret Loan from a person Figure A Date of Receipt 09/30/2024  Name & Address:  GERAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED  Business Address:  GERALD LYKINS  3031 W BLUFFS DR SE  GRAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer LYKINS LAW PLC  Business Address 234 DIVISION AVE N, GRAND RAPIDS, MI 49503  Type of Contribution: Poiret Loan from a person Fund Raiser  3. Contribution: Poiret Loan from a person Fund Raiser  3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 09/30/2024	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 #2 PAC Receipt?	Name & Address: GARY DE KOCK 1673 WALKER AVE NW GRAND RAPIDS, MI 49504  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED	<sub>\$</sub> 500.00	<sub>\$</sub> 2,353.45
Name & Address VIRGINIA LAGRAND 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED  Business Address Type of Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/30/2024  GRAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer LYKINS LAW PLC  Business Address 234 DIVISION AVE N, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/30/2024  THOMAS WALKER 425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer LYKINS LAW PLC  Business Address 234 DIVISION AVE N, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/30/2024  THOMAS WALKER 425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED  Business Address Type of Contribution: Direct Loan from a person Fund Raiser  Thomas Walker Address Type of Contribution: Direct Loan from a person Fund Raiser  Occupation Retribution: Direct Loan from a person Fund Raiser  The page Subtotal Type of Contribution: Occupation Retribution: Direct Loan from a person Fund Raiser  The page Subtotal Type of Contribution: Complete on last page of Schedules 1A (Complete on last page of Schedule)  Enter this total on	Type of Contribution:  Loan from a person Fund Raiser		
Business Address  Type of Contribution: Direct	VIRGINIA LAGRAND 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503	<sub>\$</sub> 75.00	<sub>\$</sub> 525.00
Business Address  Type of Contribution:  Pac Receipt?	DETIDED RETIRED		
Type of Contribution: Direct Loan from a person Direct Doy/30/2024  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/30/2024  SAME & Address: GERALD LYKINS 3031 W BLUFFS DR SE GRAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer LYKINS LAW PLC Business Address 234 DIVISION AVE N, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Doy/30/2024  Name & Address THOMAS WALKER  425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED  Business Address Type of Contribution: Direct Loan from a person Figure Receipt Plant Raiser  Type of Contribution: Direct Loan from a person Figure RETIRED  Business Address Type of Contribution: Direct Loan from a person Figure RETIRED  Business Address Type of Contribution: Direct Loan from a person Figure RETIRED  Business Address Type of Contribution: Figure Loan from a person Figure RETIRED  Business Address Type of Contribution: Figure RETIRED  Business Addres	Occupation TETH TES Employer		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/30/2024  SERALD LYKINS 3031 W BLUFFS DR SE GRAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer LYKINS LAW PLC Business Address 234 DIVISION AVE N, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser  1. Date of Receipt 09/30/2024  ADate of Receipt 09/30/2024  ADATE \$150.00 \$150.00  \$15			
Name & Address:  GERALD LYKINS 3031 W BLUFFS DR SE GRAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer LYKINS LAW PLC Business Address 234 DIVISION AVE N, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/30/2024  Name & Address THOMAS WALKER  425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED  Business Address Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal (Complete on last page of Schedule)  Enter this total on  Enter this total on			
ATTORNEY Employer LYKINS LAW PLC  Business Address 234 DIVISION AVE N, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/30/2024  Name & Address THOMAS WALKER 425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal (Complete on last page of Schedule)  Enter this total on	Name & Address:  GERALD LYKINS 3031 W BLUFFS DR SE	<sub>\$</sub> 50.00	<sub>\$</sub> 408.32
Business Address 234 DIVISION AVE N, GRAND RAPIDS, MI 49503 Type of Contribution:   Direct Loan from a person Fund Raiser  3. Contribution # 4 Name & Address THOMAS WALKER 425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED  Employer RETIRED  Business Address  Type of Contribution:  Direct Loan from a person Fund Raiser  Page Subtotal (Complete on last page of Schedule)  Enter this total on			
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/30/2024  Name & Address THOMAS WALKER 425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED  Business Address Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal (Complete on last page of Schedule)  Enter this total on	Occupation ATTORNEY Employer LYKINS LAW PLC		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/30/2024 Name & Address THOMAS WALKER 425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED  Business Address Type of Contribution: P Direct Loan from a person Fund Raiser  Page Subtotal (Complete on last page of Schedule)  Enter this total on  Enter this total on			
Name & Address THOMAS WALKER 425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED  Business Address Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal (Complete on last page of Schedule)  Enter this total on			
Occupation RETIRED  Business Address  Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser  Page Subtotal 775.00  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on	Name & Address THOMAS WALKER 425 CAMBRIDGE BLVD SE	<sub>\$</sub> 150.00	<sub>\$</sub> _150.00
Business Address Type of Contribution:  Loan from a person Fund Raiser  Page Subtotal 775.00  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on			
Type of Contribution:    Loan from a person Fund Raiser  Page Subtotal 775.00  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on	Occupation RETIRED Employer RETIRED		
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on			
(Complete on last page of Schedule) Enter this total on	Page Subtotal	775.00	
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1. Committee I.D. Number \_\_\_\_2023021

**CANDIDATE COMMITTEE** 

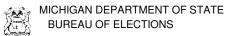
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/30/2024  Name & Address: RICHARD BOUMA 3694 LAKE DR SE GRAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	<sub>\$</sub> 600.00
Occupation ATTORNEY Employer WARNER NORCROSS + JUDD  Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/30/2024		
Name & Address  GEORGE MONSMA  2221 RADCLIFF CIR SE  GRAND RAPIDS, MI 49546	\$ 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/01/2024  Name & Address:  GRAND RAPIDS FIREFIGHTERS UNION PAC  1930 FULLER AVE NE  GRAND RAPIDS, MI 49505	<sub>\$</sub> 1,000.00	<sub>\$</sub> 8,500.00
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 10/01/2024  Name & Address  MICHIGAN LCV PAC  3029 MILLER RD  ANN ARBOR, MI 48103	<sub>\$</sub> 5,000.00	<sub>\$</sub> 7,585.25
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	6,200.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 12 of 25	line 3a of Summary Page.	



1. Committee I.D. Number \_\_2023021

**CANDIDATE COMMITTEE** 

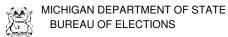
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/01/2024  Name & Address: CAROL HENNESSEY 1510 KENAN AVE NW GRAND RAPIDS, MI 49504  5. If over \$100.00 cumulative, please provide: Occupation COUNTY COMMISSIONER Employer KENT COUNTY  Business Address 300 MONROE AVE NW, GRAND RAPIDS, MI 49503	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/01/2024  Name & Address  PAUL MITCHELL  502 ROUNDTREE DR NE  ADA, MI 49301	<sub>\$</sub> 200.00	<sub>\$</sub> 700.00
5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer SELF		
Business Address 161 OTTAWA AVE NW, STE 405, GRAND RAPIDS, MI 49503  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:  STEVE TENELSHOF 216 PROSPECT AVE NE GRAND RAPIDS, MI 49503	\$ 100.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:  Occupation PHYSICIAN Employer GRAND RAPIDS EMERGENCY MEDICAL GROUP  Business Address 300 JEFFERSON AVE SE, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/01/2024 Name & Address PAUL MAYHUE 244 HERITAGE COMMONS ST SE GRAND RAPIDS, MI 49503	<sub>\$</sub> 10.00	<sub>\$</sub> _40.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED		
Business Address 244 HERITAGE COMMONS ST SE, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 13 of 25	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number \_\_\_\_2023021

#### **CANDIDATE COMMITTEE**

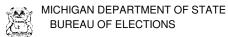
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/01/2024  Name & Address: JOSEPH ELIAS 751 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 75.00	<sub>\$</sub> 75.00
Occupation OWNER Employer GRAND CITY CAPITAL  Business Address 260 LEONARD ST NW, GRAND RAPIDS, MI 49504  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/02/2024  Name & Address  RONALD GORMAN  2328 WESTWINDE CT NW  GRAND RAPIDS, MI 49504	\$206.70	<sub>\$</sub> 206.70
5. If over \$100.00 cumulative, please provide:  Occupation ADMINISTRATOR Employer KENT ISD  Business Address 2328 WESTWINDE CT NW, GRAND RAPIDS, MI 49504  Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/03/2024  Name & Address:  MATTHEW VICARI 2541 ANNCHESTER DR SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 250.00	<sub>\$</sub> 750.00
5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer MILLER JOHNSON  Business Address 45 OTTAWA AVE SW, STE 1100, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? VES 4. Date of Receipt 10/03/2024 Name & Address MICHIGAN REALTORS PAC 720 N WASHINGTON AVE LANSING, MI 48906	<sub>\$</sub> 500.00	<sub>\$</sub> 1,000.00
5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 14 of 25	1,031.70  Enter this total on line 3a of Summary Page.	-



1. Committee I.D. Number \_\_\_\_2023021

**CANDIDATE COMMITTEE** 

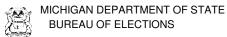
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? VES 4. Date of Receipt 10/03/2024  Name & Address: WEST MICHIGAN PROGRESS PAC 321 BENJAMIN AVE SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide: Occupation Employer	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
Occupation Employer  Business Address  Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/03/2024  Name & Address  JOHN HUNTING  1919 BOSTON ST SE  APT B219  GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED  Business Address	\$ 1,000.00	<sub>\$</sub> 2,000.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/03/2024  Name & Address:  RANDALL CURREY 615 COLLEGE AVE SE GRAND RAPIDS, MI 49503	<sub>\$</sub> 26.01	<sub>\$</sub> 76.01
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED		
Business Address  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  JON ROOKS  75 W WALTON AVE  MUSKEGON, MI 49440	<sub>\$</sub> 1,450.00	<sub>\$_</sub> 1,450.00
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE PARKLAND INVESTMENTS, INC.		
Business Address 75 W WALTON AVE, MUSKEGON, MI 49440  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	2,976.01	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 15 of 25	Enter this total on line 3a of Summary Page.	



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#### **CANDIDATE COMMITTEE**

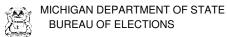
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/04/2024  Name & Address: RICHARD GAFFIN 1860 WILMONT DR SE KENTWOOD, MI 49508  5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer GRANDLAW  Business Address 940 MONROE AVE NW, GRAND RAPIDS, MI 49503	\$ 100.00	<sub>\$</sub> 100.00
Type of Contribution:  Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/04/2024		
Name & Address  MIKE ALKEMA 3040 GRENADA DR SE GRAND RAPIDS, MI 49546	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation MORTGAGE LENDER Employer LEEWARD POINT MORTGAGE		
Business Address 2311 E BELTLINE AVE SE, GRAND RAPIDS, MI 49546		
Type of Contribution:		
3. Contribution # 3 Name & Address:  AARON JONKER 927 GIDDINGS AVE SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 500.00	<sub>\$</sub> 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONSULTANT Employer SELF EMPLOYED		
Business Address 4045 BARDEN ST SE, GRAND RAPIDS, MI 49512  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/04/2024		
Name & Address CHRISTINE GILMAN 157 GUILD ST NE GRAND RAPIDS, MI 49505	<sub>\$</sub> 103.45	<sub>\$</sub> 306.90
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR Employer DISPUTE RESOLUTION CENTER OF WEST MICHIGAN		
Business Address 678 FRONT AVE NW, GRAND RAPIDS, MI 49504  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	753.45	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary	J
Page of 25	Page.	



**CANDIDATE COMMITTEE** 

1. Committee I.D. Number \_\_\_\_2023021

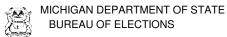
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/04/2024  Name & Address: LORETTA JONES LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 51.83	<sub>\$</sub> 51.83
Occupation RETIRED Employer RETIRED		
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/04/2024  Name & Address		
SHEILA MARTIN 1751 COUNTRY CLUB DR NE GRAND RAPIDS, MI 49505	<sub>\$</sub> 51.83	<sub>\$</sub> 103.66
5. If over \$100.00 cumulative, please provide:		
Occupation ACCOUNTANT Employer SELF		
Business Address 1751 COUNTRY CLUB DR NE, GRAND RAPIDS, MI 49505		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/04/2024  Name & Address:  DARLENE LEE  1557 BELMAR DR SE  GRAND RAPIDS, MI 49508	<sub>\$</sub> 26.01	<sub>\$</sub> 129.67
5. If over \$100.00 cumulative, please provide:		
Occupation PR CONSULTANT Employer DARLING COMMUNICATIONS		
Business Address 1557 BELMAR DR SE, GRAND RAPIDS, MI 49508		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/04/2024  Name & Address  MICHAEL DAVID  709 LYON ST NE  GRAND RAPIDS, MI 49503	<sub>\$</sub> 51.83	<sub>\$_</sub> 151.83
5. If over \$100.00 cumulative, please provide:		
Occupation STAGEHAND Employer SELF EMPLOYED		
Business Address 300 MONROE AVE NW, GRAND RAPIDS, MI 49503  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	181.50	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page.	



#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_\_\_2023021

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 10/04/2024  Name & Address: JASON BARRIX  1836 ATHEARN DR SW BYRON CENTER, MI 49315  5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY  Employer SELF	<sub>\$</sub> 100.00	<sub>\$</sub> 200.00
Business Address  2828 KRAFT AVE SE, GRAND RAPIDS, MI 49512  Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/04/2024  Name & Address  ROSALIE HUIZENGA 2105 RAYBROOK ST SE UNIT 5026 GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED  Business Address	<sub>\$</sub> 51.83	<sub>\$</sub> 280.49
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/05/2024  JOE SCHUITEMA  801 LIVINGSTON AVE NE GRAND RAPIDS, MI 49503	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED		
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/05/2024 Name & Address VIRGINIA LAGRAND 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503	<sub>\$</sub> 25.00	<sub>\$</sub> 550.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	226.83	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 18 of 25	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number \_\_2023021

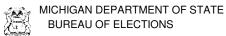
#### **CANDIDATE COMMITTEE**

2. Committee Name LAGRAND FOR GRAND RAPIDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/06/2024  Name & Address: DENNIS MURPHY  551 BURTON ST SE		
GRAND RAPIDS, MI 49507	<sub>\$</sub> 5.00	<sub>\$</sub> 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation ENGINEER Employer AMERICAN SEATING		
Business Address 901 BROADWAY AVE NW, GRAND RAPIDS, MI 49504		
Type of Contribution:  Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/06/2024  Name & Address		
ELIZABETH WHITE MCDONNELL		
605 PROSPECT AVE SE	<sub>\$</sub> 100.00	<sub>s</sub> 100.00
GRAND RAPIDS, MI 49503	· <u></u>	·
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer CLARK HILL		
Business Address 200 OTTAWA AVE 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 10/07/2024  Name & Address:		
DANA FREEMAN 128 BENJAMIN AVE NE GRAND RAPIDS, MI 49503	<sub>\$</sub> 20.85	<sub>\$</sub> 66.86
, and the second		
5. If over \$100.00 cumulative, please provide:  Occupation PROFESSOR Employer AQUINAS COLLEGE		
Business Address 1700 FULTON ST E, 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		
JULIE GUEVARA		
1716 LOTUS AVE SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 206.70	<sub>\$</sub> 361.98
5. If over \$100.00 cumulative, please provide:		,
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	332.55	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	<b>-</b> 1
19 . 25	line 3a of Summary	

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1. Committee I.D. Number \_\_2023021

**CANDIDATE COMMITTEE** 

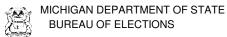
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/10/2024  Name & Address: BOB COOPER 1919 BOSTON ST SE APT A GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation RETIRED  Business Address	<sub>\$</sub> 10.53	<sub>\$</sub> 84.24
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/10/2024  Name & Address  JOHN TALLMAN  7159 W SIDNEY RD  SIDNEY, MI 48885  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer SELF	<sub>\$</sub> 100.00	\$ 200.00
Business Address 4020 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525  Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/11/2024  LINDA JONES 1222 LAKE DR SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 51.83	<sub>\$</sub> 51.83
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED		
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/13/2024 Name & Address KENT COUNTY DEMOCRATIC PARTY 301 FULLER AVE NE GRAND RAPIDS, MI 49503	<sub>\$</sub> 25.00	<sub>\$</sub> 2,625.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:  Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 20 of 25	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number \_\_2023021

**CANDIDATE COMMITTEE** 

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? VES 4. Date of Receipt 10/13/2024  Name & Address: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 252 PAC 140 64TH AVE N STE 4 COOPERSVILLE, MI 49404  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 1,000.00	<sub>\$</sub> 1,000.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address  DIRK SNOEK 3937 PEMBERTON CT SE	<sub>\$</sub> 5.00	<sub>\$</sub> 5.00
GRAND RAPIDS, MI 49508		1
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 10/14/2024  Name & Address: PHILIP VANDERMEER 1825 W KEATING AVE MESA, AZ 85202	<sub>\$</sub> 10.00	<sub>\$</sub> 35.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/14/2024 Name & Address PAUL MAYHUE 244 HERITAGE COMMONS ST SE GRAND RAPIDS, MI 49503	<sub>\$</sub> 5.00	<sub>\$</sub> 45.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,020.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 21 of 25	line 3a of Summary Page.	



**CANDIDATE COMMITTEE** 

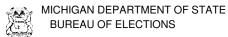
1. Committee I.D. Number \_\_\_\_2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

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 10/14/2024  Name & Address: NANCY MEYER 1676 RIDGEMOOR DR SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 25.00	<sub>\$</sub> 125.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED	·	
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address  LORI KEEN  501 ALGER ST SE  GRAND RAPIDS, MI 49507	<sub>\$</sub> 51.83	<sub>\$</sub> 301.83
5. If over \$100.00 cumulative, please provide:  Occupation LAB MANAGER Employer CALVIN UNIVERSITY  Business Address 3201 BURTON ST SE, GRAND RAPIDS, MI 49506  Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address:  WALLSON KNACK CAMPAU CIR NW GRAND RAPIDS, MI 49503	<sub>\$</sub> 258.32	<sub>\$</sub> 258.32
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address  DENNIS TOLSMA  2043 ELDORADO DR NE  ATLANTA, GA 30345	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	360.15	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	J

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Page.

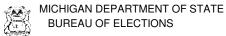


1. Committee I.D. Number \_\_\_\_2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

# **CANDIDATE COMMITTEE**

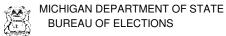
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address: DON HETTINGA 2325 JEFFERSON DR SE GRAND RAPIDS, MI 49507	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED		
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address  LORETTA JONES  LAKE MICHIGAN DR NW  GRAND RAPIDS, MI 49504	<sub>\$</sub> 103.45	<sub>\$</sub> 155.28
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address:  KRISTINE BROWN 1904 BLUEHILL DR NE GRAND RAPIDS, MI 49525	<sub>\$</sub> 51.83	<sub>\$</sub> 51.83
5. If over \$100.00 cumulative, please provide:  Occupation MARKETING Employer PINE REST CHRISTIAN MENTAL HEALTH		
Business Address 300 68TH ST SE, GRAND RAPIDS, MI 49548		
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  VIRGINIA STEELE 2105 RAYBROOK ST SE  GRAND RAPIDS, MI 49546	<sub>\$</sub> 100.00	<sub>\$_</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address  Type of Contribution:  Loan from a person Fund Raiser		
Page Subtota	280.28	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 23 of 25	line 3a of Summary Page.	



1. Committee I.D. Number \_\_2023021

#### **CANDIDATE COMMITTEE**

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 10/15/2024  Name & Address: VIRGINIA LAGRAND		
255 COLLEGE AVE SE	<sub>\$</sub> 25.00	¢ 575.00
GRAND RAPIDS, MI 49503	<u>\$ 23.00</u>	\$ <b>070.00</b>
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
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  KENNETH BRATT		
2041 LITTLE HERON CT SE	<sub>\$</sub> 50.00	<sub>\$</sub> 200.00
GRAND RAPIDS, MI 49546	\$ <u>00.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation PROFESSOR EMERITUS Employer CALVIN UNIVERSITY		
Business Address 3201 BURTON ST SE, GRAND RAPIDS, MI 49506		
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:  MICHIGAN SMART TD PAC 27061 SHARRARD HILL CT NEW HUDSON, MI 48165	<sub>\$</sub> 250.00	<sub>\$</sub> 750.00
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 10/20/2024		
Name & Address KRISTIN REVERE 1060 INNES ST NE GRAND RAPIDS, MI 49503	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer GOLD COAST DOULAS		
Business Address 1430 ROBINSON RD SE, GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	375.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 24 of 25	Enter this total on line 3a of Summary Page.	



#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

1. Committee I.D. Number

2023021

LAGRAND FOR GRAND RAPIDS

	ox to indicate if conf	tribution is from a Political Co	ual, enter last name, first name, mmittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: KEARY SAWYE			eceipt 10/20/2024		
2882 COPPER GRAND RAPID		NE.		<sub>\$</sub> 100.00	° 100.00
5. If over \$100.00 cum	•	vido.		\$	<b>\$</b>
			R LAW OFFICES, PC		
Business Address 41	8 COLLEGE	AVE NE, GRAND	RAPIDS, MI 49503		
Type of Contribution:		Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of R	eceipt		
				\$	\$
5. If over \$100.00 cum	ulative, please pro	ovide:		Click Here fo	r Memo Itemization
Occupation		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of F	Receipt	-	
				\$	\$
5. If over \$100.00 cum	ulative, please pro	ovide:		Click Here for	r Memo Itemization
5. If over \$100.00 cum  Occupation				Click Here for	r Memo Itemization
Occupation		Employer	_	Click Here for	r Memo Itemization
Occupation			_	Click Here for	r Memo Itemization
Occupation		Employer	Fund Raiser	Click Here for	Memo Itemization
Occupation Business Address Type of Contribution: [ 3. Contribution # 4	Direct	Employer Loan from a person	Fund Raiser	Click Here for	* Memo Itemization
Occupation Business Address Type of Contribution: [ 3. Contribution # 4	Direct PAC Receipt?	Loan from a person  YES  4. Date of	Fund Raiser	\$	\$
Occupation Business Address Type of Contribution: [  3. Contribution # 4 Name & Address	Direct PAC Receipt?	Loan from a person  YES 4. Date of	Fund Raiser  Receipt	\$	\$  T Memo Itemization
Occupation Business Address Type of Contribution: [ 3. Contribution # 4 Name & Address  5. If over \$100.00 cum	Direct PAC Receipt?	Loan from a person  YES 4. Date of	Fund Raiser  Receipt	\$	\$
Occupation  Business Address Type of Contribution: [  3. Contribution # 4 Name & Address  5. If over \$100.00 cure Occupation	Direct PAC Receipt?	Loan from a person  YES 4. Date of	Fund Raiser  Receipt	\$	\$
Occupation Business Address Type of Contribution:   3. Contribution # 4 Name & Address  5. If over \$100.00 cum Occupation Business Address	Direct PAC Receipt?	Loan from a person  YES 4. Date of povide:  Employer	Fund Raiser Receipt	\$Click Here for	\$

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

1. Committee I. D. Number <u>20</u>23021

#### 2. Committee Name LAGRAND FOR GRAND RAPIDS

CANDIDATE COMM	IIIIEE 2. Committee Name		
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: MICHIGAN LCV PAC 3029 MILLER RD ANN ARBOR, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4.	86.80	\$ 7,672.05
Fund Raiser Contribution			
Contribution # 2 PAC Receipt? Yes Name & Address	4.  Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN		\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description  5. Date Of Receipt:  6. Vendor Name & Address:	liek Hove for Marco	ltomination.
	C	lick Here for Memo	itemization
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes Name & Address:	4.	:	\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description  5. Date Of Receipt:  6. Vendor Name & Address:	lick Here for Memo	Itemization
Fund Raiser Contribution			
	Page Subtota	86.80	7,672.05
	Grand Total of all Schedules 1-I (Complete on last page of Schedule	I AN ALL	



#### 2. Committee Name LAGRAND FOR GRAND RAPIDS

		T = = :	
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name AIDAN ROZEMA Address 1635 BLUE GRASS CT SE	Purpose: FELLOW STIPEND	08/28/2024 Date	\$ <u>228.15</u>
GRAND RAPIDS, MI 49546  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name JAYLYNNE MONTERROSO Address	Purpose: FELLOW STIPEND	08/28/2024 Date	\$ <u>44.55</u>
1612 MICHIGAN ST NE GRAND RAPIDS, MI 49503			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name QUINN DEVRIES	Purpose: FELLOW STIPEND	08/28/2024 Date	\$ <u>114.88</u>
Address 7010 SKYE CT ALTO, MI 49302	Purpose: 1 LLLOW OTH LIND		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name WILLIAM BLANCHARD		08/28/2024	\$ 81.00
Address 53 CARLTON AVE SE GRAND RAPIDS, MI 49506	Purpose: FELLOW STIPEND	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name SUMMER KHAN		08/28/2024	
Address 7545 KENROB DR SE	Purpose: FELLOW STIPEND	Date	\$ <u>38.25</u>
GRAND RAPIDS, MI 49546  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	506.83
	Crond Tatal of all	Cabadulas 1D	200.00
	Grand Total of all ( (Complete on last page		



2. Committee Name LAGRAND FOR GRAND RAPIDS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name KRISHNA MANO  Address 3407 MASON RIDGE DR NE GRAND RAPIDS, MI 49525  Fund Raiser	Purpose: FELLOW STIPEND  Check box if this expenditure is payment of debt or obligation reported on previous	08/28/2024 Date	\$ <u>96.50</u>
Expenditure #2	statement		
Name ABBY ZOETEWEY  Address 1203 GRIGGS ST SE GRAND RAPIDS, MI 49507	Purpose: FELLOW STIPEND	08/28/2024 Date	\$ <u>289.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name WILLIAM DEMMINK  Address 6960 OLDE PINE DR	Purpose: FELLOW STIPEND	08/28/2024 Date	\$ <u>467.46</u>
GEORGETOWN TWP, MI 49428  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4  Name PARAGON PAYMENT SOLUTIONS		09/03/2024	\$ 205.41
Address 2141 E BROADWAY RD SUITE 202	Purpose: FEES	Date	
TEMPE, AZ 85282	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name NGP VAN  Address 655 15TH ST NW SUITE 650	Purpose: SOFTWARE	09/03/2024 Date	\$ <u>320.00</u>
WASHINGTON, DC 20005  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	1,378.37
	Grand Total of all S (Complete on last page		



2. Committee Name LAGRAND FOR GRAND RAPIDS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name HOMEBASE  Address 835 HOWARD ST 2ND FLOOR SF, CA 94103  Fund Raiser	Purpose: SOFTWARE  Check box if this expenditure is payment of debt or obligation reported on previous statement	09/13/2024 Date	\$ <u>24.95</u>
Expenditure #2  Name CATE MEYER  Address 350 MANHATTAN RD SE EAST GRAND RAPIDS, MI 49506	Purpose: FELLOW STIPEND  Check box if this expenditure is payment of	09/16/2024 Date	\$ <u>228.15</u>
Fund Raiser Expenditure #3	debt or obligation reported on previous statement		
Name TIANA PEAVEY  Address 752 PARIS AVE SE GRAND RAPIDS, MI 49503	Purpose: STIPEND  Check box if this expenditure is payment of debt or obligation reported on previous	09/16/2024 Date	\$ <u>1,500.00</u>
Expenditure #4  Name WILLIAM BLANCHARD  Address 53 CARLTON AVE SE GRAND RAPIDS, MI 49506  Fund Raiser	Purpose: FELLOW STIPEND  Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ <u>40.00</u>
Name WILLIAM BLANCHARD  Address 53 CARLTON AVE SE GRAND RAPIDS, MI 49506  Fund Raiser	Purpose: FELLOW STIPEND  Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ <u>91.50</u>
		tal this page	1,884.60
	Grand Total of all S (Complete on last page		



#### <sup>2</sup> Committee Name LAGRAND FOR GRAND RAPIDS

2. 0	ommittee Name		<del></del>
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name SUMMER KHAN		09/16/2024	\$ 109.20
Address	Purpose: FELLOW STIPEND	Date	100120
7545 KENROB DR SE	Тирозс.		
GRAND RAPIDS, MI 49546			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name QUINN DEVRIES		09/16/2024	° 570 56
<b>3.3</b> 2 = = 3	FELLOW STIDEND	Date	\$ <u>570.56</u>
Address	Purpose: FELLOW STIPEND		
7010 SKYE CT			
ALTO, MI 49302			
□c. (a)	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name KRISHNA MANO		09/16/2024	¢ 202 50
Address	Purpose: FELLOW STIPEND	Date	\$ <u>292.50</u>
3407 MASON RIDGE DR NE	Purpose:		
GRAND RAPIDS, MI 49525	<u> </u>		
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name KIRA WILSON		09/16/2024	
111111111111111111111111111111111111111		Date	\$ 86.70
Address	Purpose: FELLOW STIPEND	Date	
1525 108TH ST SW			
BYRON CENTER, MI 49315			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name GEORGE HOLMES		09/16/2024	_
Address	Purpose: FELLOW STIPEND	Date	\$ <u>12.75</u>
3230 BONNELL AVE SE	ruipose		
EAST GRAND RAPIDS, MI 49506			
_	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	<u>.</u>	
	Subto	tal this page	1,071.71
	Grand Total of all S	Schedules 1R	.,
	(Complete on last page		



2. Committee Name LAGRAND FOR GRAND RAPIDS

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name ABBY ZOETEWEY  Address	Purpose: FELLOW STIPEND	09/16/2024 Date	\$ <u>333.15</u>
1203 GRIGGS ST SE GRAND RAPIDS, MI 49507			
2, 222	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name WILLIAM DEMMINK		09/16/2024	\$ 414.18
Address	Purpose: FELLOW STIPEND	Date	<u> </u>
6960 OLDE PINE DR	Тагрозс.		
GEORGETOWN TWP, MI 49428			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name ANGEL SETOR SMITH	5511 OW OTIDEND	09/16/2024	\$ 177.30
Address 555 7TH ST NW	Purpose: FELLOW STIPEND	Date	
GRAND RAPIDS, MI 49504			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name WALGREENS		09/18/2024	\$ 5.08
Address	Purpose: SUPPLIES	Date	* <u>0.00</u>
1601 KALAMAZOO AVE SE			
GRAND RAPIDS, MI 49507			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name EASTOWN US POST OFFICE		09/18/2024	
Address	Purpose: POSTAGE	Date	\$ <u>280.00</u>
1451 LAKE DR SE			
GRAND RAPIDS, MI 49516	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
- and mason	statement	otal this page	1 000 71
			1,209.71
	Grand Total of all (Complete on last page		
		´ L	



2. Committee Name LAGRAND FOR GRAND RAPIDS

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name EASTOWN US POST OFFICE  Address 1451 LAKE DR SE	Purpose: POSTAGE	09/18/2024 Date	\$ 22.40
GRAND RAPIDS, MI 49516	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name MAGGIE SCHMIDT DESIGN		09/18/2024	\$ 90.00
Address 6583 MITCHELL RD	Purpose: GRAPHIC DESIGN	Date	+ <u>00.00</u>
PALMYRA, MI 49268			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name EASTOWN US POST OFFICE	DOCTAGE	09/19/2024	\$ 280.00
Address 1451 LAKE DR SE	Purpose: POSTAGE	Date	
GRAND RAPIDS, MI 49516			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name THE ORIGINAL PRINT SHOPPE		09/22/2024	\$ 30,389.16
Address	Purpose: PRINTING	Date	
511 BROWN RD			
ORION TWP, MI 48359			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name NAACP GRAND RAPIDS		09/30/2024	
Address 640 EASTERN AVE SE	Purpose: EVENT TICKET	Date	\$ <u>193.92</u>
STE 1	Cheek hey if this synanditure is recorded to		
GRAND RAPIDS, MI 49503	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	1	
	Subto	otal this page	30,975.48
	Grand Total of all		
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2. Committee Name LAGRAND FOR GRAND RAPIDS

		T = =	
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SUMMER KHAN		09/30/2024	\$ 30.45
Address 7545 KENROB DR SE GRAND RAPIDS, MI 49546	Purpose: FELLOW STIPEND	Date	
CITAIND ITAI IDO, IVII 49040	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name SAMANTHA WAGNER		09/30/2024	\$ 269.70
Address 6931 W COTTAGE LN	Purpose: FELLOW STIPEND	Date	<u> </u>
ROCKFORD, MI 49341			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name QUINN DEVRIES	FELLOW OTIDEND	09/30/2024	\$ <u>295.68</u>
Address 7010 SKYE CT	Purpose: FELLOW STIPEND	Date	
ALTO, MI 49302			
71213, WII 10002	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name KRISHNA MANO		09/30/2024	\$ 120.30
Address	Purpose: FELLOW STIPEND	Date	120.00
3407 MASON RIDGE DR NE GRAND RAPIDS, MI 49525	,		
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name KIRA WILSON		09/30/2024	
Address 1525 108TH ST SW	Purpose: FELLOW STIPEND	Date	\$ <u>62.25</u>
BYRON CENTER, MI 49315			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	778.38
	Grand Total of all	Schedules 1B	
	(Complete on last page		



#### <sup>2</sup> Committee Name LAGRAND FOR GRAND RAPIDS

2. 0	ommittee Name		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name GEORGE HOLMES		09/30/2024	\$ 133.05
	Purpose: FELLOW STIPEND	Date	Ψ <u>100.00</u>
3230 BONNELL AVE SE	Purpose: 1 LLLOVV OTTI LIVE		
EAST GRAND RAPIDS, MI 49506			
2701 GITTIND TITE 100, WII 40000	Check box if this expenditure is payment of		
□ <sub>□</sub>	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name ANGEL SETOR SMITH		09/30/2024	\$ 243.90
	Purpose: FELLOW STIPEND	Date	Ψ <u>Z+0.30</u>
Address	Purpose: I LLLOVV OTII LIVD		
555 7TH ST NW			
GRAND RAPIDS, MI 49504			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name ABBY ZOETEWEY		00/00/0004	
ADDIZOLILVVLI		09/30/2024	\$ 347.10
Address	Purpose: FELLOW STIPEND	Date	
1203 GRIGGS ST SE			
GRAND RAPIDS, MI 49507			
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name WILLIAM DEMMINK		09/30/2024	
VVIELIA (IVI DEIVIIVIII VIX			\$ 529.92
Address	Purpose: FELLOW STIPEND	Date	
6960 OLDE PINE DR			
GEORGETOWN TWP, MI 49428			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Event diture #E	Statement		
Expenditure #5			
Name REALISM IS LOYALTY		09/30/2024	.00.40
Address	Purpose: EVENT TICKET	Date	\$ <u>26.13</u>
601 M.L.K. JR ST SE			
GRAND RAPIDS, MI 49507			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	1,280.10
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#### 2. Committee Name LAGRAND FOR GRAND RAPIDS

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
3. Name and address of person of vertuor to whom paid	4. Fulpose (nequired information)	5. Date	6. Amount
Expenditure #1			
Name PARAGON PAYMENT SOLUTIONS		10/02/2024	\$ 253.72
Address	Purpose: FEES	Date	200172
2141 E BROADWAY RD	Turpose.		
SUITE 202			
TEMPE, AZ 85282	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name NGP VAN		10/02/2024	000.00
1401 47114	COETMADE	Date	\$ <u>320.00</u>
Address	Purpose: SOFTWARE	Date	
655 15TH ST NW			
SUITE 650			
WASHINGTON, DC 20005	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name WALGREENS		10/04/2024	
Wilediteeno	OLIDBLIEG		\$ <u>6.99</u>
Address 1601 KALAMAZOO AVE SE	Purpose: SUPPLIES	Date	
GRAND RAPIDS, MI 49507			
GRAND RAPIDS, IVII 49507	Charle have if the course of thems is a common to		
C	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name WING HEAVEN		10/04/2024	* 97 OG
Address	Burnoso: FELLOW APPRECIATION	Date	\$ <u>87.96</u>
2020 EASTERN AVE SE	Purpose: Purpose:		
GRAND RAPIDS, MI 49507			
G. B. H. 12 G, III. 1660.	Check box if this expenditure is payment of		
□	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name EASTOWN US POST OFFICE		10/05/2024	
Address	Purpose: POSTAGE	Date	\$ <u>1,752.00</u>
1451 LAKE DR SE	Fulpose		
GRAND RAPIDS, MI 49516			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	2,420.67
	Occupation 1 ( )	0 a la a al 4 D	<i>L</i> ,¬ <i>L</i> 0.01
	Grand Total of all ( (Complete on last page		
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1. Committee I. D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

	4 Division (Pagning Information)	I E Data	C. A
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name OFFICE DEPOT		10/05/2024	\$ 199.57
Address	Purpose: SUPPLIES	Date	
2895 RADCLIFF AVE SE			
KENTWOOD, MI 49512			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name MEIJER		10/05/2024	\$ 25.96
	Purpose: PARADE CANDY	Date	Ψ <u>23.30</u>
Address 1997 E BELTLINE AVE NE	Purpose: 174 74 5 2 57 44 5 1		
GRAND RAPIDS, MI 49525			
CITO (10 10 10 10 10 10 10 10 10 10 10 10 10 1	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
·			
Name EASTOWN US POST OFFICE		10/07/2024	\$ 1,679.00
Address	Purpose: POSTAGE	Date	
1451 LAKE DR SE			
GRAND RAPIDS, MI 49516			
П <sub>с из</sub> :	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name WILLIAM BLANCHARD		10/09/2024	\$ 129.45
Address	Purpose: FELLOW STIPEND	Date	⇒ <u>123.43</u>
53 CARLTON AVE SE	Purpose:		
GRAND RAPIDS, MI 49506			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	- Gatomont		
'			
Name GRAND RIVER BANK	DANIKIN'S EEE	10/09/2024	\$ 10.00
Address	Purpose: BANKING FEE	Date	10.00
4471 WILSON AVE SW GRANDVILLE, MI 49418			
CHAND VILLE, IVII 43410	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	0.040.00
	Subio	tai tilis paye	2,043.98
	Grand Total of all ( (Complete on last page)		



1. Committee I. D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

		1	• • •
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name OFFICE DEPOT		10/10/2024	\$ 77.89
	Purpose: SUPPLIES	Date	Ψ <u>11.00</u>
Address 2895 RADCLIFF AVE SE	Purpose:		
KENTWOOD, MI 49512			
N. 10012	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name EASTOWN US POST OFFICE		10/10/2024	\$ 730.00
• • •	Purpose: POSTAGE	Date	100100
Address 1451 LAKE DR SE	Purpose:		
GRAND RAPIDS, MI 49516			
GRAND RAPIDS, IVII 49510			
□	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name CITY OF GRAND RAPIDS		10/12/2024	0.00
	DADKING	Date	\$ <u>8.00                                   </u>
Address 300 MONROE AVE NW	Purpose: PARKING	Dale	
GRAND RAPIDS, MI 49503			
CHAIND HALIDO, INI 40000	Check box if this expenditure is payment of		
Cond Bridge	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name WILLIAM DEMMINK		10/15/2024	470.70
	Purpose: FELLOW STIPEND	Date	\$ <u>473.76</u>
Address 6960 OLDE PINE DR	Purpose: T LLLOVV 3111 LIVD		
GEORGETOWN TWP, MI 49428			
GLONGLIOWN TWF, WII 49420			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name TIANA PEAVEY		10/15/0004	
	QTIDENID	10/15/2024	\$ 1,500.00
Address 752 PARIS AVE SE	Purpose: STIPEND	Date	
GRAND RAPIDS, MI 49503			
CHAIND HALIDO, IVII 43000	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
1 uno naisei	statement	<u> </u>	
	Subto	tal this page	2,789.65
	Grand Total of all	Schedules 1B	
	(Complete on last page	e of Schedule)	



LAGRAND FOR GRAND RAPIDS

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 SUMMER KHAN		10/15/2024	\$ 62.25
Address 7545 KENROB DR SE GRAND RAPIDS, MI 49546	Purpose: FELLOW STIPEND	Date	
CITATO TO T			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name WILLIAM BLANCHARD		10/15/2024	\$ 132.00
Address	Purpose: FELLOW STIPEND	Date	
53 CARLTON AVE SE			
GRAND RAPIDS, MI 49506			
G. B. H. 12 G, III. 16666	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name KRISHNA MANO		10/15/2024	\$ 137.25
Address	Purpose: FELLOW STIPEND	Date	
3407 MASON RIDGE DR NE			
GRAND RAPIDS, MI 49525			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
·			
Name QUINN DEVRIES		10/15/2024	\$ 350.08
Addross	Purpose: FELLOW STIPEND	Date	§ <u>330.00</u>
Address 7010 SKYE CT	Purpose: TELEGYV OTTI EIVE		
ALTO, MI 49302			
ALTO, WII 49302			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name SAMANTHA WAGNER			
SAIVIAN I HA WAGINEN		10/15/2024	\$ 262.05
Address	Purpose: FELLOW STIPEND	Date	Ψ <u>202.03</u>
6931 W COTTAGE LN			
ROCKFORD, MI 49341			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	943.63
	Grand Total of all S	Schedules 1B	<del>,</del>
	(Complete on last page	of Schedule)	



1. Committee I. D. Number 2023021

### 2. Committee Name LAGRAND FOR GRAND RAPIDS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name GEORGE HOLMES  Address 3230 BONNELL AVE SE EAST GRAND RAPIDS, MI 49506	Purpose: FELLOW STIPEND	10/15/2024 Date	\$ <u>87.75</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2  Name KIRA WILSON  Address  1525 108TH ST SW	Purpose: FELLOW STIPEND	10/15/2024 Date	\$ <u>61.50</u>
BYRON CENTER, MI 49315  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3  Name ANGEL SETOR SMITH  Address 555 7TH ST NW	Purpose: FELLOW STIPEND	10/15/2024 Date	\$ <u>288.00</u>
GRAND RAPIDS, MI 49504  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4  Name ABBY ZOETEWEY  Address 1203 GRIGGS ST SE GRAND RAPIDS, MI 49507	Purpose: FELLOW STIPEND	10/15/2024 Date	\$ <u>151.65</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5  Name HOMEBASE  Address 835 HOWARD ST 2ND FLOOR SF, CA 94103  Fund Raiser	Purpose: SOFTWARE  Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ <u>24.95</u>
		tal this page	613.85
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number 2023021

### 2. Committee Name LAGRAND FOR GRAND RAPIDS

	T		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
·		10/17/2024	
Name THE ORIGINAL PRINT SHOPPE		10/17/2024	\$ 21,171.86
	Purpose: PRINTING	Date	· <del>- · ·</del>
Address 511 BROWN RD	Purpose: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ORION TWP, MI 48359			
	Check box if this expenditure is payment of	f	
Fund Raiser	debt or obligation reported on previous		
Li una naisei	statement		
Expenditure #2			
Name MAGGIE SCHMIDT DESIGN		10/17/2024	<b>5</b> 4.00
WAGGIE GOLIWID I DEGIGIN			\$ 54.00
Address	Purpose: GRAPHIC DESIGN	Date	
Address	Fulpose.		
6583 MITCHELL RD			
PALMYRA, MI 49268			
	Check box if this expenditure is payment of	f	
<sub>П</sub>	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name ODANID DIVED DANIK			
Name GRAND RIVER BANK		10/18/2024	\$ 105.00
	BANKING EEE	Date	₹ 103.00
Address	Purpose: BANKING FEE	Bate	
4471 WILSON AVE SW			
GRANDVILLE, MI 49418			
	Check box if this expenditure is payment of	f	
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name			
			\$
Addross		Date	Ψ
Address	Purpose:		
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	f	
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
Address		Date	\$
Address	Purpose:	Date	
	OP-1	Hara for Maine	Itomization Trees
			Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	Ī	
Fund Raiser	statement		
	Subt	otal this page	21,330.86
	Grand Total of all	Schedules 1R	60 227 82
	Grand Total of all		LU / U')

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



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

2023021

	- USE A SEPARATE SHI	EET FOR EACH EVENT -	
. 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. TOLER/TRUDEAU HOME
10/01/2024	18	RECEPTION FEATURING JOCELYN BENSON	1353 BRIDGE ST NW GRAND RAPIDS, MI 4950 Private Residence
Total Contributions	4,511.77		
Other Receipts	0.00	<del></del>	
Gross Receipts (Add lines 7 a	4,511.77		
. Total Cost of Event otal Cost includes In-Kind Cor	0.00 ntributions and All Expenditures	Made For the Event)	
. Check if event was a joi	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
	<u>-</u>		
			<del></del>
	· -		
		<del></del>	
	ed to file a separate Fund Raise	<del></del>	

- 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	- 1	of I	