



FILED

25 OCT 2024 PM 03:03

KENT COUNTY CLERK
GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 08/27/2024 to 10/20/2024

1. Committee I.D. Number

2023021

4. Candidate Last Name First Name M.I.

LAGRAND DAVID M

2. Committee Name

LAGRAND FOR GRAND RAPIDS

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

MAYOR, GRAND RAPIDS

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

5. Committee's Mailing Address

**1551 KALAMAZOO AVE SE
GRAND RAPIDS, MI 49507**

6. Treasurer's Name & Residential Address

**RICHARD WILLIAMSON
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 be sent to this address by the filing official.

Area Code & Phone (616) 499-1814

7. Treasurer's Business Address

**752 PARIS AVE SE
GRAND RAPIDS, MI 49503**

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

**RICHARD WILLIAMSON
752 PARIS AVE SE
GRAND RAPIDS, MI 49503**

Area Code and Phone (616) 499-1814

Area Code and Phone (616) 499-1814

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

11/05/2024

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2023021

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name LAGRAND FOR GRAND RAPIDS

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>22,423.85</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>22,423.85</u>	(18.) \$ <u>190,360.41</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>22,423.85</u>	(20.) \$ <u>190,360.41</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>86.80</u>	(21.) \$ <u>5,196.29</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>69,227.82</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>69,227.82</u>	(23.) \$ <u>187,911.87</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>49,252.51</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>22,423.85</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>71,676.36</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>69,227.82</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>2,448.54</u>	*



**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? <input type="checkbox"/> YES	4. Date of Receipt <u>08/28/2024</u>	
Name & Address: DONALD TAYLOR 4536 HERSMAN ST SE GRAND RAPIDS, MI 49546		\$ <u>258.32</u>	\$ <u>1,715.80</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/28/2024</u>	
Name & Address: DAVID BAAK 30 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>51.83</u>	\$ <u>51.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/28/2024</u>	
Name & Address: JEANIE KAMMERAAD 2136 S CROSS CREEK DR SE GRAND RAPIDS, MI 49508		\$ <u>26.01</u>	\$ <u>233.12</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/28/2024</u>	
Name & Address: JULIE GUEVARA 1716 LOTUS AVE SE GRAND RAPIDS, MI 49506		\$ <u>103.45</u>	\$ <u>155.28</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 439.61

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES	4. Date of Receipt <u>08/28/2024</u>	
Name & Address: KARL WESTERHOF 2220 PARIS AVE SE GRAND RAPIDS, MI 49507		\$ <u>26.01</u>	\$ <u>77.02</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/30/2024</u>	
Name & Address: JOHN LAGRAN 1110 CRESCENT ST NE GRAND RAPIDS, MI 49503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>ADVANCED OB/GYN</u> Business Address <u>1110 CRESCENT ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/31/2024</u>	
Name & Address: KENNETH BRATT 2041 LITTLE HERON CT SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR EMERITUS</u> Employer <u>CALVIN UNIVERSITY</u> Business Address <u>3201 BURTON ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/03/2024</u>	
Name & Address: RENTAL PROPERTY OWNERS ASSOCIATION PAC 1459 MICHIGAN ST NE GRAND RAPIDS, MI 49503		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,626.01**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/03/2024</u>	
Name & Address: GERALD ETKIND 1050 ELLIOTT ST SE GRAND RAPIDS, MI 49507		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FURNACE OPERATOR</u> Employer <u>STATE HEAT TREATING COMPANY</u> Business Address <u>520 32ND ST SE, GRAND RAPIDS, MI 49548</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/04/2024</u>	
Name & Address: TEAMSTERS LOCAL 406 PAC 3315 EASTERN AVE SE GRAND RAPIDS, MI 49508		\$ <u>1,000.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/06/2024</u>	
Name & Address: DENNIS MURPHY 551 BURTON ST SE GRAND RAPIDS, MI 49507		\$ <u>5.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AMERICAN SEATING</u> Business Address <u>901 BROADWAY AVE NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/09/2024</u>	
Name & Address: AMALGAMATED TRANSIT UNION PAC 918 BENJAMIN AVE NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 1,130.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/09/2024</u>	
Name & Address: MIRA JOURDAN 2626 BROOKLYN AVE SE GRAND RAPIDS, MI 49507		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOLOGIST</u> Employer <u>MIRA KRISHNAN LLC</u> Business Address <u>4320 44TH ST SW, GRANDVILLE, MI 49418</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: BOB COOPER 1919 BOSTON ST SE APT A GRAND RAPIDS, MI 49506		\$ <u>10.53</u>	\$ <u>73.71</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: HEIDI BOLDUC 32 BENJAMIN AVE SE GRAND RAPIDS, MI 49506		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/11/2024</u>	
Name & Address: JEFF CRANSON 2618 COLLEGE AVE NE GRAND RAPIDS, MI 49505		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>425 W OTTAWA ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 370.53

Grand Total of All Schedules 1A
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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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/12/2024</u> Name & Address: RYAN OGLE 1024 CADILLAC DR SE GRAND RAPIDS, MI 49506	<u>\$ 516.45</u>	<u>\$ 516.45</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1680 E PARIS AVE SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/2024</u> Name & Address: TERRY NORLIN 558 MORRIS AVE SE GRAND RAPIDS, MI 49503	<u>\$ 51.83</u>	<u>\$ 51.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/17/2024</u> Name & Address: LAURIE MURPHY 560 TRUMAN ST KENT CITY, MI 49330	<u>\$ 258.32</u>	<u>\$ 258.32</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MILLER JOHNSON</u> Business Address <u>45 OTTAWA AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/17/2024</u> Name & Address: JASON BARRIX 1836 ATHEARN DR SW BYRON CENTER, MI 49315	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>2828 KRAFT AVE SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 926.60

Grand Total of All Schedules 1A
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2. Committee Name LAGRAND FOR GRAND RAPIDS

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/18/2024</u>	
Name & Address: LIZ BRANSDORF 900 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>155.08</u>	\$ <u>155.08</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MIKA MEYERS PLC</u> Business Address <u>900 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/18/2024</u>	
Name & Address: JAMES BRATT 2435 LINDEN AVE SE GRAND RAPIDS, MI 49507		\$ <u>150.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/18/2024</u>	
Name & Address: FREDERICK CONOVER 1048 OTTILLIA ST SE GRAND RAPIDS, MI 49507		\$ <u>93.13</u>	\$ <u>455.11</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/18/2024</u>	
Name & Address: STEVE TENELSHOF 216 PROSPECT AVE NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>GRAND RAPIDS EMERGENCY MEDICAL GROUP</u> Business Address <u>300 JEFFERSON AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 498.21

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/18/2024</u>	
Name & Address: JULIA SMITH 1727 RIDGEWOOD AVE SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>LEGAL AID OF WESTERN MICHIGAN</u> Business Address <u>25 DIVISION AVE S, STE 300, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/18/2024</u>	
Name & Address: LARRY WILEY 4350 RIVERWATCH RD ROCKFORD, MI 49341		\$ <u>25.00</u>	\$ <u>775.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WILEY & CHAMBERLAIN</u> Business Address <u>300 OTTAWA AVE NW, SUITE 810, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/18/2024</u>	
Name & Address: NANCY MEYER 1676 RIDGEMOOR DR SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/18/2024</u>	
Name & Address: JOHN APOL 4921 N QUAIL CREST DR SE GRAND RAPIDS, MI 49546		\$ <u>51.83</u>	\$ <u>178.66</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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
Page.



**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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/19/2024</u>	
Name & Address: THOMAS SCHULTZ 2988 RICHMOND ST NW GRAND RAPIDS, MI 49504		\$ <u>750.00</u>	\$ <u>1,750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>161 OTTAWA AVE NW, SUITE 303, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: MARIANNE STEHOUSER 1789 OAKLEIGH WOODS DR NW GRAND RAPIDS, MI 49504		\$ <u>258.32</u>	\$ <u>258.32</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: TONY BAKER 455 MADISON AVE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FERRIS UNIVERSITY</u> Employer <u>PROFESSOR</u> Business Address <u>1201 S STATE ST, BIG RAPIDS, MI 49307</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: RYAN SCHMIDT 812 ROSEWOOD AVE SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>603.45</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE DEVELOPER</u> Employer <u>INDIGO DESIGN + DEVELOPMENT</u> Business Address <u>920 CHERRY ST SE, STE 3, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,358.32**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/24/2024</u> Name & Address: STEPHEN WATERBURY 150 WOODWARD LN SE GRAND RAPIDS, MI 49506		\$ <u>103.45</u>	\$ <u>465.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/24/2024</u> Name & Address: CHARLES BURPEE 22 CAMPAU CIR NW GRAND RAPIDS, MI 49503		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD LLP</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/25/2024</u> Name & Address: PAULA VANDERHOVEN 2230 RAYBROOK ST SE APT 102 GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>APT 102, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/25/2024</u> Name & Address: ANDREW SCHMIDT 6305 SCARBOROUGH DR SE ADA, MI 49301		\$ <u>150.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BANKER</u> Employer <u>MACATAWA BANK</u> Business Address <u>126 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 553.45

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: SARA DEBOER 1144 IROQUOIS DR SE GRAND RAPIDS, MI 49506		\$ <u>26.01</u>	\$ <u>176.01</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>SELF</u> Business Address <u>1144 IROQUOIS DR SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: VIRGINIA LAGRANT 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: LAURA CESA 1341 LEONARD ST NE GRAND RAPIDS, MI 49505		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: PHILIP QUIST 2111 RAYBROOK ST SE APT 4001 GRAND RAPIDS, MI 49546		\$ <u>103.45</u>	\$ <u>310.35</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **159.46**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/27/2024</u>	
Name & Address: GARY DE KOCK 1673 WALKER AVE NW GRAND RAPIDS, MI 49504		\$ <u>500.00</u>	\$ <u>2,353.45</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: VIRGINIA LAGRANT 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>75.00</u>	\$ <u>525.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: GERALD LYKINS 3031 W BLUFFS DR SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>408.32</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LYKINS LAW PLC</u> Business Address <u>234 DIVISION AVE N, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: THOMAS WALKER 425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 775.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: RICHARD BOUMA 3694 LAKE DR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS + JUDD</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: GEORGE MONSMA 2221 RADCLIFF CIR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: GRAND RAPIDS FIREFIGHTERS UNION PAC 1930 FULLER AVE NE GRAND RAPIDS, MI 49505		\$ <u>1,000.00</u>	\$ <u>8,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: MICHIGAN LCV PAC 3029 MILLER RD ANN ARBOR, MI 48103		\$ <u>5,000.00</u>	\$ <u>7,585.25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **6,200.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: CAROL HENNESSEY 1510 KENAN AVE NW GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: PAUL MITCHELL 502 ROUNDTREE DR NE ADA, MI 49301		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>161 OTTAWA AVE NW, STE 405, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: STEVE TENELSHOF 216 PROSPECT AVE NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>GRAND RAPIDS EMERGENCY MEDICAL GROUP</u> Business Address <u>300 JEFFERSON AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: PAUL MAYHUE 244 HERITAGE COMMONS ST SE GRAND RAPIDS, MI 49503		\$ <u>10.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>244 HERITAGE COMMONS ST SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 360.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: JOSEPH ELIAS 751 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GRAND CITY CAPITAL</u> Business Address <u>260 LEONARD ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/2024</u>	
Name & Address: RONALD GORMAN 2328 WESTWINDE CT NW GRAND RAPIDS, MI 49504		\$ <u>206.70</u>	\$ <u>206.70</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>KENT ISD</u> Business Address <u>2328 WESTWINDE CT NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/03/2024</u>	
Name & Address: MATTHEW VICARI 2541 ANNCHESTER DR SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MILLER JOHNSON</u> Business Address <u>45 OTTAWA AVE SW, STE 1100, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/03/2024</u>	
Name & Address: MICHIGAN REALTORS PAC 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,031.70**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/03/2024</u> Name & Address: WEST MICHIGAN PROGRESS PAC 321 BENJAMIN AVE SE GRAND RAPIDS, MI 49506		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/03/2024</u> Name & Address: JOHN HUNTING 1919 BOSTON ST SE APT B219 GRAND RAPIDS, MI 49506		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/03/2024</u> Name & Address: RANDALL CURREY 615 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>26.01</u>	\$ <u>76.01</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/03/2024</u> Name & Address: JON ROOKS 75 W WALTON AVE MUSKEGON, MI 49440		\$ <u>1,450.00</u>	\$ <u>1,450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>PARKLAND INVESTMENTS, INC.</u> Business Address <u>75 W WALTON AVE, MUSKEGON, MI 49440</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 2,976.01

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES 4. Date of Receipt <u>10/04/2024</u> Name & Address: RICHARD GAFFIN 1860 WILMONT DR SE KENTWOOD, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GRANDLAW</u> Business Address <u>940 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/04/2024</u> Name & Address: MIKE ALKEMA 3040 GRENADA DR SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MORTGAGE LENDER</u> Employer <u>LEEWARD POINT MORTGAGE</u> Business Address <u>2311 E BELTLINE AVE SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/04/2024</u> Name & Address: AARON JONKER 927 GIDDINGS AVE SE GRAND RAPIDS, MI 49506		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>4045 BARDEN ST SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/04/2024</u> Name & Address: CHRISTINE GILMAN 157 GUILD ST NE GRAND RAPIDS, MI 49505		\$ <u>103.45</u>	\$ <u>306.90</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>DISPUTE RESOLUTION CENTER OF WEST MICHIGAN</u> Business Address <u>678 FRONT AVE NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 753.45

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

Enter this total on
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Page.



**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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: LORETTA JONES LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504		\$ <u>51.83</u>	\$ <u>51.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: SHEILA MARTIN 1751 COUNTRY CLUB DR NE GRAND RAPIDS, MI 49505		\$ <u>51.83</u>	\$ <u>103.66</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>SELF</u> Business Address <u>1751 COUNTRY CLUB DR NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: DARLENE LEE 1557 BELMAR DR SE GRAND RAPIDS, MI 49508		\$ <u>26.01</u>	\$ <u>129.67</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PR CONSULTANT</u> Employer <u>DARLING COMMUNICATIONS</u> Business Address <u>1557 BELMAR DR SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: MICHAEL DAVID 709 LYON ST NE GRAND RAPIDS, MI 49503		\$ <u>51.83</u>	\$ <u>151.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STAGEHAND</u> Employer <u>SELF EMPLOYED</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 181.50

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: JASON BARRIX 1836 ATHEARN DR SW BYRON CENTER, MI 49315		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>2828 KRAFT AVE SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: ROSALIE HUIZENGA 2105 RAYBROOK ST SE UNIT 5026 GRAND RAPIDS, MI 49546		\$ <u>51.83</u>	\$ <u>280.49</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2024</u>	
Name & Address: JOE SCHUITEMA 801 LIVINGSTON AVE NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2024</u>	
Name & Address: VIRGINIA LAGRAN 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 226.83

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/2024</u>	
Name & Address: DENNIS MURPHY 551 BURTON ST SE GRAND RAPIDS, MI 49507		\$ <u>5.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AMERICAN SEATING</u> Business Address <u>901 BROADWAY AVE NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/2024</u>	
Name & Address: ELIZABETH WHITE MCDONNELL 605 PROSPECT AVE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CLARK HILL</u> Business Address <u>200 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: DANA FREEMAN 128 BENJAMIN AVE NE GRAND RAPIDS, MI 49503		\$ <u>20.85</u>	\$ <u>66.86</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>AQUINAS COLLEGE</u> Business Address <u>1700 FULTON ST E, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: JULIE GUEVARA 1716 LOTUS AVE SE GRAND RAPIDS, MI 49506		\$ <u>206.70</u>	\$ <u>361.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **332.55**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: BOB COOPER 1919 BOSTON ST SE APT A GRAND RAPIDS, MI 49506		\$ <u>10.53</u>	\$ <u>84.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: JOHN TALLMAN 7159 W SIDNEY RD SIDNEY, MI 48885		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>4020 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/11/2024</u>	
Name & Address: LINDA JONES 1222 LAKE DR SE GRAND RAPIDS, MI 49506		\$ <u>51.83</u>	\$ <u>51.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/13/2024</u>	
Name & Address: KENT COUNTY DEMOCRATIC PARTY 301 FULLER AVE NE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>2,625.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 187.36

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/13/2024</u>	
Name & Address: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 252 PAC 140 64TH AVE N STE 4 COOPERSVILLE, MI 49404		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: DIRK SNOEK 3937 PEMBERTON CT SE GRAND RAPIDS, MI 49508		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: PHILIP VANDERMEER 1825 W KEATING AVE MESA, AZ 85202		\$ <u>10.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: PAUL MAYHUE 244 HERITAGE COMMONS ST SE GRAND RAPIDS, MI 49503		\$ <u>5.00</u>	\$ <u>45.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 1,020.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: NANCY MEYER 1676 RIDGEMOOR DR SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: LORI KEEN 501 ALGER ST SE GRAND RAPIDS, MI 49507		\$ <u>51.83</u>	\$ <u>301.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAB MANAGER</u> Employer <u>CALVIN UNIVERSITY</u> Business Address <u>3201 BURTON ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: WALLSON KNACK CAMPAU CIR NW GRAND RAPIDS, MI 49503		\$ <u>258.32</u>	\$ <u>258.32</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>RETIRED, RETIRED,</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: DENNIS TOLSMA 2043 ELDORADO DR NE ATLANTA, GA 30345		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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
Page.



**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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: DON HETTINGA 2325 JEFFERSON DR SE GRAND RAPIDS, MI 49507		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: LORETTA JONES LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504		\$ <u>103.45</u>	\$ <u>155.28</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: KRISTINE BROWN 1904 BLUEHILL DR NE GRAND RAPIDS, MI 49525		\$ <u>51.83</u>	\$ <u>51.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING</u> Employer <u>PINE REST CHRISTIAN MENTAL HEALTH</u> Business Address <u>300 68TH ST SE, GRAND RAPIDS, MI 49548</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: VIRGINIA STEELE 2105 RAYBROOK ST SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 280.28

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

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line 3a of Summary
Page.



**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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: VIRGINIA LAGRAND 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>575.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/16/2024</u>	
Name & Address: KENNETH BRATT 2041 LITTLE HERON CT SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR EMERITUS</u> Employer <u>CALVIN UNIVERSITY</u> Business Address <u>3201 BURTON ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/17/2024</u>	
Name & Address: MICHIGAN SMART TD PAC 27061 SHARRARD HILL CT NEW HUDSON, MI 48165		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: KRISTIN REVERE 1060 INNES ST NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GOLD COAST DOULAS</u> Business Address <u>1430 ROBINSON RD SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 375.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: KEARY SAWYER 2882 COPPERGROVE CT NE GRAND RAPIDS, MI 49525		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>ATTORNEY</u>		Employer <u>SAWYER LAW OFFICES, PC</u>	
Business Address <u>418 COLLEGE AVE NE, GRAND RAPIDS, MI 49503</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct		<input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address			
		\$	\$
5. If over \$100.00 cumulative, please provide:			
Occupation		Employer	
Business Address			
Type of Contribution: <input type="checkbox"/> Direct		<input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address:			
		\$	\$
5. If over \$100.00 cumulative, please provide:			
Occupation		Employer	
Business Address			
Type of Contribution: <input type="checkbox"/> Direct		<input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address			
		\$	\$
5. If over \$100.00 cumulative, please provide:			
Occupation		Employer	
Business Address			
Type of Contribution: <input type="checkbox"/> Direct		<input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	

Page Subtotal

100.00

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

22,423.85

Enter this total on
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Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHIGAN LCV PAC 3029 MILLER RD ANN ARBOR, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>STAFF TIME</u> 5. Date Of Receipt: <u>10/20/2024</u> 6. Vendor Name & Address:	\$ <u>86.80</u>	\$ <u>7,672.05</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
<input type="checkbox"/> Fund Raiser Contribution			

[Click Here for Memo Itemization](#)

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Page Subtotal

86.80

7,672.05

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

86.80

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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 AIDAN ROZEMA Address 1635 BLUE GRASS CT SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2024 Date	\$ 228.15
Expenditure #2 Name JAYLYNNE MONTERROSO Address 1612 MICHIGAN ST NE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2024 Date	\$ 44.55
Expenditure #3 Name QUINN DEVRIES Address 7010 SKYE CT ALTO, MI 49302 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2024 Date	\$ 114.88
Expenditure #4 Name WILLIAM BLANCHARD Address 53 CARLTON AVE SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2024 Date	\$ 81.00
Expenditure #5 Name SUMMER KHAN Address 7545 KENROB DR SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2024 Date	\$ 38.25

Subtotal this page **506.83**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 KRISHNA MANO Address 3407 MASON RIDGE DR NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2024 Date	\$ 96.50
Expenditure #2 Name ABBY ZOETEWEEY Address 1203 GRIGGS ST SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2024 Date	\$ 289.00
Expenditure #3 Name WILLIAM DEMMINK Address 6960 OLDE PINE DR GEORGETOWN TWP, MI 49428 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2024 Date	\$ 467.46
Expenditure #4 Name PARAGON PAYMENT SOLUTIONS Address 2141 E BROADWAY RD SUITE 202 TEMPE, AZ 85282 <input type="checkbox"/> Fund Raiser	Purpose: FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/03/2024 Date	\$ 205.41
Expenditure #5 Name NGP VAN Address 655 15TH ST NW SUITE 650 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/03/2024 Date	\$ 320.00

Subtotal this page

1,378.37

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 HOMEBASE Address 835 HOWARD ST 2ND FLOOR SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/13/2024 Date	\$ 24.95
Expenditure #2 Name CATE MEYER Address 350 MANHATTAN RD SE EAST GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 228.15
Expenditure #3 Name TIANA PEAVEY Address 752 PARIS AVE SE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 1,500.00
Expenditure #4 Name WILLIAM BLANCHARD Address 53 CARLTON AVE SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 40.00
Expenditure #5 Name WILLIAM BLANCHARD Address 53 CARLTON AVE SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 91.50

Subtotal this page **1,884.60**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 SUMMER KHAN Address 7545 KENROB DR SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 109.20
Expenditure #2 Name QUINN DEVRIES Address 7010 SKYE CT ALTO, MI 49302 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 570.56
Expenditure #3 Name KRISHNA MANO Address 3407 MASON RIDGE DR NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 292.50
Expenditure #4 Name KIRA WILSON Address 1525 108TH ST SW BYRON CENTER, MI 49315 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 86.70
Expenditure #5 Name GEORGE HOLMES Address 3230 BONNELL AVE SE EAST GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 12.75

Subtotal this page **1,071.71**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 ABBY ZOETEWEEY Address 1203 GRIGGS ST SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 333.15
Expenditure #2 Name WILLIAM DEMMINK Address 6960 OLDE PINE DR GEORGETOWN TWP, MI 49428 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 414.18
Expenditure #3 Name ANGEL SETOR SMITH Address 555 7TH ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 177.30
Expenditure #4 Name WALGREENS Address 1601 KALAMAZOO AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2024 Date	\$ 5.08
Expenditure #5 Name EASTOWN US POST OFFICE Address 1451 LAKE DR SE GRAND RAPIDS, MI 49516 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2024 Date	\$ 280.00

Subtotal this page

1,209.71

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 EASTOWN US POST OFFICE Address 1451 LAKE DR SE GRAND RAPIDS, MI 49516 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2024 Date	\$ 22.40
Expenditure #2 Name MAGGIE SCHMIDT DESIGN Address 6583 MITCHELL RD PALMYRA, MI 49268 <input type="checkbox"/> Fund Raiser	Purpose: GRAPHIC DESIGN <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2024 Date	\$ 90.00
Expenditure #3 Name EASTOWN US POST OFFICE Address 1451 LAKE DR SE GRAND RAPIDS, MI 49516 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2024 Date	\$ 280.00
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 511 BROWN RD ORION TWP, MI 48359 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/22/2024 Date	\$ 30,389.16
Expenditure #5 Name NAACP GRAND RAPIDS Address 640 EASTERN AVE SE STE 1 GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: EVENT TICKET <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 193.92

Subtotal this page **30,975.48**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 SUMMER KHAN Address 7545 KENROB DR SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 30.45
Expenditure #2 Name SAMANTHA WAGNER Address 6931 W COTTAGE LN ROCKFORD, MI 49341 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 269.70
Expenditure #3 Name QUINN DEVRIES Address 7010 SKYE CT ALTO, MI 49302 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 295.68
Expenditure #4 Name KRISHNA MANO Address 3407 MASON RIDGE DR NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 120.30
Expenditure #5 Name KIRA WILSON Address 1525 108TH ST SW BYRON CENTER, MI 49315 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 62.25

Subtotal this page

778.38

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 133.05
Expenditure #2 Name ANGEL SETOR SMITH Address 555 7TH ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 243.90
Expenditure #3 Name ABBY ZOETEWEE Address 1203 GRIGGS ST SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 347.10
Expenditure #4 Name WILLIAM DEMMINK Address 6960 OLDE PINE DR GEORGETOWN TWP, MI 49428 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 529.92
Expenditure #5 Name REALISM IS LOYALTY Address 601 M.L.K. JR ST SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: EVENT TICKET <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 26.13

Subtotal this page **1,280.10**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 PARAGON PAYMENT SOLUTIONS Address 2141 E BROADWAY RD SUITE 202 TEMPE, AZ 85282 <input type="checkbox"/> Fund Raiser	Purpose: FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2024 Date	\$ 253.72
Expenditure #2 Name NGP VAN Address 655 15TH ST NW SUITE 650 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2024 Date	\$ 320.00
Expenditure #3 Name WALGREENS Address 1601 KALAMAZOO AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2024 Date	\$ 6.99
Expenditure #4 Name WING HEAVEN Address 2020 EASTERN AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW APPRECIATION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2024 Date	\$ 87.96
Expenditure #5 Name EASTOWN US POST OFFICE Address 1451 LAKE DR SE GRAND RAPIDS, MI 49516 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/05/2024 Date	\$ 1,752.00

Subtotal this page **2,420.67**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 OFFICE DEPOT Address 2895 RADCLIFF AVE SE KENTWOOD, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/05/2024 Date	\$ 199.57
Expenditure #2 Name MEIJER Address 1997 E BELTLINE AVE NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser	Purpose: PARADE CANDY <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/05/2024 Date	\$ 25.96
Expenditure #3 Name EASTOWN US POST OFFICE Address 1451 LAKE DR SE GRAND RAPIDS, MI 49516 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/07/2024 Date	\$ 1,679.00
Expenditure #4 Name WILLIAM BLANCHARD Address 53 CARLTON AVE SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/2024 Date	\$ 129.45
Expenditure #5 Name GRAND RIVER BANK Address 4471 WILSON AVE SW GRANDVILLE, MI 49418 <input type="checkbox"/> Fund Raiser	Purpose: BANKING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/2024 Date	\$ 10.00

Subtotal this page **2,043.98**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 OFFICE DEPOT Address 2895 RADCLIFF AVE SE KENTWOOD, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2024 Date	\$ 77.89
Expenditure #2 Name EASTOWN US POST OFFICE Address 1451 LAKE DR SE GRAND RAPIDS, MI 49516 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2024 Date	\$ 730.00
Expenditure #3 Name CITY OF GRAND RAPIDS Address 300 MONROE AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: PARKING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2024 Date	\$ 8.00
Expenditure #4 Name WILLIAM DEMMINK Address 6960 OLDE PINE DR GEORGETOWN TWP, MI 49428 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 473.76
Expenditure #5 Name TIANA PEAVEY Address 752 PARIS AVE SE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 1,500.00

Subtotal this page **2,789.65**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 SUMMER KHAN Address 7545 KENROB DR SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 62.25
Expenditure #2 Name WILLIAM BLANCHARD Address 53 CARLTON AVE SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 132.00
Expenditure #3 Name KRISHNA MANO Address 3407 MASON RIDGE DR NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 137.25
Expenditure #4 Name QUINN DEVRIES Address 7010 SKYE CT ALTO, MI 49302 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 350.08
Expenditure #5 Name SAMANTHA WAGNER Address 6931 W COTTAGE LN ROCKFORD, MI 49341 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 262.05

Subtotal this page **943.63**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 87.75
Expenditure #2 Name KIRA WILSON Address 1525 108TH ST SW BYRON CENTER, MI 49315 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 61.50
Expenditure #3 Name ANGEL SETOR SMITH Address 555 7TH ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 288.00
Expenditure #4 Name ABBY ZOETEWEE Address 1203 GRIGGS ST SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: FELLOW STIPEND <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 151.65
Expenditure #5 Name HOMEBASE Address 835 HOWARD ST 2ND FLOOR SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 24.95

Subtotal this page

613.85

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 THE ORIGINAL PRINT SHOPPE Address 511 BROWN RD ORION TWP, MI 48359 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/2024 Date	\$ 21,171.86
Expenditure #2 Name MAGGIE SCHMIDT DESIGN Address 6583 MITCHELL RD PALMYRA, MI 49268 <input type="checkbox"/> Fund Raiser	Purpose: GRAPHIC DESIGN <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/2024 Date	\$ 54.00
Expenditure #3 Name GRAND RIVER BANK Address 4471 WILSON AVE SW GRANDVILLE, MI 49418 <input type="checkbox"/> Fund Raiser	Purpose: BANKING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2024 Date	\$ 105.00
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **21,330.86**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **69,227.82**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2023021**
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/01/2024	4. Number of Individuals Attending or Participating (whichever is greater) 18	5. Type of Fund Raising Activity RECEPTION FEATURING JOCELYN BENSON	6. Address and Name (If any) of the place where the activity was held. TOLER/TRUDEAU HOME 1353 BRIDGE ST NW GRAND RAPIDS, MI 49504 <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions **4,511.77**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **4,511.77**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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