MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
05 DEC 2024 PM 05:20
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: 10/21/2024 to 11/25/2024

1. Committee I.D. Number
2023021

2. Committee Name
LAGRAND FOR GRAND RAPIDS

4. Candidate Last Name: LAGRAND First Name: DAVID M.I.: M

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

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.

6. Treasurer's Name & Residential Address
RICHARD WILLIAMSON
752 PARIS AVE SE
GRAND RAPIDS, MI 49503

Area Code & Phone (616) 499-1814

7. Treasurer's Business Address
752 PARIS AVE SE
GRAND RAPIDS, MI 49503

Area Code and Phone (616) 499-1814

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

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

Date of Election, Convention or Caucus
11/05/2024

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.)

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 oustanding assets, owes no lates fees or has any oustanding 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 _____ / _____ Submitted electronically, signature on file Date 12/05/2024
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 12/05/2024
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

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.) $ 2,489.99	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $ 2,489.99	(18.) $ 192,850.40
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $ 0.00	(19.) $ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $ 2,489.99	(20.) $ 192,850.40
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $ 0.00	(21.) $ 5,196.29
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $ 0.00	(22.) $ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) $ 2,705.41	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $ 0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $ 2,705.41	(23.) $ 190,617.28
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $ 0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $ 0.00	(24.) $ 0.00
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed **by** the Committee (Schedule 1E)	(12a.) $ 0.00	
b. Owed **to** the Committee (Schedule 1E)	(12b.) $ 0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $ 2,448.54
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $ 2,489.99
15. SUBTOTAL Add lines 13 and 14	(15.) = $ 4,938.53
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $ 2,705.41
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ 2,233.12 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2024

Name & Address:
ANNE HISKES
1666 BEARD DR SE
GRAND RAPIDS, MI 49546

$103.45 $103.45

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2024

Name & Address
ROBERT CROW
1015 IROQUOIS DR SE
GRAND RAPIDS, MI 49506

$25.00 $50.00

5. If over $100.00 cumulative, please provide:

Occupation DEVELOPMENT OFFICER Employer MULTIPLY222 NETWORK

Business Address 477 SW CASHMERE BLVD, PORT ST. LUCIE, FL 34986

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2024

Name & Address:
EARL HEUER
241 PARIS AVE SE
GRAND RAPIDS, MI 49503

$25.00 $125.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2024

Name & Address
SANDRA REMPEL
8723 VERGENNES ST SE
ADA, MI 49301

$100.00 $203.45

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 253.45

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2024

Name & Address:
LYNNETTE BUCHOLTZ
826 CROSBY ST NW
GRAND RAPIDS, MI 49504

$ 10.00 $ 20.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
ANTOINETTE CHAPMAN
918 PRINCE ST SE
GRAND RAPIDS, MI 49507

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation EXECUTIVE DIRECTOR Employer REALISM IS LOYALTY

Business Address 601 M.L.K. JR ST SE, GRAND RAPIDS, MI 49507

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address:
ADELE VANDERBRUG
1919 BOSTON ST SE
GRAND RAPIDS, MI 49506

$ 25.00 $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/2024

Name & Address
VIRGINIA LAGRAND
255 COLLEGE AVE SE
GRAND RAPIDS, MI 49503

$ 50.00 $ 625.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 135.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
MILT ROHWER
30 COLLEGE AVE SE
APT 64
GRAND RAPIDS, MI 49503

$ 200.00 $ 450.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
NICHOLAS WOLTERSTORFF
EMBASSY DR SE
GRAND RAPIDS, MI 49546

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
ANTHONY VEIT
13403 WINDCREST DR
GRAND HAVEN, MI 49417

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address
JOHN BRANN
7779 TIMBER CANYON CT
ADA, MI 49301

$ 1,000.00 $ 2,000.00

5. If over $100.00 cumulative, please provide:

Occupation OWNER Employer BRANN'S STEAKHOUSE

Business Address 5510 28TH ST SE, GRAND RAPIDS, MI 49512

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 1,550.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/24/2024

Name & Address:
CHRISTIAN MEYER
350 MANHATTAN RD SE
EAST GRAND RAPIDS, MI 49506

$ 500.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer WARNER NORCROSS + JUDD

Business Address 150 OTTAWA AVE NW, STE 1500, GRAND RAPIDS, MI 49503

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/25/2024

Name & Address
LAURA CESA
1341 LEONARD ST NE
GRAND RAPIDS, MI 49505

$ 5.00 $ 10.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/30/2024

Name & Address:
JALYNN LASSIC
2222 FULLER CT
ANN ARBOR, MI 48105

$ 26.01 $ 26.01

5. If over $100.00 cumulative, please provide:

Occupation MORTICIAN Employer UNIVERSITY OF MICHIGAN

Business Address 1137 CATHERINE ST, ANN ARBOR, MI 48109

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 11/03/2024

Name & Address
YOUSEF RABHI
1255 KENSINGTON DR
ANN ARBOR, MI 48104

$ 0.00 $ 0.00

5. If over $100.00 cumulative, please provide:

Occupation COMMISSIONER Employer WASHTENAW COUNTY

Business Address 220 N MAIN ST, ANN ARBOR, MI 48104

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 531.01

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 11/06/2024

Name & Address:
DENNIS MURPHY
551 BURTON ST SE
GRAND RAPIDS, MI 49507

$ 5.00 $ 35.00

5. If over $100.00 cumulative, please provide:

Occupation ENGINEER Employer AMERICAN SEATING

Business Address 901 BROADWAY AVE NW, GRAND RAPIDS, MI 49504

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11/10/2024

Name & Address
BOB COOPER
1919 BOSTON ST SE
APT A
GRAND RAPIDS, MI 49506

$ 10.53 $ 94.77

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 11/25/2024

Name & Address:
LAURA CESA
1341 LEONARD ST NE
GRAND RAPIDS, MI 49505

$ 5.00 $ 15.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address

$ $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal	20.53
Grand Total of All Schedules 1A (Complete on last page of Schedule)	2,489.99

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 FEDEX Address 233 FULTON ST W GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: SHIPPING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/2024 Date	$ 87.00
Expenditure #2 Name ABBY ZOETEWEY Address 1203 GRIGGS ST SE GRAND RAPIDS, MI 49507 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2024 Date	$ 88.95
Expenditure #3 Name ANGEL SETOR SMITH Address 555 7TH ST NW GRAND RAPIDS, MI 49504 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2024 Date	$ 433.20
Expenditure #4 Name GEORGE HOLMES Address 3230 BONNELL AVE SE EAST GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2024 Date	$ 162.75
Expenditure #5 Name KIRA WILSON Address 1525 108TH ST SW BYRON CENTER, MI 49315 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2024 Date	$ 30.30

Subtotal this page	802.20
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2024 Date	$ 261.30
Expenditure #2 Name QUINN DEVRIES Address 7010 SKYE CT ALTO, MI 49302 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2024 Date	$ 411.84
Expenditure #3 Name SAMANTHA WAGNER Address 6931 W COTTAGE LN ROCKFORD, MI 49341 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2024 Date	$ 294.15
Expenditure #4 Name SUMMER KHAN Address 7545 KENROB DR SE GRAND RAPIDS, MI 49546 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2024 Date	$ 104.85
Expenditure #5 Name WILLIAM BLANCHARD Address 53 CARLTON AVE SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2024 Date	$ 81.90

Subtotal this page	1,154.04
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/15/2024 Date	$ 121.95
Expenditure #2 Name SUMMER KHAN Address 7545 KENROB DR SE GRAND RAPIDS, MI 49546 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/15/2024 Date	$ 26.70
Expenditure #3 Name SAMANTHA WAGNER Address 6931 W COTTAGE LN ROCKFORD, MI 49341 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/15/2024 Date	$ 54.30
Expenditure #4 Name QUINN DEVRIES Address 7010 SKYE CT ALTO, MI 49302 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/15/2024 Date	$ 200.32
Expenditure #5 Name ANGEL SETOR SMITH Address 555 7TH ST NW GRAND RAPIDS, MI 49504 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/15/2024 Date	$ 161.40

Subtotal this page	564.67
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 ZOETEWEY Address 1203 GRIGGS ST SE GRAND RAPIDS, MI 49507 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/15/2024 Date	$ 83.40
Expenditure #2 Name KIRA WILSON Address 1525 108TH ST SW BYRON CENTER, MI 49315 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/15/2024 Date	$ 29.70
Expenditure #3 Name GEORGE HOLMES Address 3230 BONNELL AVE SE EAST GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: FELLOW STIPEND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/16/2024 Date	$ 71.40
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	$ _____

Subtotal this page	184.50
Grand Total of all Schedules 1B (Complete on last page of Schedule)	2,705.41

Enter this total on line 8a of Summary Page