MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
25 OCT 2024 PM 04:59
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
2024009

2. Committee Name
CTE ALICIAMARIE BELCHAK

4. Candidate Last Name: BELCHAK First Name: ALICIAMARIE M.I.: A

4a. Office Sought Including District # or Community Served (If applicable)
CITY COMMISSIONER, WARD 1, GRAND RAPIDS

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

5. Committee's Mailing Address
710 JACKSON ST. NW
GRAND RAPIDS, MI 49504

Area Code and Phone (616) 459-4888
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
ALICIAMARIE A BELCHAK
710 JACKSON ST. NW
GRAND RAPIDS, MI 49504

Area Code & Phone (616) 459-4888

7. Treasurer's Business Address
710 JACKSON ST. NW
GRAND RAPIDS, MI 49504

Area Code and Phone (616) 459-4888

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

Area Code and Phone () -

9. **TYPE OF STATEMENT**

9a. [X] Pre-Election **OR** 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [ ] Primary
- [X] 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 10/25/2024
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 10/25/2024
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 2024009

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name CTE ALICIAMARIE BELCHAK

	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) $ 3,860.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $ 3,860.00	(18.) $ 11,101.00
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.) $ 3,860.00	(20.) $ 11,101.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $ 1,587.31	(21.) $ 3,353.85
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.) $ 4,364.29	
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.) $ 4,364.29	(23.) $ 6,278.13
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.) $ 3,144.12	
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.) $ 5,327.16
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $ 3,860.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $ 9,187.16
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $ 4,364.29
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ 4,822.87 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/27/2024

Name & Address:
AMANDA JUNTUNEN
7051 FOXTHORN
CANTON, MI 48187

$ 10.00 $ 10.00

5. If over $100.00 cumulative, please provide:

Occupation ORGANIZER Employer MICHIGAN LEAGUE OF CONSERVATION VOTERS

Business Address 310 BEAKES ST, SUITE 110, ANN ARBOR, MI 48104

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/28/2024

Name & Address
CLIMATE CABINET PAC
150 SUTTER ST
SUITE #695
SAN FRANCISCO, CA 94104

$ 775.00 $ 2,000.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/28/2024

Name & Address:
ANDREW FEIKEMA
240 IONIA AVE SW
GRAND RAPIDS, MI 49503

$ 150.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation SOFTWARE DEVELOPER Employer AMWAY

Business Address 7575 FULTON ST E, ADA, MI 49301

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/30/2024

Name & Address
JEFFREY THOMAS
447 CEDAR ST NE
GRAND RAPIDS, MI 49503

$ 30.00 $ 105.00

5. If over $100.00 cumulative, please provide:

Occupation WEB DESIGNER/DEVELOPER Employer GRANDESIGNS

Business Address 447 CEDAR ST NE, GRAND RAPIDS, MI 49503

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

---

Page Subtotal 965.00

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 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/01/2024

Name & Address:
ROMEO FERRER
8064 CROWLEY DR SW
BYRON CENTER, MI 49315

$ 100.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation PROGRAM MANAGER Employer LINKEDIN

Business Address 1000 W MAUDE AVE, SUNNYVALE, CA 94085

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/03/2024

Name & Address
VICTORIA STEWART
310 BEAKES ST
SUITE 110
ANN ARBOR, MI 48104

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation AP DIRECTOR Employer MICHIGAN LCV

Business Address 310 BEAKES ST, SUITE 110, ANN ARBOR, MI 48104

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/06/2024

Name & Address:
EMILY PERIN
1231 HAMILTON AVE NW
GRAND RAPIDS, MI 49504

$ 15.00 $ 15.00

5. If over $100.00 cumulative, please provide:

Occupation EXECUTIVE ASSISTANT Employer TREADSTONE FUNDING

Business Address 210 FULTON ST E, GRAND RAPIDS, MI 49503

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/13/2024

Name & Address
HOME WELD-WALLIS
713 HOYT ST SE
GRAND RAPIDS, MI 49507

$ 25.00 $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

---

Page Subtotal 240.00

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 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/17/2024

Name & Address:
MATTHEW NELSON
201 FULTON ST W
#806
GRAND RAPIDS, MI 49503

$ 20.00 | $ 20.00

5. If over $100.00 cumulative, please provide:

Occupation OBSERVATION/INSPECTION Employer HRC

Business Address

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/17/2024

Name & Address
AMBER KILPATRICK
238 BRISTOL AVE NW
GRAND RAPIDS, MI 49504

$ 20.00 | $ 45.00

5. If over $100.00 cumulative, please provide:

Occupation SPIRITUAL ECOLOGIST Employer SELF EMPLOYED

Business Address 238 BRISTOL AVE NW, GRAND RAPIDS, MI 49504

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/18/2024

Name & Address:
ANDREW FEIKEMA
240 IONIA AVE SW
GRAND RAPIDS, MI 49503

$ 20.00 | $ 270.00

5. If over $100.00 cumulative, please provide:

Occupation SOFTWARE DEVELOPER Employer AMWAY

Business Address 7575 FULTON ST E, ADA, MI 49301

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/18/2024

Name & Address
MICHAEL STAUFFER
543 MARSH RIDGE DR NW
GRAND RAPIDS, MI 49504

$ 40.00 | $ 90.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

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

---

Page Subtotal 100.00

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 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/19/2024

Name & Address:
MICHIGAN LEAGUE OF CONSERVATION VOTERS
340 BEAKES ST
SUITE 110
ANN ARBOR, MI 48104

$ 1,000.00 | $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/19/2024

Name & Address
CLAY WEST
1600 GLEN FOREST DR SE
ADA, MI 49301

$ 20.00 | $ 70.00

5. If over $100.00 cumulative, please provide:

Occupation JUDGE Employer KENT COUNTY, MI

Business Address 180 OTTAWA AVE SW, GRAND RAPIDS, MI 49503

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/19/2024

Name & Address:
MICHAEL HILL
1439 TRAILSIDE CT NW
GRAND RAPIDS, MI 49504

$ 60.00 | $ 60.00

5. If over $100.00 cumulative, please provide:

Occupation HUMAN RESOURCES Employer HOPE NETWORK

Business Address 3075 ORCHARD VISTA DR SE, GRAND RAPIDS, MI 49546

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/19/2024

Name & Address
JANET ZAHN
222 RICHARDS AVE NW
GRAND RAPIDS, MI 49504

$ 20.00 | $ 45.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer _____

Business Address _____

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

Page Subtotal 1,100.00

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 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/19/2024

Name & Address:
MATTHEW MOREY
956 JENNETTE AVE NW
GRAND RAPIDS, MI 49504

$ 40.00 $ 60.00

5. If over $100.00 cumulative, please provide:

Occupation OFFICE MANAGER Employer KENT COUNTY DEMOCRATIC PARTY

Business Address 301 FULLER AVE NE, GRAND RAPIDS, MI 49503

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/19/2024

Name & Address
BRIGITTE PFEIFFELMANN
111 ARTHUR AVE NE
GRAND RAPIDS, MI 49503

$ 30.00 $ 55.00

5. If over $100.00 cumulative, please provide:

Occupation FIELD ORGANIZING SERVICES Employer SELF EMPLOYED

Business Address 111 ARTHUR AVE NE, GRAND RAPIDS, MI 49503

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/19/2024

Name & Address:
JENNIFER ZIMMERMAN
23 FULLER AVE NE
GRAND RAPIDS, MI 49503

$ 20.00 $ 20.00

5. If over $100.00 cumulative, please provide:

Occupation CEO Employer ZK TECH, INC.

Business Address 2610 HORIZON DR SE, GRAND RAPIDS, MI 49546

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/19/2024

Name & Address
ISMALIS NUNEZ
1038 BENJAMIN AVE SE
GRAND RAPIDS, MI 49506

$ 60.00 $ 60.00

5. If over $100.00 cumulative, please provide:

Occupation SELF EMPLOYED Employer ANEW COLLECTIVE CONSULTING

Business Address 1038 BENJAMIN AVE SE, GRAND RAPIDS, MI 49506

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

---

Page Subtotal 150.00

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 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/19/2024

Name & Address:
RICHARD WILLIAMSON
1213 CALGARY ST NE
GRAND RAPIDS, MI 49505

$ 20.00 $ 20.00

5. If over $100.00 cumulative, please provide:

Occupation DEPUTY FINANCE DIRECTOR Employer MICHIGAN DEMOCRATIC PARTY

Business Address 606 TOWNSEND ST, LANSING, MI 48933

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/20/2024

Name & Address
NICHOLAS VANDER VEEN
1435 BLYTHE DR NW
GRAND RAPIDS, MI 49504

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation CORPORATE COUNSEL Employer HOPE NETWORK

Business Address 3075 ORCHARD VISTA DR SE, GRAND RAPIDS, MI 49546

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/21/2024

Name & Address:
BRANDON DILLON
201 NORWOOD AVE SE
GRAND RAPIDS, MI 49506

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation PARTNER Employer THE WINMATT GROUP (WINMATT GROUP LLC)

Business Address 40 PEARL ST NW, SUITE 1000, GRAND RAPIDS, MI 49503

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/25/2024

Name & Address
PATRICIA GELDERLOOS
2670 GLENCAIRIN DR. NW
GRAND RAPIDS, MI 49504

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

---

Page Subtotal 470.00

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 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/28/2024

Name & Address:
CHRISTIAN CASLER
2803 GERALD AVE NE
GRAND RAPIDS, MI 49505

$ 25.00 | $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/29/2024

Name & Address
EMILY PERIN
1231 HAMILTON AVE NW
GRAND RAPIDS, MI 49504

$ 10.00 | $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/29/2024

Name & Address:
MICHELE COYNE
1633 6TH ST NW
GRAND RAPIDS, MI 49504

$ 100.00 | $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation UNEMPLOYED Employer _____

Business Address _____

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/02/2024

Name & Address
LOGAN BROWN
711 PECAN CT NW
GRAND RAPIDS, MI 49504

$ 25.00 | $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

---

Page Subtotal 160.00

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 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/05/2024

Name & Address:
NATHANIEL ENGLE
1911 W HILLSDALE ST
LANSING, MI 48915

$ 25.00 $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/05/2024

Name & Address
CELIA SAID
8220 WILDERNESS TRAIL NE
ADA, MI 49301

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/08/2024

Name & Address:
CARRIE LOATS
1143 POWERS AVE NW
GRAND RAPIDS, MI 49504

$ 25.00 $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/13/2024

Name & Address
ROBERT KILGO
948 BLACKBURN ST SW
WYOMING, MI 49509

$ 25.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation ADMINISTRATIVE ASSISTANT Employer GCU

Business Address 1010 ALDON ST SW, WYOMING, MI 49509

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

Page Subtotal 175.00

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 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

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 10/13/2024

Name & Address:
JOSH FERGUSON
811 EMERALD AVE NE
GRAND RAPIDS, MI 49503

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation ORGANIZER Employer 270 STRATEGIES

Business Address 207 E OHIO ST, SUITE 379, CHICAGO, IL 60611

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

---

3. Contribution #2 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

---

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

Name & Address:

$ $

Click Here for Memo Itemization

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 500.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) 3,860.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of 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? ☐ Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 **If over $100.00 cumulative, please provide:** Occupation: FREELANCE WRITER & LIFE / LEADERSHIP COACH Employer Name & Business Address: SELF EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504 ☑ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others- **LOAN** Description SPAGHETTI DINNER FUNDRAISER BAR TAB 5. Date Of Receipt: 09/19/2024 6. **Vendor Name & Address:** JACKSON STREET HALL - PNAS 921 JACKSON ST NW, GRAND RAPIDS, MI 49504	$ 100.00	$ 2,047.38
Contribution # 2 PAC Receipt? ☐ Yes Name & Address BETH BOLTINGHOUSE 2730 LEONARD ST NW GRAND RAPIDS, MI 49504 **If over $100.00 cumulative, please provide:** Occupation: RETIRED Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description FOOD FOR SPAGHETTI DINNER FUNDRAISER 5. Date Of Receipt: 09/19/2024 6. **Vendor Name & Address:**	$ 204.73	$ 254.73
Contribution #3 PAC Receipt? ☐ Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 **If over $100.00 cumulative, please provide:** Occupation: FREELANCE WRITER & LIFE / LEADERSHIP COACH Employer Name & Address: SELF EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others- **LOAN** Description CANVASSING LITERATURE 5. Date Of Receipt: 09/23/2024 6. **Vendor Name & Address:** THE ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD, PONTIAC, MI 48341	$ 763.20	$ 2,810.58
	Page Subtotal	1,067.93	254.73
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of 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? ☐ Yes Name & Address: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504 **If over $100.00 cumulative, please provide:** Occupation: FREELANCE WRITER & LIFE / LEADERSHIP COACH Employer Name & Business Address: SELF EMPLOYED 710 JACKSON ST NW, GRAND RAPIDS, MI 49504 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☑ Goods or Services Purchased by Candidate or Others- **LOAN** Description CANVASSING LITERATURE & AV ROBOCALLS 5. Date Of Receipt: 10/15/2024 6. **Vendor Name & Address:** THE ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD, PONTIAC, MI 48341	$ 519.38	$ 3,329.96
Contribution # 2 PAC Receipt? ☐ Yes Name & Address **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description 5. Date Of Receipt: 6. **Vendor Name & Address:** Click Here for Memo Itemization	$	$
Contribution #3 PAC Receipt? ☐ Yes Name & Address: **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description 5. Date Of Receipt: 6. **Vendor Name & Address:** Click Here for Memo Itemization	$	$
	Page Subtotal	519.38	3,329.96
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	1,587.31	

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

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 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: CANVASSING LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/23/2024 Date	$ 763.20
Expenditure #2 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: ABSENTEE VOTER MAILERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/23/2024 Date	$ 2,926.71
Expenditure #3 Name JACKSON STREET HALL - POLISH NATIONAL AID SOCIETY (PNAS) Address 921 JACKSON ST NW GRAND RAPIDS, MI 49504 ☑ Fund Raiser	Purpose: HALL RENTAL & BARTENDER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2024 Date	$ 150.00
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: ABSENTEE VOTER MAILERS & ROBOCALL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	$ 519.38
Expenditure #5 Name GRAND RAPIDS CITY TREASURER Address 300 MONROE AVE NW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: CITY ELECTION DATA ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2024 Date	$ 5.00

Subtotal this page	4,364.29
Grand Total of all Schedules 1B (Complete on last page of Schedule)	4,364.29

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

This Schedule itemizes:

a. ☑ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: UNREIMBURSED EXPENSE / IN-KIN 5. **Date Debt Was Incurred**: 05/10/2024 6. **Original Amount of Debt**: $ 12.17	$ $ $ $ $	$ 0.00	$ 12.17 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? ☐ Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: UNREIMBURSED EXPENSE / IN-KIN 5. **Date Debt Was Incurred**: 05/28/2024 6. **Original Amount of Debt**: $ 150.00	$ $ $ $ $	$ 0.00	$ 150.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #3 Corp? ☐ Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: CAMPAIGN LAUNCH AMAZON SUP 5. **Date Debt Was Incurred**: 06/03/2024 6. **Original Amount of Debt**: $ 39.17	$ $ $ $ $	$ 0.00	$ 39.17 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) 201.34

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

This Schedule itemizes:

a. [✔] Debts and obligations owed by or forgiven the committee **OR** b. [ ] Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? [ ] Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: CAMPAIGN LAUNCH PARTY SUPPL 5. **Date Debt Was Incurred**: 06/06/2024 6. **Original Amount of Debt**: $ 21.19	$ $ $ $ $	$ 0.00	$ 21.19 [ ] FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? [ ] Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: UNREIMBURSED EXPENSE / IN-KIN 5. **Date Debt Was Incurred**: 06/15/2024 6. **Original Amount of Debt**: $ 180.84	$ $ $ $ $	$ 0.00	$ 180.84 [ ] FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #3 Corp? [ ] Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: UNREIMBURSED EXPENSE / IN-KIN 5. **Date Debt Was Incurred**: 06/25/2024 6. **Original Amount of Debt**: $ 636.00	$ $ $ $ $	$ 0.00	$ 636.00 [ ] FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) 838.03

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

This Schedule itemizes:

a. ☑ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: INVOICE PAID FOR YARD SIGNS: L 5. **Date Debt Was Incurred**: 07/29/2024 6. **Original Amount of Debt**: $ 710.20	$ $ $ $ $	$ 0.00	$ 710.20 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? ☐ Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: UNREIMBURSED EXPENSE / IN-KIN 5. **Date Debt Was Incurred**: 08/13/2024 6. **Original Amount of Debt**: $ 11.97	$ $ $ $ $	$ 0.00	$ 11.97 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ 0				
Debt #3 Corp? ☐ Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: SPAGHETTI DINNER FUNDRAISER 5. **Date Debt Was Incurred**: 09/19/2024 6. **Original Amount of Debt**: $ 100.00	$ $ $ $ $	$ 0.00	$ 100.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) 822.17

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

This Schedule itemizes:

a. ☑ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: PURCHASE OF CANVASSING LITEI 5. **Date Debt Was Incurred**: 09/23/2024 6. **Original Amount of Debt**: $ 763.20	$ $ $ $ $	$ 0.00	$ 763.20 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? ☐ Yes Owed to or by: ALICIAMARIE BELCHAK 710 JACKSON ST NW GRAND RAPIDS, MI 49504	4. Type: PURCHASE OF CANVASSING LIT & 5. **Date Debt Was Incurred**: 10/15/2024 6. **Original Amount of Debt**: $ 519.38	$ $ $ $ $	$ 0.00	$ 519.38 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: 5. **Date Debt Was Incurred**: 6. **Original Amount of Debt**: $	$ $ $ $ $	$	$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) 1,282.58

Grand Total of all Schedules 1E 3,144.12
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024009

2. Committee Name CTE ALICIAMARIE BELCHAK

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
09/19/2024	25	SPAGHETTI DINNER	JACKSON STREET HALL - POLISH NATIONAL AID SOCIETY (PNAS) 921 JACKSON ST NW GRAND RAPIDS, MI 49504 ☐ Private Residence

7. Total Contributions 370.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 370.00

10. Total Cost of Event 454.73
(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.