

CANDIDATE COMMITTEE COVER PAGE

FILED 25 OCT 2024 PM 04:59

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

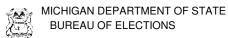
FOR OFFICIAL USE ONLY

3. This Statement covers From: 08/27/2024 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 10/20/2024 1. Committee I.D. Number 4. Candidate Last Name M.I. ALICIAMARIE BELCHAK Α 2024009 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name CITY COMMISSIONER, WARD 1, GRAND RAPIDS CTE ALICIAMARIE BELCHAK 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 710 JACKSON ST. NW ALICIAMARIE A BELCHAK GRAND RAPIDS, MI 49504 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 Area Code & Phone (616) 459-4888 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 710 JACKSON ST. NW GRAND RAPIDS, MI 49504 Area Code and Phone (616) 459-4888 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. October Quarterly X General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 11/05/2024 10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete. Submitted electronically. Current Treasurer or signature on file 10/25/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 10/25/2024 signature on file Candidate Date Signature Type or Print Name

1. Committee I.D. Number 2024009

SUMMARY PAGE CANDIDATE COMMITTEE

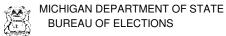
RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 3,860.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 3,860.00	(18.) \$ 11,101.00
4. Other Receipts (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.) \$ <u>0.00</u>	
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)	(100.) \$	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$\psi\$	(24.) ψ
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	(13.) \$ 5,327.16	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5. Text) Contributions 8. Other Received.)	(14.) + \$ 3,860.00	
(Line 5, Total Contributions & Other Receipts) 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	•
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1. Committee I.D. Number __2024009

CANDIDATE COMMITTEE

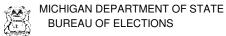
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 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 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 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 775.00	_{\$} 2,000.00
Business Address Type of Contribution:		
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 5. If over \$100.00 cumulative, please provide: Occupation SOFTWARE DEVELOPER Employer AMWAY	_{\$} 150.00	_{\$} 250.00
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: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 1 of 9	965.00 Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2024009

CANDIDATE COMMITTEE

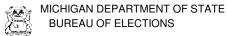
Enter contributor's name and address. If contribution is from an individual, enter last name middle initial. Check box to indicate if contribution is from a Political Committee or an Inc. Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/01 Name & Address: ROMEO FERRER	/2024		
8064 CROWLEY DR SW		100.00	° 250.00
BYRON CENTER, MI 49315		<u>\$ 100.00</u>	§ 230.00
5. If over \$100.00 cumulative, please provide:			
Occupation PROGRAM MANAGER Employer LINKEDIN			
Business Address 1000 W MAUDE AVE, SUNNYVALE, CA 94	4085		
Type of Contribution: V Direct Loan from a person Fund Rais	er		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/03/	2024		
Name & Address VICTORIA STEWART			
310 BEAKES ST		_{\$} 100.00	_s 100.00
SUITE 110		\$ 100.00	\$ 100.00
ANN ARBOR, MI 48104			
5. If over \$100.00 cumulative, please provide: Occupation AP DIRECTOR Employer MICHIGAN LCV			
Business Address 310 BEAKES ST, SUITE 110, ANN ARBOR, M			
Type of Contribution: Direct Loan from a person Fund Rai	ser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/06/Name & Address:	2024		
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 FUN	IDING		
Business Address 210 FULTON ST E, GRAND RAPIDS, MI 49503			
Type of Contribution: Direct Loan from a person Fund Rai	ser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/13	/2024		
Name & Address HOME WELD-WALLIS			
713 HOYT ST SE		05.00	05.00
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 Rais	er		
	Page Subtotal	240.00	
Grand Total of	All Schedules 1A	_ 10.00	
(Complete on last p		Enter this total on	
Page 2 of 9		line 3a of Summary Page.	



1. Committee I.D. Number __2024009

CANDIDATE COMMITTEE

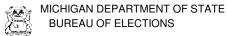
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/17/2024 Name & Address: MATTHEW NELSON 201 FULTON ST W #806 GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation OBSERVATION/INSPECTION Employer HRC	_{\$} 20.00	_{\$} 20.00
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) Page	Enter this total on line 3a of Summary Page.	-



1. Committee I.D. Number __2024009

CANDIDATE COMMITTEE

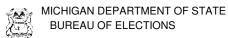
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/19/2024 Name & Address: MICHIGAN LEAGUE OF CONSERVATION VOTERS 340 BEAKES ST SUITE 110 ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide:	_{\$} 1,000.00	_{\$} 1,000.00
Occupation Employer		
Business Address Type of Contribution: 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 Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,100.00	
Page 4 of 9	line 3a of Summary Page.	



1. Committee I.D. Number __2024009

CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/19/2024 Name & Address: MATTHEW MOREY 956 JENNETTE AVE NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	_{\$} 40.00	_{\$} 60.00
Occupation OFFICE MANAGER Employer KENT COUNTY DEMOCRATIC PARTY		
Business Address Type of Contribution: Direct Direc		
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	- -

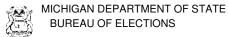


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 2024009

2. Committee Name CTE ALIC

Enter contributor's name and address. If c middle initial. Check box to indicate if cont Committee (PAC) Report <u>all</u> contributions	ribution is from a Political Con		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: RICHARD WILLIAMSON 1213 CALGARY ST NE GRAND RAPIDS, MI 49505	YES 4. Date of Re	ceipt 09/19/2024	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please pro Occupation DEPUTY FINANCE DIRECTO Business Address 606 TOWNSEI Type of Contribution: Direct	Employer MICHIGAN			
3. Contribution #2 PAC Receipt? Name & Address NICHOLAS VANDER VEEN	YES 4. Date of Re	ceipt <u>09/20/2024</u>	100.00	400.00
1435 BLYTHE DR NW GRAND RAPIDS, MI 49504			_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please pro Occupation CORPORATE COUNSE		ΓWORK		
Business Address 3075 ORCHARD				
Type of Contribution: Direct		✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address:	YES 4. Date of Re	eceipt 09/21/2024		
BRANDON DILLON 201 NORWOOD AVE SE GRAND RAPIDS, MI 49506			§ 250.00	§ 250.00
5. If over \$100.00 cumulative, please pro				
Occupation PARTNER		GROUP (WINMATT GROUP LLC)		
Business Address 40 PEARL ST NW		<u> </u>		
Type of Contribution: Direct	_	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address PATRICIA GELDERLOOS 2670 GLENCAIRIN DR. NW GRAND RAPIDS, MI 49504	YES 4. Date of R	eceipt <u>09/25/2024</u>	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
		Page Subtotal	470.00	
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Page $\underline{6}$ of $\underline{9}$			line 3a of Summary Page.	



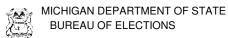
1. Committee I.D. Number 202

2024009

CANDIDATE COMMITTEE

Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first 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 09/28/202 Name & Address: CHRISTIAN CASLER 2803 GERALD AVE NE GRAND RAPIDS, MI 49505	24	_{\$} 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	4		
Name & Address EMILY PERIN 1231 HAMILTON AVE NW GRAND RAPIDS, MI 49504		<u>\$ 10.00</u>	_{\$} 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	4	<u>\$ 100.00</u>	_{\$} 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 10/02/202 Name & Address LOGAN BROWN 711 PECAN CT NW GRAND RAPIDS, MI 49504	24	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Pag	ge Subtotal	160.00	
Grand Total of All Scho (Complete on last page of		Enter this total on line 3a of Summary Page.	

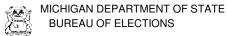


1. Committee I.D. Number

2024009

CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/05/2024 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 Subtota	175.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page O of 9	Page.	



1. Committee I.D. Number __2024009

CANDIDATE COMMITTEE

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:	\$	<u> </u>
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:		
	\$	\$
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 # 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	Gliok Fiere for	Wellie Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		T
Page Subtotal	500.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	3,860.00	
0 0	Enter this total on	

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line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS

2 Committee Name CTE ALICIAMARIE BELCHAK

CANDIDATE COMM	IITTEE 2. Committee Name 3: 4 7: 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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 Receipt6. 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.	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:	4.	204.73 s	254.73
Fund Raiser Contribution			
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.	63.20 \$	2,810.58
	Page Subtota	1,067.93	254.73
	Grand Total of all Schedules 1-II (Complete on last page of Schedule		

Enter this total on line 6 of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 2024009

CANDIDATE COMMITTEE

2. Committee Name CTE ALICIAMARIE BELCHAK

CANDIDATE COMIN			
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 Receipt6. 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 Contribution # 2 Name & Address	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 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others-LOAN	519.38	3,329.96
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address: Click	ck Here for Memo It	emization
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4.	\$ ck Here for Memo It	emization
Fund Raiser Contribution	Page Subtotal	519.38	3,329.96
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	1 587 31	3,020.00

Enter this total on line 6 of Summary Page



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	Purpose: CANVASSING LITERATURE	09/23/2024 Date	\$ <u>763.2</u> 0
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name THE ORIGINAL PRINT SHOPPE Address	Purpose: ABSENTEE VOTER MAILERS	09/23/2024 Date	\$ <u>2,926.71</u>
270 S TELEGRAPH RD PONTIAC, MI 48341	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser Expenditure #3	statement		
Name JACKSON STREET HALL - POLISH NATIONAL AID SOCIETY (PNAS) Address 921 JACKSON ST NW	Purpose: HALL RENTAL & BARTENDER	10/10/2024 Date	\$ <u>150.00</u>
GRAND RAPIDS, MI 49504 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Address 270 S TELEGRAPH RD PONTIAC, MI 48341	Purpose: ABSENTEE VOTER MAILERS & ROBOCALL	10/15/2024 Date	\$ <u>519.38</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Address 300 MONROE AVE NW GRAND RAPIDS, MI 49503	Purpose: CITY ELECTION DATA	10/16/2024 Date	\$ 5.00
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	4,364.29
	Grand Total of all S (Complete on last page		4,364.29 4,364.29

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS SCHEDIII F 1F

1. Committee I.D. Number _____2024009

SOLIED	OLL IL
CANDIDATE	COMMITTEE

2. Committee Name CTE ALICIAMARIE BELCHAK

OANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> orpose checked.)	r forgiven <u>by</u> the con	nmittee.
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. <u>Date Debt Was Incurred</u> : 05/10/2024 6. Original Amount of Debt:	\$ \$	\$ <u>0.00</u>	\$ <u>12.17</u>
If bank loan, name of endorser or guarantor:	\$ 12.17	\$ \$	ount Endorsed: \$ —	FORGIVEN
		T Alli	T	
Debt #2 Corp? Yes Owed to or by: ALICIAMARIE BELCHAK	4. Type:	\$		
710 JACKSON ST NW GRAND RAPIDS, MI 49504	05/28/2024	\$	0.00	s 150.00
	6. Original Amount of Debt:	\$	\$ 0.00	\$_150.00 FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: CAMPAIGN LAUNCH AMAZON SUP	\$		
ALICIAMARIE BELCHAK	5. Date Debt Was Incurred:	\$		
710 JACKSON ST NW	06/03/2024			
GRAND RAPIDS, MI 49504	6. Original Amount of Debt:	\$	\$ 0.00	\$ 39.17
	s 39.17	\$	Ψ	FORGIVEN
	Ψ	\$		TONGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtota	(Outstanding debt)	201.34
		Grand Total	of all Schedules 1E	
(C	omplete on last page of Schedule s	snowing amounts owed by	or to the committee)	Enter this total
				an line 10e "ewed

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.

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

Page 1 of 4



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number _____2024009

	-	
CANDIDATE	COMMITTEE	2

2. Committee Name CTE ALICIAMARIE BELCHAK

0, = 12, 11 = 0 0				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the common (Chec	mittee OR b. Debtsck either a or b. Use only for the pu	s and obligations owed <u>to</u> c irpose checked.)	or forgiven <u>by</u> the con	nmittee.
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	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)
guarantors, if any.	0.000			
Debt #1 Corp? Yes Owed to or by: ALICIAMARIE BELCHAK	4. Type: CAMPAIGN LAUNCH PARTY SUPPL	\$		
710 JACKSON ST NW	5. <u>Date Debt Was Incurred</u> :	\$		
GRAND RAPIDS, MI 49504	06/06/2024	\$	0.00	_{\$} 21.19
	6. Original Amount of Debt:	\$	\$ 0.00	\$
	\$ <u>21.19</u>			FORGIVEN
If bank loan, name of endorser or guarantor:		\$		
	1	Am	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: ALICIAMARIE BELCHAK	4. Type:UNREIMBURSED EXPENSE / IN-KIN	\$		
710 JACKSON ST NW	5. <u>Date Debt Was Incurred</u> :	\$		
GRAND RAPIDS, MI 49504	06/15/2024	\$	0.00	¢ 180.84
,	6. Original Amount of Debt:	\$	\$ 0.00	\$_100.04_
	<u>\$ 180.84</u>	\$		FORGIVEN
		·		
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: UNREIMBURSED EXPENSE / IN-KIN	<u> </u>		
ALICIAMARIE BELCHAK	5. <u>Date Debt Was Incurred</u> :	\$		
710 JACKSON ST NW GRAND RAPIDS, MI 49504	06/25/2024	\$		
CITATO TATIOS, WII 45504	6. Original Amount of Debt:	\$	\$_0.00	\$_636.00
	_{\$} 636.00	Ψ		FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtota	l (Outstanding debt)	838.03
IC.	omplete on last page of Schedule s	Grand Total	of all Schedules 1E	
(50	omplete on last page of contoalle t	showing amounts owed by		Enter this total

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.

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

Page 2 of 4



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number _____2024009

CANDID	ATE	COMN	IITTEE

2. Committee Name CTE ALICIAMARIE BELCHAK

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the con	nmittee.
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	4. Type: NVOICE PAID FOR YARD SIGNS: L 5. Date Debt Was Incurred:	<u> </u>		
GRAND RAPIDS, MI 49504	07/29/2024 6. Original Amount of Debt: \$ 710.20	\$ \$	\$ 0.00	\$_710.20 FORGIVEN
If bank loan, name of endorser or guarantor:		\$	I I	
		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: ALICIAMARIE BELCHAK	4. Type:	\$		
710 JACKSON ST NW	5. <u>Date Debt Was Incurred</u> : 08/13/2024	\$		
GRAND RAPIDS, MI 49504	6. Original Amount of Debt:	\$	\$ 0.00	\$_11.97
	{\$} 11.97	<u> </u>		FORGIVEN
			(1
If bank loan, name of endorser or guarantor:		Am	nount Endorsed: \$_	<u> </u>
Debt #3 Corp? Yes Owed to or by:	4. Type: SPAGHETTI DINNER FUNDRAISER	\$		
ALICIAMARIE BELCHAK 710 JACKSON ST NW	5. <u>Date Debt Was Incurred</u> :	\$		
GRAND RAPIDS, MI 49504	09/19/2024	\$		100.00
	6. Original Amount of Debt:	 \$	\$_0.00	\$_100.00
	\$ 100.00	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
			· -	
		Page Subtotal	(Outstanding debt)	822.17
(C	complete on last page of Schedule s	Grand Total showing amounts owed by c	of all Schedules 1E or to the committee)	
				Enter this total

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.

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

Page 3 of 4



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number _____2024009

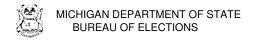
CANDIDATE COMMITTEE	2. Committee

Name CTE ALICIAMARIE BELCHAK

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com	mittee OR b. Debts	s and obligations owed to	or forgiven by the cor	nmittee.
	ck either a or b. Use only for the pu	rpose checked.)		
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation	7. Date and amount of	8. Cumulative	9. Outstanding
inancial institution to whom debt is owed.	(Description) 5. Indicate date debt was	each payment	payment to date on debt	Balance at close of this period
Check box to indicate whether debt is owed to an	incurred			(Item 6 minus
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or	Indicate original amount of debt			Item 8)
guarantors, if any.				
Debt #1 Corp? Yes	4. Type:	\$		
Owed to or by: ALICIAMARIE BELCHAK	4. Турс	Φ	-	
710 JACKSON ST NW	5. <u>Date Debt Was Incurred</u> :	\$	_	
GRAND RAPIDS, MI 49504	09/23/2024	\$	0.00	¢ 763.20
-,	6. Original Amount of Debt:	Φ.	\$ 0.00	\$_763.20_
	s 763.20	\$	-	FORGIVEN
	Ψ	\$	 -	
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$	
Debt #2 Corp? Yes	PURCHASE OF CANVASSING LIT &	_		
Owed to or by: ALICIAMARIE BELCHAK	4. Type:	\$		
710 JACKSON ST NW	5. <u>Date Debt Was Incurred</u> :	\$		
GRAND RAPIDS, MI 49504	10/15/2024	\$		E40.00
CI V V DO, WI +000+	6. Original Amount of Debt:		\$ 0.00	_{\$_} 519.38_
	_{\$} 519.38	\$		FORGIVEN
		\$		FORGIVEN
If bank loan, name of endorser or guarantor:		<i>F</i>	Amount Endorsed: \$_	
Debt #3 Corp? Yes				
Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
		\$		
	6. Original Amount of Debt:	Φ.	_{\$}	\$
	\$	\$		FORGIVEN
	,	\$		
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$	
			<u> </u>	
		Page Subtot	al (Outstanding debt)	1,282.58
		_		0 1 1 1 1 0
(C	omplete on last page of Schedule s	Grand Tota showing amounts owed by	al of all Schedules 1E or to the committee)	3,144.12
				Enter this total

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.

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



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 2024009

	- USE A	SEPARATE SHI	EET FOR EACH EVENT -	
Date Event Was Held	4. Number or Participa greater)	of Individuals Attending ting (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. JACKSON STREET HALL - POLIS
09/19/2024	, , , , , , , , , , , , , , , , , , ,	25	SPAGHETTI DINNER	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 a	and 8)	370.00		
10. Total Cost of Event (Total Cost includes In-Kind Co	ntributions	454.73 and All Expenditures	Made For the Event)	
11. Check if event was a jo	int fund rais	ser and complete the	following:	
Co-Sponsor(s)		Contribution S (%)	plit	Expenditure Split (%)
	-			
	_			
	_			
	_			
<u> </u>				
The committee is seen in	- 	annuals Frank Dala		

- 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.

Page	1 of	1