



FILED

25 OCT 2024 PM 04:32

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

**2024029**

4. Candidate Last Name First Name M.I.

**KILGORE MARSHALL A**

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

**CITY COMMISSIONER, WARD 3, GRAND RAPIDS**

2. Committee Name

**FRIENDS OF MARSHALL KILGORE**

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

5. Committee's Mailing Address

**1050 COOPER AVE. SE  
GRAND RAPIDS, MI 49507**

6. Treasurer's Name & Residential Address

**MARSHALL A KILGORE  
1050 COOPER AVE. SE  
GRAND RAPIDS, MI 49507**

Area Code and Phone (616) 264-1293

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (616) 264-1293

7. Treasurer's Business Address

**1050 COOPER AVE. SE  
GRAND RAPIDS, MI 49507**

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

Area Code and Phone (616) 264-1293

Area Code and Phone () -

**9. TYPE OF STATEMENT**

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

Pre-Election or Post-Election Statement relates to:

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

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

- ☐ July Quarterly  
☐ October Quarterly

9c. ☐ Annual Statement ( )  
Coverage Year

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

Date of Election, Convention or Caucus

11/05/2024

**9e. Dissolution of Candidate Committee**

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

10/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

10/25/2024



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 2024029

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF MARSHALL KILGORE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>13,865.37</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>13,865.37</u>	(18.) \$ <u>32,725.37</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>13,865.37</u>	(20.) \$ <u>32,725.37</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>1,000.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>6,543.88</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>6,543.88</u>	(23.) \$ <u>21,202.40</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>4,201.48</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>13,865.37</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>18,066.85</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6,543.88</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>11,522.97</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2024</u> Name & Address: <b>AREND VANDER POLS</b> <b>1742 CAMBRIDGE DR SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>09/09/2024</u> Name & Address: <b>CONSTRUCTION LABORERS LOCAL 355</b> <b>1500 E COLUMBIA AVE</b> <b>BATTLE CREEK, MI 49014</b>		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/10/2024</u> Name & Address: <b>MERCEDES BARRAGAN</b> <b>2415 ALMONT AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/10/2024</u> Name & Address: <b>MICHELLE DAY</b> <b>950 ROSEWOOD AVE SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,575.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/11/2024</u>	
Name & Address: GRAND RAPIDS PROFESSIONAL FIREFIGHTERS LOCAL 366 1930 FULLER AVE NE GRAND RAPIDS, MI 49505		\$ <u>3,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/11/2024</u>	
Name & Address: CONSERVATION VOTERS OF MICHIGAN PAC 3029 MILLER RD ANN ARBOR, MI 48103		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/11/2024</u>	
Name & Address: DANIEL YOST 28 CARL ST SF, CA 94117		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>ORRICK</u> Business Address <u>1020 MARSH RD, MENLO PARK, CA 94025</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/11/2024</u>	
Name & Address: C SCHOGGEN 414 SUMMIT ST HARTFORD, WI 53027		\$ <u>18.18</u>	\$ <u>18.18</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 4,118.18

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/12/2024</u>	
Name & Address: CLIMATE CABINET PAC SAN FRANCISCO, CA, USA SF, CA		\$ <u>1,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/12/2024</u>	
Name & Address: JESSE JENKINS 151 CEDAR LN PRINCETON, NJ 08540		\$ <u>18.18</u>	\$ <u>18.18</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/12/2024</u>	
Name & Address: TIM SEARS 36 S OXFORD ST FORT GREENE, NY 11217		\$ <u>9.09</u>	\$ <u>9.09</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: KIM VAN TRAN 13464 MYREN DR SARATOGA, CA 95070		\$ <u>6.82</u>	\$ <u>6.82</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 1,034.09

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: <b>RIANNE ANDERSON</b> <b>845 NELAND AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>COREWELL HEALTH</u> Business Address <u>25 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: <b>STEVEN DE POLO</b> <b>942 FAIRMOUNT ST SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>10.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNDRAISER</u> Employer <u>COVENANT HOUSE MICHIGAN</u> Business Address <u>GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: <b>JULIE PRESTOPNIK</b> <b>1863 CALETA TRAIL</b> <b>LONGMONT, CO 80504</b>		\$ <u>22.72</u>	\$ <u>22.72</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/14/2024</u>	
Name & Address: <b>PETER WAYNE</b> <b>1875 COMMONWEALTH AVE</b> <b>BOSTON, MA 02135</b>		\$ <u>22.73</u>	\$ <u>22.73</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **80.45**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/14/2024</u>	
Name & Address: RUTH FITZGERALD 1643 GORHAM DR SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/15/2024</u>	
Name & Address: LUCAS FRANCL 3802 23RD ST SF, CA 94114		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>GITHUB</u> Business Address <u>88 COLIN P KELLY JR ST, SF, CA 94107</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/15/2024</u>	
Name & Address: PETER HOWE 1274 ISLAND DR LOGAN, UT 84321		\$ <u>9.09</u>	\$ <u>9.09</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: LUCAS NAGLE 1081 FULTON ST CLINTON HILL, NY 11238		\$ <u>27.27</u>	\$ <u>27.27</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **161.36**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: <b>MICHAEL WELLS</b> <b>318 W ALAMAR AVE</b> <b>SANTA BARBARA, CA 93105</b>		\$ <u>9.09</u>	\$ <u>9.09</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: <b>ROSS JENSEN</b> <b>6674 COLTON BLVD</b> <b>OAKLAND, CA 94611</b>		\$ <u>1.00</u>	\$ <u>1.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: <b>ALAYNA HARLOW</b> <b>26165 KIRKLAND DR</b> <b>EDWARDSBURG, MI 49112</b>		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: <b>ELI DICKINSON</b> <b>4118 GARRISON ST NW</b> <b>WASHINGTON, DC 20016</b>		\$ <u>22.73</u>	\$ <u>22.73</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **42.82**

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

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/18/2024</u> Name & Address: <b>BRANDON DILLION</b> <b>201 NORWOOD AVE SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>THE WINMATT GROUP</u> Business Address <u>40 PEARL ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/18/2024</u> Name & Address: <b>GAIL KAGAN</b> <b>28 SUNNYSIDE DR</b> <b>YONKERS, NY 10705</b>		\$ <u>1.37</u>	\$ <u>1.37</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/19/2024</u> Name & Address: <b>LOKESH BAJAJ</b> <b>1990 CASTILLEJO WAY</b> <b>FREMONT, CA 94539</b>		\$ <u>90.91</u>	\$ <u>90.91</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SR. DIRECTOR OF ENGINEERING</u> Employer <u>LINKEDIN</u> Business Address <u>1000 W MAUDE AVE, SUNNYVALE, CA 94085</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/20/2024</u> Name & Address: <b>LUKE WRIGHT</b> <b>771 S PLYMOUTH BLVD</b> <b>LOS ANGELES, CA 90005</b>		\$ <u>8.34</u>	\$ <u>8.34</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **350.62**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/2024</u>	
Name & Address: TAMAR LIBICKI 7718 36TH AVE NE SEATTLE, WA 98115		\$ <u>4.17</u>	\$ <u>4.17</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/2024</u>	
Name & Address: ZACHARY BROWN DUNGENESS WY GUSTAVUS, AK 99826		\$ <u>20.83</u>	\$ <u>20.83</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/2024</u>	
Name & Address: RANDY WALLACE 1548 W HUISACHE AVE SAN ANTONIO, TX 78201		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/2024</u>	
Name & Address: CLARE BARNES 1123 ST PAUL ST BALTIMORE, MD 21202		\$ <u>2.27</u>	\$ <u>2.27</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 32.27

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/20/2024</u> Name & Address: <b>SAM SCHILLER</b> <b>13001 RAVINE DR</b> <b>LEMONT, IL 60439</b>		\$ <u>2.27</u>	\$ <u>2.27</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/21/2024</u> Name & Address: <b>JONATHAN BERMAN</b> <b>647 S HAWTHORNE AVE</b> <b>ELMHURST, IL 60126</b>		\$ <u>1.25</u>	\$ <u>1.25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/23/2024</u> Name & Address: <b>EDMUND ANTELL</b> <b>6412 RAYMOND ST</b> <b>OAKLAND, CA 94609</b>		\$ <u>8.34</u>	\$ <u>8.34</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/24/2024</u> Name & Address: <b>C SCHOGEN</b> <b>414 SUMMIT ST</b> <b>HARTFORD, WI 53027</b>		\$ <u>20.83</u>	\$ <u>39.01</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **32.69**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: <b>ALAN PROPP</b> <b>1738 PARK RD NW</b> <b>WASHINGTON, DC 20010</b>		\$ <u>6.25</u>	\$ <u>6.25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: <b>LORAIN LUNDQUIST</b> <b>16908 KINZIE ST</b> <b>LOS ANGELES, CA 91343</b>		\$ <u>83.33</u>	\$ <u>83.33</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>CSUN</u> Business Address <u>18111 NORDHOFF ST, LOS ANGELES, CA 91330</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: <b>ARIEL STEIN</b> <b>963 E HOMESTEAD RD</b> <b>SUNNYVALE, CA 94087</b>		\$ <u>8.33</u>	\$ <u>8.33</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: <b>VERONIQUE PITTMAN</b> <b>47 E LAKE DR</b> <b>KATONAH, NY 10536</b>		\$ <u>83.33</u>	\$ <u>83.33</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>47 E LAKE DR, KATONAH, NY 10536</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **181.24**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: <b>ALEXANDER CRITS-CHRISTOPH</b> <b>951 FELL ST</b> <b>BALTIMORE, MD 21231</b>		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: <b>WILLIAM BONAGURA</b> <b>906 CLARKSVILLE RD S</b> <b>FEURA BUSH, NY 12067</b>		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/27/2024</u>	
Name & Address: <b>RICHARD COTTREL</b> <b>11133 ROSE AVE</b> <b>LOS ANGELES, CA 90034</b>		\$ <u>83.33</u>	\$ <u>83.33</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DESIGNER</u> Employer <u>YOTTA GAMES</u> Business Address <u>200 N PACIFIC COAST HWY, EL SEGUNDO, CA 90245</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/28/2024</u>	
Name & Address: <b>FAE FUERST</b> <b>530 LEXINGTON BLVD</b> <b>ROYAL OAK, MI 48073</b>		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **115.83**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/28/2024</u>	
Name & Address: <b>JONATHAN GAMBLE</b> <b>2445 ALMONT AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/29/2024</u>	
Name & Address: <b>DANIEL YOST</b> <b>28 CARL ST</b> <b>SF, CA 94117</b>		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>ORRICK</u> Business Address <u>1020 MARSH RD, MENLO PARK, CA 94025</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/29/2024</u>	
Name & Address: <b>NIK MITTAL</b> <b>50 W 15TH ST</b> <b>NEW YORK, NY 10011</b>		\$ <u>166.66</u>	\$ <u>166.66</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLIMATE FINANCE</u> Employer <u>MOLECULE VENTURES</u> Business Address <u>50 W 15TH ST, NEW YORK, NY 10011</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/29/2024</u>	
Name & Address: <b>WILLIAM LOVE</b> <b>80 Q ST</b> <b>SALT LAKE CITY, UT 84103</b>		\$ <u>4.16</u>	\$ <u>4.16</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **245.82**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: <b>WILLIAM WOOD</b> <b>824 DALLAS AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS</u> Employer <u>MICHIGAN ENVIRONMENTAL ACTION COUNCIL</u> Business Address <u>602 W IONIA ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: <b>DANIELLE BODZIAK</b> <b>1668 HIAWATHA RD SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REVENUE CYCLE ANALYST</u> Employer <u>COREWELL HEALTH</u> Business Address <u>1668 HIAWATHA RD SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/03/2024</u>	
Name & Address: <b>FRANK LYNN</b> <b>3446 DEVON DR NE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3446 DEVON DR NE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: <b>NICK GUMINA</b> <b>2065 HALL ST SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>EARDLEY LAW OFFICES, PC</u> Business Address <u>8 E BRIDGE ST NE, ROCKFORD, MI 49341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 550.00

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

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: <b>ANDREW FEIKEMA</b> 421 BENSON AVE NE APT 2416 GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE DEVELOPER</u> Employer <u>AMWAY</u> Business Address <u>240 IONIA AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: <b>DON LEVY</b> 1640 LAUREL AVE SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>1640 LAUREL AVE SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: <b>WEST MICHIGAN PLUMBERS, FITTERS AND SERVICE TRADES LOCAL UNION NO. 174 POLITICAL ACTION FUND</b> 1008 O'MALLEY DR COOPERSVILLE, MI 49404		\$ <u>750.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/04/2024</u>	
Name & Address: <b>KENT COUNTY DEMOCRATIC PARTY</b> 301 FULLER AVE SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,000.00**

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

Enter this total on  
line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/2024</u>	
Name & Address: <b>CELIA SAID</b> <b>8220 WILDERNESS TRAIL NE</b> <b>ADA, MI 49301</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>8220 WILDERNESS TRAIL NE, ADA, MI 49301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/08/2024</u>	
Name & Address: <b>STEPHEN WOODEN</b> <b>161 GILPIN ST NE</b> <b>GRAND RAPIDS, MI 49505</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>KENT CONTY</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/11/2024</u>	
Name & Address: <b>SHARLENE KIPFER</b> <b>6240 WEST MICHILLINDA RD</b> <b>WHITEHALL, MI 49461</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPMENT DIRECTOR</u> Employer <u>WMEAC</u> Business Address <u>1007 LAKE DR SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/13/2024</u>	
Name & Address: <b>RIANNE ANDERSON</b> <b>845 NELAND AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>COREWELL HEALTH</u> Business Address <u>25 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 200.00

Grand Total of All Schedules 1A  
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Enter this total on  
line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/13/2024</u>	
Name & Address: <b>STEVEN DE POLO</b> <b>942 FAIRMOUNT ST SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>10.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNDRAISER</u> Employer <u>COVENANT HOUSE MICHIGAN</u> Business Address <u>GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: <b>PROGRESSIVE WOMEN'S ALLIANCE OF WEST MICHIGAN PAC</b> <b>PO BOX 1315</b> <b>GRAND RAPIDS, MI 49501</b>		\$ <u>1,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: <b>HUEY G COPELAND</b> <b>2234 SHAWNEE DR SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2234 SHAWNEE DR SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/16/2024</u>	
Name & Address: <b>CONSERVATION VOTERS OF MICHIGAN PAC</b> <b>3029 MILLER RD</b> <b>ANN ARBOR, MI 48103</b>		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,610.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/16/2024</u>	
Name & Address: MOSS PAC 101 S WASHINGTON SQUARE LANSING, MI 48933		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/17/2024</u>	
Name & Address: JENNIFER HUNT 2044 NATHAN DR SE GRAND RAPIDS, MI 49508		\$ <u>100.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>2044 NATHAN DR SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/17/2024</u>	
Name & Address: JOHN CONSIDINE 4286 GREENBRIER CT SE GRAND RAPIDS, MI 49546		\$ <u>10.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4286 GREENBRIER CT SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/17/2024</u>	
Name & Address: KAREY HAMRICK 3004 OAKWOOD DR SE EAST GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRANSPORTATION RESOURCE COORDINATOR</u> Employer <u>CLEAN FUELS MICHIGAN</u> Business Address <u>750 LAKESIDE DR SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 310.00

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

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line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/17/2024</u>	
Name & Address: KATHLEEN UNDERWOOD HAMPTON AVE SE EAST GRAND RA, MI 49506		\$ <u>150.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer <u>UNEMPLOYED</u> Business Address <u>HAMPTON AVE SE, EAST GRAND RA, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/17/2024</u>	
Name & Address: ELLYN M WOLFSON 7923 LORAL PINES DR SE ADA, MI 49301		\$ <u>150.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/17/2024</u>	
Name & Address: SHERLYNN JAMES 1852 PLYMOUTH AVE SE GRAND RAPIDS, MI 49506		\$ <u>10.00</u>	\$ <u>210.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>REMAX OF GRAND RAPIDS</u> Business Address <u>1852 PLYMOUTH AVE SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2024</u>	
Name & Address: HANNAH E MICO 1942 PROSPECT AVE SE GRAND RAPIDS, MI 49507		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NONPROFIT</u> Employer <u>RIVER NETWORK</u> Business Address <u>PO BOX 21387 BOULDER COLOARDO,</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 360.00

Grand Total of All Schedules 1A  
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Enter this total on  
line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2024</u>	
Name & Address: <b>RANDAL CURREY</b> 615 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>615 COLLEGE AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2024</u>	
Name & Address: <b>SHANNON HENDERSON</b> 1112 PRINCE ST SE GRAND RAPIDS, MI 49507		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>350 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/19/2024</u>	
Name & Address: <b>ANNE HISKES</b> 1666 BEARD DR SE GRAND RAPIDS, MI 49546		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED - COLLEGE ADMINISTRATOR</u> Employer <u>GRAND VALLEY STATE UNIVERSITY</u> Business Address <u>1 CAMPUS DR, ALLENDALE TWP, MI 49401</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: <b>PHIL SKAGGS</b> 2615 HALL ST SE GRAND RAPIDS, MI 49506		\$ <u>400.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>2615 HALL ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 650.00

Grand Total of All Schedules 1A  
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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: <b>ANNA CARLEY</b> <b>1930 NEWARK AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DATA ANALYST</u> Employer <u>STEELCASE INC.</u> Business Address <u>901 44TH ST SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: <b>HARLAND HOLMAN</b> <b>2650 BARFIELD DR SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>COREWELL HEALTH</u> Business Address <u>2650 BARFIELD DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: <b>JONATHAN GAMBLE</b> <b>2445 ALMONT AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>15.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NETWORK ADMIN</u> Employer <u>LUMBERMEN'S</u> Business Address <u>4433 STAFFORD AVE SW, GRAND RAPIDS, MI 49548</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: <b>MONICA SPARKS</b> <b>4764 WOLF RUN AVE SE</b> <b>KENTWOOD, MI 49548</b>		\$ <u>100.00</u>	\$ <u>370.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>BODY SCULPT, LLC</u> Business Address <u>4764 WOLF RUN AVE SE, KENTWOOD, MI 49548</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 240.00

Grand Total of All Schedules 1A  
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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: <b>WILLIAM WOOD</b> <b>824 DALLAS AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS</u> Employer <u>MICHIGAN ENVIRONMENTAL ACTION COUNCIL</u> Business Address <u>602 W IONIA ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: <b>JULIE ASHMEAD</b> <b>1503 PONTIAC RD SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>100.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer <u>UNEMPLOYED</u> Business Address <u>1503 PONTIAC RD SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: <b>STEPHANIE ARCE</b> <b>1617 ADAMS ST SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT/TECH</u> Employer <u>SINGLEWIRE SOFTWARE</u> Business Address <u>1002 DEMING WAY, MADISON, WI 53717</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: <b>SARA ROSE</b> <b>961 ADA PL DR SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTING AND OPERATIONS MANAGER</u> Employer <u>PROGRESS MICHIGAN</u> Business Address <u>614 SEYMOUR AVE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 475.00

Grand Total of All Schedules 1A  
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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024029  
2. Committee Name FRIENDS OF MARSHALL KILGORE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/20/2024</u>	
Name & Address: <b>CLIMATE CABINET PAC SAN FRANCISCO, CA, USA SF, CA</b>		\$ <b>500.00</b>	\$ <b>3,500.00</b>
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

**500.00**

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

**13,865.37**

Enter this total on  
line 3a of Summary  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024029**  
2. Committee Name **FRIENDS OF MARSHALL KILGORE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>ONE MICHIGAN ALLIANCE</b>  Address <b>2615 HALL ST SE</b> <b>GRAND RAPIDS, MI 49506</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>EVENT FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/06/2024</b> Date	\$ <b>77.00</b>
Expenditure #2 Name <b>SPEEDWAY</b>  Address <b>1212 MICHIGAN ST NE</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>GAS/MILEAGE 59.24</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/06/2024</b> Date	\$ <b>39.69</b>
Expenditure #3 Name <b>MEIJER</b>  Address <b>1540 28TH ST SE</b> <b>GRAND RAPIDS, MI 49508</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>OFFICE SUPLIES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/08/2024</b> Date	\$ <b>34.84</b>
Expenditure #4 Name <b>HALL STREET BAKERY</b>  Address <b>1200 HALL ST SE</b> <b>GRAND RAPIDS, MI 49506</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>VOLUNTEER COFFEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/10/2024</b> Date	\$ <b>13.27</b>
Expenditure #5 Name <b>CITY OF GRAND RAPIDS</b>  Address <b>300 MONROE AVE NW</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>EVENT PARKING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/10/2024</b> Date	\$ <b>3.51</b>

Subtotal this page

**168.31**

Grand Total of all Schedules 1B  
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on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024029**  
2. Committee Name **FRIENDS OF MARSHALL KILGORE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>WINGSTOP</b>  Address <b>28TH ST SE</b> <b>GRAND RAPIDS, MI 49512</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>VOLUNTEER FOOD</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/12/2024</b> Date	\$ <b>31.54</b>
Expenditure #2 Name <b>MEIJER</b>  Address <b>1540 28TH ST SE</b> <b>GRAND RAPIDS, MI 49508</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>OFFICE SUPPLIES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/12/2024</b> Date	\$ <b>18.42</b>
Expenditure #3 Name <b>HALL STREET BAKERY</b>  Address <b>1200 HALL ST SE</b> <b>GRAND RAPIDS, MI 49506</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>VOLUNTEER COFFEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/13/2024</b> Date	\$ <b>16.51</b>
Expenditure #4 Name <b>SOUTHERN SMOKE</b>  Address <b>4032 DIVISION AVE S</b> <b>GRAND RAPIDS, MI 49548</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>VOLUNTEER FOOD</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/16/2024</b> Date	\$ <b>52.45</b>
Expenditure #5 Name <b>TUEBOR STRATEGIC, LLC</b>  Address <b>266 PINE ST</b> <b>BURLINGTON, VT 05401</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CONSULTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/17/2024</b> Date	\$ <b>2,500.00</b>

Subtotal this page **2,618.92**

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

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Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024029**  
2. Committee Name **FRIENDS OF MARSHALL KILGORE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>THE ORIGINAL UNION PRINT SHOP</b>  Address <b>270 S TELEGRAPH RD PONTIAC, MI 48341</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>LITERATURE MAILING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/23/2024</b> Date	\$ <b>3,059.48</b>
Expenditure #2 Name <b>SHELL</b>  Address <b>1562 KALAMAZOO AVE SE GRAND RAPIDS, MI 49507</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>GAS/MILEAGE 68.07</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/25/2024</b> Date	\$ <b>45.61</b>
Expenditure #3 Name <b>MEIJER</b>  Address <b>1540 28TH ST SE GRAND RAPIDS, MI 49508</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>OFFICE SUPPLIES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/26/2024</b> Date	\$ <b>47.41</b>
Expenditure #4 Name <b>JETS</b>  Address <b>2163 WEALTHY ST SE GRAND RAPIDS, MI 49506</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>VOLUNTEER FOOD</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/29/2024</b> Date	\$ <b>66.54</b>
Expenditure #5 Name <b>PUX</b>  Address <b>311 FULLER AVE NE GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>VOLUNTEER SNACK</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/30/2024</b> Date	\$ <b>12.00</b>

Subtotal this page **3,231.04**

Grand Total of all Schedules 1B  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024029**  
2. Committee Name **FRIENDS OF MARSHALL KILGORE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>SUBWAY</b>  Address <b>365 FULLER AVE NE GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>VOLUNTEER FOOD</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/03/2024</b> Date	\$ <b>44.46</b>
Expenditure #2 Name <b>HALL STREET BAKERY</b>  Address <b>1200 HALL ST SE GRAND RAPIDS, MI 49506</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>VOLUNTEER COFFEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/04/2024</b> Date	\$ <b>9.54</b>
Expenditure #3 Name <b>HALL STREET BAKERY</b>  Address <b>1200 HALL ST SE GRAND RAPIDS, MI 49506</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>VOLUNTEER COFFEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/05/2024</b> Date	\$ <b>12.64</b>
Expenditure #4 Name <b>CAMPAIGN VERIFY</b>  Address <b>1215 31ST ST NW PO BOX 3554 WASHINGTON, DC 20007</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>VOTER OUTREACH</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/05/2024</b> Date	\$ <b>95.00</b>
Expenditure #5 Name <b>THE PYRAMID SCHEME</b>  Address <b>68 COMMERCE AVE SW GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>EVENT CONTRIBUTION</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/08/2024</b> Date	\$ <b>21.00</b>

Subtotal this page **182.64**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024029**  
2. Committee Name **FRIENDS OF MARSHALL KILGORE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>MEIJER</b>  Address <b>1540 28TH ST SE</b> <b>GRAND RAPIDS, MI 49508</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE SUPPLIES/ VOLUNTEER SNACKS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/2024</u> Date	\$ <u>49.99</u>
Expenditure #2 Name <b>GREEN WELL</b>  Address <b>924 CHERRY ST SE</b> <b>GRAND RAPIDS, MI 49506</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>VOLUNTEER FOOD</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/2024</u> Date	\$ <u>60.58</u>
Expenditure #3 Name <b>SHELL</b>  Address <b>1562 KALAMAZOO AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>GAS/MILEAGE 62.39</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/2024</u> Date	\$ <u>41.80</u>
Expenditure #4 Name <b>CITY OF GRAND RAPIDS</b>  Address <b>300 MONROE AVE NW</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>EVENT PARKING</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2024</u> Date	\$ <u>12.00</u>
Expenditure #5 Name <b>APPLEBEES</b>  Address <b>4955 28TH ST SE</b> <b>GRAND RAPIDS, MI 49512</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>VOLUNTEER FOOD</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2024</u> Date	\$ <u>65.00</u>

Subtotal this page

**229.37**

Grand Total of all Schedules 1B  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024029**  
2. Committee Name **FRIENDS OF MARSHALL KILGORE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>CITY OF GRAND RAPIDS</b>  Address <b>300 MONROE AVE NW GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>EVENT PARKING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/15/2024</b> Date	\$ <b>2.37</b>
Expenditure #2 Name <b>JETS</b>  Address <b>2163 WEALTHY ST SE GRAND RAPIDS, MI 49506</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>VOLUNTEER FOOD</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/18/2024</b> Date	\$ <b>41.89</b>
Expenditure #3 Name <b>SHELL</b>  Address <b>1562 KALAMAZOO AVE SE GRAND RAPIDS, MI 49507</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>GAS/MILEAGE 60.31</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/19/2024</b> Date	\$ <b>40.41</b>
Expenditure #4 Name <b>SUBWAY</b>  Address <b>1540 28TH ST SE GRAND RAPIDS, MI 49508</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>VOLUNTEER SNACKS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/20/2024</b> Date	\$ <b>28.93</b>
Expenditure #5 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **113.60**  
Grand Total of all Schedules 1B  
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