

CANDIDATE COMMITTEE COVER PAGE

FILED 25 OCT 2024 PM 04:32

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

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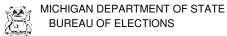
3. This Statement covers From: 08/27/2024 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 10/20/2024 1. Committee I.D. Number 4. Candidate Last Name M.I. MARSHALL KILGORE Α 2024029 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name CITY COMMISSIONER, WARD 3, GRAND RAPIDS FRIENDS OF MARSHALL KILGORE 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 1050 COOPER AVE. SE MARSHALL A KILGORE GRAND RAPIDS, MI 49507 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 Area Code & Phone (616) 264-1293 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) 1050 COOPER AVE. SE GRAND RAPIDS, MI 49507 Area Code and Phone (616) 264-1293 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 2024029

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name FRIENDS OF MARSHALL KILGORE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	10.005.07	,
a. Itemized (Schedule 1A - Column 6)	_(3a.) \$ 13,865.37	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 13,865.37	(18.) \$ 32,725.37
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.) \$ _13,865.37	(20.) \$ 32,725.37
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 1,000.00
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.) \$ 6,543.88	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 6,543.88	(23.) \$ 21,202.40
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	(106.) \$	
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 4,201.48	
(Enter zero if no previous reports have been filed.)	(14.) + \$ 13,865.37	
 Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 		
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$ <u>18,066.85</u>	
(Add lines 9 and 11)	(16.) - \$ 6,543.88	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 11,522.97	



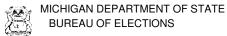
1. Committee I.D. Number

2024029

CANDIDATE COMMITTEE

2. Committee Name

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 09/07/2024 Name & Address: AREND VANDER POLS 1742 CAMBRIDGE DR SE GRAND RAPIDS, MI 49506	_{\$} 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 09/09/2024		
Name & Address CONSTRUCTION LABORERS LOCAL 355 1500 E COLUMBIA AVE BATTLE CREEK, MI 49014	_{\$} 1,500.00	_{\$_} 1,500.00
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 Name & Address: MERCEDES BARRAGAN 2415 ALMONT AVE SE GRAND RAPIDS, MI 49507	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/10/2024 Name & Address MICHELLE DAY 950 ROSEWOOD AVE SE GRAND RAPIDS, MI 49506	_{\$} 25.00	_{\$_} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 1 of 22	1,575.00 Enter this total on line 3a of Summary Page.	-



1. Committee I.D. Number

2024029

CANDIDATE COMMITTEE

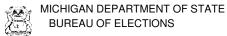
2. Committee Name

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? YES 4. Date of Receipt 09/11/2024 Name & Address: GRAND RAPIDS PROFESSIONAL FIREFIGHTERS LOCAL 366 1930 FULLER AVE NE GRAND RAPIDS, MI 49505	_{\$} 3,000.00	_{\$} 3,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/11/2024 Name & Address CONSERVATION VOTERS OF MICHIGAN PAC 3029 MILLER RD ANN ARBOR, MI 48103	_{\$} 1,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address: DANIEL YOST 28 CARL ST SF, CA 94117	§ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation LAWYER Employer ORRICK		
Business Address 1020 MARSH RD, MENLO PARK, CA 94025 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/11/2024 Name & Address C SCHOGGEN 414 SUMMIT ST HARTFORD, WI 53027	_{\$} 18.18	_{\$_} 18.18
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	4,118.18	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	
2 , 22	line 3a of Summary	

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1. Committee I.D. Number

2024029

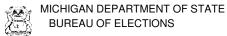
CANDIDATE COMMITTEE

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 all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: CLIMATE CABINET PAC SAN FRANCISCO, CA, USA SF, CA 5. If over \$100.00 cumulative, please pro		_{\$} 1,000.00	_{\$} 3,000.00
Occupation			
Business Address			
Type of Contribution: Direct	Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address JESSE JENKINS	YES 4. Date of Receipt 09/12/2024		
151 CEDAR LN		_{\$} 18.18	_{\$} 18.18
PRINCETON, NJ 08540			
5. If over \$100.00 cumulative, please pro			
Occupation	_ Employer		
Business Address	<u></u>		
Type of Contribution: Direct	Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: TIM SEARS 36 S OXFORD ST FORT GREENE, NY 11217	YES 4. Date of Receipt <u>09/12/2024</u>	§ 9.09	_{\$} 9.09
5. If over \$100.00 cumulative, please pro	ovide:		
Occupation	Employer		
Business Address	Loop from a narrow		
Type of Contribution: Direct	Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address KIM VAN TRAN 13464 MYREN DR SARATOGA, CA 95070	YES 4. Date of Receipt <u>09/13/2024</u>	_{\$} 6.82	_{\$} 6.82
5. If over \$100.00 cumulative, please pro	ovide:		
Occupation	Employer		
Business Address			
Type of Contribution: Virect	Loan from a person Fund Raiser		
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Page 3 of 22		Enter this total on line 3a of Summary Page.	

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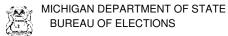
1. Committee I.D. Number 202

2024029

CANDIDATE COMMITTEE

2. Committee Name

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 09/13/2024 Name & Address: RIANNE ANDERSON 845 NELAND AVE SE GRAND RAPIDS, MI 49507	_{\$} 25.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	·	
Occupation NURSE Employer COREWELL HEALTH		
Business Address 25 MICHIGAN ST NE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/13/2024		
Name & Address		
STEVEN DE POLO 942 FAIRMOUNT ST SE	10.00	40.00
GRAND RAPIDS, MI 49506	_{\$} 10.00	_{\$} 40.00
5. If over \$100.00 cumulative, please provide: Occupation FUNDRAISER Employer COVENANT HOUSE MICHIGAN		
Business Address GRAND RAPIDS, MI 49507		
Type of Contribution:		
3. Contribution # 3 Name & Address: JULIE PRESTOPNIK 1863 CALETA TRAIL LONGMONT, CO 80504	_{\$} 22.72	_{\$} 22.72
5. If over \$100.00 cumulative, please provide:		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/14/2024		-
Name & Address		
PETER WAYNE 1875 COMMONWEALTH AVE	00.70	00.70
BOSTON, MA 02135	_{\$} 22.73	_{\$} 22.73
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
	00.45	T
Page Subtotal	80.45	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		_
Page 4 of 22	Enter this total on line 3a of Summary Page.	



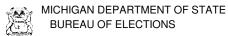
1. Committee I.D. Number 2024029

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CANDIDATE COMMITTEE 2.

2. Committee Name

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 09/14/2024 Name & Address: RUTH FITZGERALD 1643 GORHAM DR SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide:		_{\$} 25.00	_{\$} 25.00
Occupation Employer			
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
	ipt 09/15/2024		
Name & Address LUCAS FRANCL 3802 23RD ST SF, CA 94114		<u>\$ 100.00</u>	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:			
Occupation SOFTWARE ENGINEER Employer GITHUB			
Business Address 88 COLIN P KELLY JR ST, SF, CA	A 94107		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt YES 4. Date	eipt 09/15/2024	_{\$} 9.09	_{\$} 9.09
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 Rec Name & Address LUCAS NAGLE 1081 FULTON ST CLINTON HILL, NY 11238	eeipt 09/16/2024	_{\$} 27.27	_{\$} 27.27
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address	<u></u>		
Type of Contribution: Direct Loan from a person	Fund Raiser		
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Page 5 of 22		line 3a of Summary Page.	

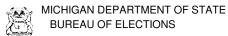


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 2024029

2. Committee Name

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 09/16/2024 Name & Address: MICHAEL WELLS 318 W ALAMAR AVE SANTA BARBARA, CA 93105 5. If over \$100.00 cumulative, please provide:	_{\$} 9.09	_{\$} 9.09
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/17/2024		_
ROSS JENSEN 6674 COLTON BLVD OAKLAND, CA 94611	_{\$} 1.00	_{\$} 1.00
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 09/17/2024 Name & Address: ALAYNA HARLOW 26165 KIRKLAND DR EDWARDSBURG, MI 49112	<u>\$ 10.00</u>	_{\$} 10.00
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 09/17/2024 Name & Address ELI DICKINSON 4118 GARRISON ST NW WASHINGTON, DC 20016	_{\$} 22.73	_{\$} 22.73
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6 of 22	Enter this total on line 3a of Summary Page.	

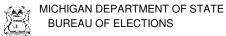


2024029

CANDIDATE COMMITTEE

2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/18/2024 Name & Address: BRANDON DILLION 201 NORWOOD AVE SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation PARTNER Employer THE WINMATT GROUP	_{\$} 250.00	_{\$} 250.00
Business Address 40 PEARL ST NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/18/2024 Name & Address GAIL KAGAN 28 SUNNYSIDE DR YONKERS, NY 10705 5. If over \$100.00 cumulative, please provide:	_{\$} 1.37	_{\$} 1.37
Occupation Employer Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/19/2024 Name & Address: LOKESH BAJAJ 1990 CASTILLEJO WAY FREMONT, CA 94539	_{\$} 90.91	_{\$} 90.91
5. If over \$100.00 cumulative, please provide:		
Occupation SR. DIRECTOR OF ENGINEERING Employer LINKEDIN		
Business Address 1000 W MAUDE AVE, SUNNYVALE, CA 94085 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/20/2024 Name & Address LUKE WRIGHT 771 S PLYMOUTH BLVD LOS ANGELES, CA 90005	_{\$} 8.34	_{\$_} 8.34
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
Page Subtotal	350.62	_
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 7 of 22	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

2024029

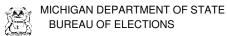
CANDIDATE COMMITTEE

FRIENDS OF MARSHALL KILGORE 2. Committee Name

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 09/20/2024 Name & Address: TAMAR LIBICKI 7718 36TH AVE NE SEATTLE, WA 98115 5. If over \$100.00 cumulative, please provide:	_{\$} 4.17	_{\$} 4.17
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/20/2024 Name & Address ZACHARY BROWN DUNGENESS WY GUSTAVUS, AK 99826	_{\$} 20.83	_{\$} 20.83
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 09/20/2024 Name & Address: RANDY WALLACE 1548 W HUISACHE AVE SAN ANTONIO, TX 78201	_{\$} 5.00	_{\$} 5.00
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 09/20/2024 Name & Address CLARE BARNES 1123 ST PAUL ST BALTIMORE, MD 21202	_{\$} 2.27	_{\$_} 2.27
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

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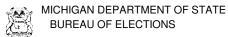


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 2024029

2. Committee Name

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3. Contribution # 1 PAC Receipt? YE Name & Address: SAM SCHILLER	4. Date of Receipt <u>09/20/2024</u>		
13001 RAVINE DR		_{\$} 2.27	¢ 2.27
LEMONT, IL 60439		<u>\$ Z.Z1</u>	\$ ~ .~!
5. If over \$100.00 cumulative, please provide:			
Occupation Emp	loyer		
Business Address			
Type of Contribution: Direct Loa	n from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES	4. Date of Receipt 09/21/2024		
Name & Address JONATHAN BERMAN			
647 S HAWTHORNE AVE		_{\$} 1.25	_{\$} 1.25
ELMHURST, IL 60126		\$ 1. 2 5	\$ 1.25
5. If over \$100.00 cumulative, please provide:			
Occupation Emplo	yer	-	
Business Address		_	
Type of Contribution: Direct Loa	n from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YE Name & Address: EDMUND ANTELL 6412 RAYMOND ST OAKLAND, CA 94609	4. Date of Receipt <u>09/23/2024</u>	 _{\$} 8.34	_{\$} 8.34
5. If over \$100.00 cumulative, please provide:			
	oyer		
Business Address	-,-		
Type of Contribution: Direct Loa	n from a person Fund Raiser	_	
l	4. Date of Receipt 09/24/2024		
Name & Address C SCHOGGEN			
414 SUMMIT ST		00.00	00.04
HARTFORD, WI 53027		_{\$} 20.83	_{\$} 39.01
5. If over \$100.00 cumulative, please provide:			
Occupation E	mployer		
Business Address			
	an from a person Fund Raiser		
<u> </u>	Page S	Subtotal 32.69	
	Grand Total of All Schedu		
	(Complete on last page of Sc		
Page 9 of 22		line 3a of Summary Page.	

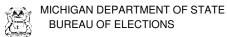


2024029

CANDIDATE COMMITTEE

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 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 09/24/2024 Name & Address: ALAN PROPP 1738 PARK RD NW WASHINGTON, DC 20010	_{\$} 6.25	_{\$} 6.25
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 09/24/2024		
Name & Address LORAINE LUNDQUIST 16908 KINZIE ST LOS ANGELES, CA 91343	_{\$} 83.33	§ 83.33
5. If over \$100.00 cumulative, please provide:		
Occupation TEACHER Employer CSUN		
Business Address 18111 NORDHOFF ST, LOS ANGELES, CA 91330		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/24/2024 Name & Address: ARIEL STEIN 963 E HOMESTEAD RD SUNNYVALE, CA 94087	_{\$} 8.33	_{\$} 8.33
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 09/25/2024 Name & Address VERONIQUE PITTMAN 47 E LAKE DR KATONAH, NY 10536	_{\$} 83.33	_{\$} 83.33
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 47 E LAKE DR, KATONAH, NY 10536		
Type of Contribution: Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule) 10 22	Enter this total on line 3a of Summary	
Page 10 of 22	Page.	



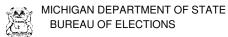
1. Committee I.D. Number 2024

2024029

CANDIDATE COMMITTEE

2. Committee Name

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 09/25/2024 Name & Address: ALEXANDER CRITS-CHRISTOPH 951 FELL ST BALTIMORE, MD 21231	_s 12.50	_s 12.50
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 09/26/2024		
Name & Address WILLIAM BONAGURA 906 CLARKSVILLE RD S FEURA BUSH, NY 12067	_{\$} 10.00	_{\$_} 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/27/2024 RICHARD COTTREL 11133 ROSE AVE LOS ANGELES, CA 90034	_{\$} 83.33	_{\$} 83.33
5. If over \$100.00 cumulative, please provide:		
Occupation DESIGNER Employer YOTTA GAMES		
Business Address 200 N PACIFIC COAST HWY, EL SEGUNDO, CA 90245		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/28/2024 Name & Address FAE FUERST 530 LEXINGTON BLVD ROYAL OAK, MI 48073	_{\$} 10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Page 11 of 22	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

2024029

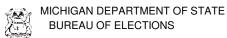
CANDIDATE COMMITTEE

FRIENDS OF MARSHALL KILGORE 2. Committee Name

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

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Page.

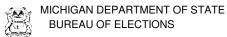


CANDIDATE COMMITTEE

1. Committee I.D. Number 2024029

2. Committee Name

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 09/30/2024 Name & Address: WILLIAM WOOD					
824 DALLAS AVE SE GRAND RAPIDS, MI 49507	_{\$} 250.00	_s 250.00			
5. If over \$100.00 cumulative, please provide:	Φ	Ψ			
Occupation COMMUNICATIONS Employer MICHIGAN ENVIRONMENTAL ACTION COUNCIL					
Business Address 602 W IONIA ST, LANSING, MI 48933					
Type of Contribution: Direct Loan from a person Fund Raiser		_			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/30/2024 Name & Address					
DANIELLE BODZIAK					
1668 HIAWATHA RD SE	_{\$} 50.00	_{\$} 50.00			
GRAND RAPIDS, MI 49506		·			
5. If over \$100.00 cumulative, please provide:					
Occupation REVENUE CYCLE ANALYST Employer COREWELL HEALTH					
Business Address 1668 HIAWATHA RD SE, GRAND RAPIDS, MI 49506					
Type of Contribution: Direct Loan from a person Fund Raiser					
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/03/2024 FRANK LYNN 3446 DEVON DR NE	_{\$} 25.00	_{\$} 25.00			
GRAND RAPIDS, MI 49546		·			
5. If over \$100.00 cumulative, please provide:					
Occupation NOT EMPLOYED Employer NOT EMPLYED					
Business Address 3446 DEVON DR NE, GRAND RAPIDS, MI 49546 Type of Contribution: Direct Loan from a person Fund Raiser					
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/04/2024					
Name & Address NICK GUMINA 2065 HALL ST SE GRAND RAPIDS, MI 49506	_{\$} 225.00	_{\$_} 1,225.00			
5. If over \$100.00 cumulative, please provide:					
Occupation ATTORNEY EMPloyer EARDLEY LAW OFFICES, PC					
Business Address 8 E BRIDGE ST NE, ROCKFORD, MI 49341					
Type of Contribution: Direct Loan from a person Fund Raiser					
Page Subtotal	550.00				
Grand Total of All Schedules 1A (Complete on last page of Schedule)					
Page 13 of 22	Enter this total on line 3a of Summary Page.	-			



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

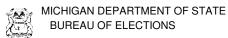
1. Committee I.D. Number 2024029

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 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 10/04/2024 Name & Address: ANDREW FEIKEMA 421 BENSON AVE NE APT 2416 GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation SOFTWARE DEVELOPER Employer AMWAY Business Address 240 IONIA AVE SW, GRAND RAPIDS, MI 49503	_{\$} 100.00	_{\$} 100.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/04/2024 Name & Address DON LEVY 1640 LAUREL AVE SE GRAND RAPIDS, MI 49506	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 1640 LAUREL AVE SE, GRAND RAPIDS, MI 49506 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? VES 4. Date of Receipt 10/04/2024 Name & Address: WEST MICHIGAN PLUMBERS, FITTERS AND SERVICE TRADES LOCAL UNION NO. 174 POLITICAL ACTION FUND 1008 O'MALLEY DR COOPERSVILLE, MI 49404 5. If over \$100.00 cumulative, please provide:	_{\$} 750.00	_{\$} 1,250.00
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/04/2024 Name & Address KENT COUNTY DEMOCRATIC PARTY 301 FULLER AVE SE GRAND RAPIDS, MI 49506	_{\$} 50.00	_{\$} _800.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
Page Subtotal	1,000.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

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1. Committee I.D. Number

2024029

CANDIDATE COMMITTEE

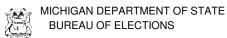
2. Committee Name

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? 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 NOT EMPLOYED Employer NOT EMPLOYED Business Address 8220 WILDERNESS TRAIL NE, ADA, MI 49301 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/08/2024 Name & Address STEPHEN WOODEN 161 GILPIN ST NE GRAND RAPIDS, MI 49505	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation COUNTY COMMISSIONER Employer KENT CONTY Business Address 300 MONROE AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/11/2024 Name & Address: SHARLENE KIPFER 6240 WEST MICHILLINDA RD WHITEHALL, MI 49461	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation DEVELOPMENT DIRECTOR Employer WMEAC Business Address 1007 LAKE DR SE, GRAND RAPIDS, MI 49506 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 RIANNE ANDERSON 845 NELAND AVE SE GRAND RAPIDS, MI 49507	_{\$} 25.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide: Occupation NURSE Employer COREWELL HEALTH Business Address 25 MICHIGAN ST NE, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 15 . 22	Enter this total on line 3a of Summary	

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Page.



CANDIDATE COMMITTEE

2024029 1. Committee I.D. Number

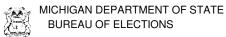
2. Committee Name

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? YES 4. Date of Receipt 10/13/2024 Name & Address: STEVEN DE POLO 942 FAIRMOUNT ST SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide:	_{\$} 10.00	_{\$} 50.00
Occupation FUNDRAISER Employer COVENANT HOUSE MICHIGAN		
Business Address GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/15/2024 Name & Address		
PROGRESSIVE WOMEN'S ALLIANCE OF WEST MICHIGAN PAC PO BOX 1315 GRAND RAPIDS, MI 49501	_{\$} 1,000.00	\$ 3,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/15/2024 Name & Address: HUEY G COPELAND 2234 SHAWNEE DR SE GRAND RAPIDS, MI 49506	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 2234 SHAWNEE DR SE, GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		_
3. Contribution # 4 PAC Receipt? VES 4. Date of Receipt 10/16/2024 Name & Address CONSERVATION VOTERS OF MICHIGAN PAC 3029 MILLER RD ANN ARBOR, MI 48103	_{\$} 500.00	_{\$_} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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(Complete on last page of Schedule)	Enter this total on line 3a of Summary	_l

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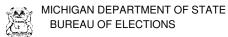


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 2024029

2. Committee Name

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 10/16/2024 Name & Address: MOSS PAC 101 S WASHINGTON SQUARE LANSING, MI 48933	_{\$} 150.00	_{\$} 150.00
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 10/17/2024 Name & Address JENNIFER HUNT 2044 NATHAN DR SE GRAND RAPIDS, MI 49508	<u>\$ 100.00</u>	_{\$} 120.00
5. If over \$100.00 cumulative, please provide:		
Occupation MANAGER Employer STATE OF MICHIGAN		
Business Address 2044 NATHAN DR SE, GRAND RAPIDS, MI 49508		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/17/2024 Name & Address: JOHN CONSIDINE 4286 GREENBRIER CT SE GRAND RAPIDS, MI 49546	\$ 10.00	_{\$} _40.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 4286 GREENBRIER CT 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 10/17/2024 Name & Address KAREY HAMRICK 3004 OAKWOOD DR SE EAST GRAND RAPIDS, MI 49506	_{\$} 50.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation		
Business Address 750 LAKESIDE DR SE, GRAND RAPIDS, MI 49506 Type of Contribution: Loan from a person Fund Raiser		
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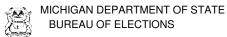
1. Committee I.D. Number 2024

2024029

CANDIDATE COMMITTEE

2. Committee Name

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 10/17/2024 Name & Address: KATHLEEN UNDERWOOD HAMPTON AVE SE EAST GRAND RA, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation UNEMPLOYED Business Address HAMPTON AVE SE, EAST GRAND RA, MI 49506	_{\$} 150.00	_{\$} 250.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/17/2024 Name & Address ELLYN M WOLFSON 7923 LORAL PINES DR SE ADA, MI 49301	_{\$} 150.00	§ 250.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/17/2024 Name & Address: SHERLYNN JAMES 1852 PLYMOUTH AVE SE GRAND RAPIDS, MI 49506	_{\$} 10.00	_{\$} 210.00
5. If over \$100.00 cumulative, please provide:		
Occupation REALTOR Employer REMAX OF GRAND RAPIDS Business Address 1852 PLYMOUTH AVE SE, GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/18/2024 Name & Address	1	
HANNAH E MICO 1942 PROSPECT AVE SE GRAND RAPIDS, MI 49507	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation NONPROFIT Employer RIVER NETWORK		
Business Address PO BOX 21387 BOULDER COLOARDO, Type of Contribution: Loan from a person Fund Raiser		
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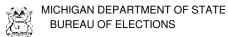
1. Committee I.D. Number 2022

2024029

CANDIDATE COMMITTEE

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 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 10/18/2024 Name & Address: RANDAL CURREY 615 COLLEGE AVE SE GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 25.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 615 COLLEGE AVE SE, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/18/2024 Name & Address SHANNON HENDERSON 1112 PRINCE ST SE GRAND RAPIDS, MI 49507	_{\$} 25.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer STATE OF MICHIGAN Business Address 350 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/19/2024 Name & Address: ANNE HISKES 1666 BEARD DR SE GRAND RAPIDS, MI 49546	\$200.00	_{\$} 700.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED - COLLEGE ADMINISTRATOR Employer GRAND VALLEY STATE UNIVERSITY Business Address 1 CAMPUS DR, ALLENDALE TWP, MI 49401 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/20/2024 Name & Address PHIL SKAGGS 2615 HALL ST SE GRAND RAPIDS, MI 49506	_{\$} 400.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation STATE REPRESENTATIVE Employer STATE OF MICHIGAN Business Address 2615 HALL ST SE, GRAND RAPIDS, MI 49506 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 19 of 22	Enter this total on line 3a of Summary Page.	

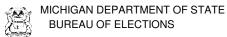


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 2024029

2. Committee Name

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 10/20/2024 Name & Address: ANNA CARLEY 1930 NEWARK AVE SE GRAND RAPIDS, MI 49507	_{\$} 25.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation DATA ANALYST Employer STEELCASE INC.		
Business Address 901 44TH ST SE, GRAND RAPIDS, MI 49508 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/20/2024 Name & Address		
HARLAND HOLMAN 2650 BARFIELD DR SE GRAND RAPIDS, MI 49546	\$ 100.00	<u>\$ 150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation PHYSICIAN Employer COREWELL HEALTH		
Business Address 2650 BARFIELD DR SE, GRAND RAPIDS, MI 49546		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/20/2024 Name & Address: JONATHAN GAMBLE 2445 ALMONT AVE SE GRAND RAPIDS, MI 49507	_{\$} 15.00	_{\$} 40.00
5. If over \$100.00 cumulative, please provide:		
Occupation NETWORK ADMIN Employer LUMBERMEN'S		
Business Address 4433 STAFFORD AVE SW, GRAND RAPIDS, MI 49548 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/20/2024		
Name & Address MONICA SPARKS 4764 WOLF RUN AVE SE KENTWOOD, MI 49548	_{\$} 100.00	_{\$} 370.00
5. If over \$100.00 cumulative, please provide:		
Occupation BUSINESS OWNER Employer BODY SCULPT, LLC		
Business Address 4764 WOLF RUN AVE SE, KENTWOOD, MI 49548 Type of Contribution: Loan from a person Fund Raiser		
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Page 20 of 22	Enter this total on line 3a of Summary Page.	

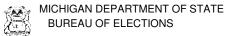


1. Committee I.D. Number

2024029

CANDIDATE COMMITTEE 2. Committee Name

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 10/20/2024 Name & Address: WILLIAM WOOD 824 DALLAS AVE SE GRAND RAPIDS, MI 49507	_{\$} 250.00	_{\$} 500.00			
5. If over \$100.00 cumulative, please provide: Occupation COMMUNICATIONS Employer MICHIGAN ENVIRONMENTAL ACTION COUNCIL Business Address 602 W IONIA ST, LANSING, MI 48933					
Type of Contribution: Direct Loan from a person Fund Raiser					
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/20/2024 Name & Address JULIE ASHMEAD 1503 PONTIAC RD SE GRAND RAPIDS, MI 49506	\$ 100.00	_{\$} 450.00			
5. If over \$100.00 cumulative, please provide:					
Occupation UNEMPLOYED Employer UNEMPLOYED					
Business Address 1503 PONTIAC RD SE, GRAND RAPIDS, MI 49506 Type of Contribution: Loan from a person Fund Raiser					
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/20/2024 Name & Address: STEPHANIE ARCE 1617 ADAMS ST SE GRAND RAPIDS, MI 49506	<u>\$ 100.00</u>	_{\$} 200.00			
5. If over \$100.00 cumulative, please provide:					
Occupation IT/TECH Employer SINGLEWIRE SOFTWARE					
Business Address 1002 DEMING WAY, MADISON, WI 53717					
Type of Contribution: Direct Loan from a person Fund Raiser					
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/20/2024 Name & Address SARA ROSE 961 ADA PL DR SE GRAND RAPIDS, MI 49546	_{\$} 25.00	_{\$} _25.00			
5. If over \$100.00 cumulative, please provide:					
Occupation ACCOUNTING AND OPERATIONS MANAGER Employer PROGRESS MICHIGAN					
Business Address 614 SEYMOUR AVE, LANSING, MI 48933 Type of Contribution: Loan from a person Fund Raiser					
Page Subtotal	475.00				
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Fortage this total as	J			
Page 21 of 22	Enter this total on line 3a of Summary Page.				



1. Committee I.D. Number

2024029

CANDIDATE COMMITTEE 2. Committee Name

FRIENDS OF MARSHALL KILGORE

Enter contributor's name a middle initial. Check box Committee (PAC) Report	to indicate if con	ribu	ibution is from an individual, enter last name, first name, tion is from a Political Committee or an Independent ardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: CLIMATE CABINI SAN FRANCISCO SF, CA			YES 4. Date of Receipt 10/20/2024	_{\$} 500.00	_{\$} 3,500.00
5. If over \$100.00 cumula	ative, please pro	vid	e:		
Occupation		_	Employer		
Business Address	<u> </u>	_			
Type of Contribution:	Direct		Loan from a person Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Receipt		
				\$	\$
5. If over \$100.00 cumula	itive, please pro	vide		Click Here fo	r Memo Itemization
			nployer	Ollok Floro to	Womo Romzadon
Business Address		_			
	Direct		Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of Receipt		
				\$Click Horo for	\$ Memo Itemization
5. If over \$100.00 cumula	itive, please pro	vid	e:	Click Here loi	wemo itemization
Occupation		_ [Employer		
Business Address	Direct		Loan from a person Fund Raiser		
Type of Contribution: 3. Contribution # 4	PAC Receipt?				
Name & Address	rao neceipi:	L	YES 4. Date of Receipt		
				\$	\$
5. If over \$100.00 cumula	ative, please pro	vid	e:	Click Here for	Memo Itemization
Occupation		_	Employer	2	
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)	500.00 13,865.37	
			, , , , , , , , , , , , , , , , , , , ,	Enter this total on	

Page 22 of 22



1. Committee I. D. Number 2024029

2. Committee Name FRIENDS OF MARSHALL KILGORE

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ONE MICHIGAN ALLIANCE		09/06/2024	\$ 77.00
Address	Purpose: EVENT FEE	Date	¥ <u>77.00</u>
Address 2615 HALL ST SE	Purpose:		
GRAND RAPIDS, MI 49506			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	Statement		
		09/06/2024	
Name SPEEDWAY			\$ 39.69
Address	Purpose: GAS/MILEAGE 59.24	Date	·
1212 MICHIGAN ST NE			
GRAND RAPIDS, MI 49503			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name MELIER			
Name MEIJER		09/08/2024	\$ 34.84
Address	Purpose: OFFICE SUPLIES	Date	
1540 28TH ST SE	,		
GRAND RAPIDS, MI 49508			
_	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name HALL STREET BAKERY		09/10/2024	
	VOLUNTEED OOFFEE	Date	\$ <u>13.27</u>
Address	Purpose: VOLUNTEER COFFEE	Duio	
1200 HALL ST SE			
GRAND RAPIDS, MI 49506			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name CITY OF GRAND RAPIDS		00/40/0004	
	EVENT DADKING	09/10/2024	\$ 3.51
Address 300 MONROE AVE NW	Purpose: EVENT PARKING	Date	<u> </u>
GRAND RAPIDS, MI 49503			
C. U. U. U. U. U. C., WII. 10000	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
<u> </u>	1	stal this page	100.01
	Subic	otal this page	168.31
	Grand Total of all		
	(Complete on last page	e of Schedule)	



1. Committee I. D. Number 2024029

CANDIDATE COMMITTEE	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 WINGSTOP Address 28TH ST SE GRAND RAPIDS, MI 49512	Purpose: VOLUNTEER FOOD	09/12/2024 Date	\$ <u>31.54</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name MEIJER Address 1540 28TH ST SE GRAND RAPIDS, MI 49508	Purpose: OFFICE SUPPLIES	09/12/2024 Date	\$ <u>18.42</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name HALL STREET BAKERY Address 1200 HALL ST SE GRAND RAPIDS, MI 49506	Purpose: VOLUNTEER COFFEE	09/13/2024 Date	\$ <u>16.51</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name SOUTHERN SMOKE Address 4032 DIVISION AVE S GRAND RAPIDS, MI 49548	Purpose: VOLUNTEER FOOD	09/16/2024 Date	\$ <u>52.45</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name TUEBOR STRATEGIC, LLC Address 266 PINE ST BURLINGTON, VT 05401 Fund Raiser	Purpose: CONSULTING Check box if this expenditure is payment of debt or obligation reported on previous statement	09/17/2024 Date	\$ 2,500.00
	Subtota	al this page	2,618.92
Grand Total of all Schedules 1B (Complete on last page of Schedule)			



1. Committee I. D. Number 2024029

2 Committee Name FRIENDS OF MARSHALL KILGORE

2.0	ommittee rame		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD	Purpose: LITERATURE MAILING	09/23/2024 Date	\$ 3,059.48
PONTIAC, MI 48341 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Address 1562 KALAMAZOO AVE SE GRAND RAPIDS, MI 49507	Purpose: GAS/MILEAGE 68.07	09/25/2024 Date	\$ <u>45.61</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name MEIJER Address	Purpose: OFFICE SUPPLIES	09/26/2024 Date	\$ <u>47.41</u>
1540 28TH ST SE GRAND RAPIDS, MI 49508	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4 Name JETS		09/29/2024	\$ 66.54
Address 2163 WEALTHY ST SE GRAND RAPIDS, MI 49506	Purpose: VOLUNTEER FOOD	Date	⁹ <u>00.54</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name PUX		09/30/2024	\$ 12.00
Address 311 FULLER AVE NE GRAND RAPIDS, MI 49503	Purpose: VOLUNTEER SNACK Check box if this expenditure is payment of	Date	12.00
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	3,231.04
Grand Total of all Schedules 1B (Complete on last page of Schedule)			



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 SUBWAY Address 365 FULLER AVE NE GRAND RAPIDS, MI 49503	Purpose: VOLUNTEER FOOD Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2024 Date	\$ <u>44.46</u>
Expenditure #2 Name HALL STREET BAKERY Address 1200 HALL ST SE GRAND RAPIDS, MI 49506		10/04/2024 Date	\$ <u>9.54</u>
Fund Raiser	debt or obligation reported on previous statement		
Name HALL STREET BAKERY Address 1200 HALL ST SE GRAND RAPIDS, MI 49506	Purpose: VOLUNTEER COFFEE	10/05/2024 Date	\$ <u>12.64</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name CAMPAIGN VERIFY Address 1215 31ST ST NW	Purpose: VOTER OUTREACH	10/05/2024 Date	\$ <u>95.00</u>
PO BOX 3554 WASHINGTON, DC 20007 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name THE PYRAMID SCHEME Address 68 COMMERCE AVE SW GRAND RAPIDS, MI 49503	Purpose: EVENT CONTRIBUTION	10/08/2024 Date	\$ <u>21.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtot	al this page	182.64
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number 2024029

2. Committee Name FRIENDS OF MARSHALL KILGORE

2. 0	ommittee Hame		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEIJER Address 1540 28TH ST SE GRAND RAPIDS, MI 49508	Purpose: OFFICE SUPPLIES/ VOLUNTEER SNACKS	10/09/2024 Date	\$ <u>49.99</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name GREEN WELL		10/09/2024	\$ 60.58
Address 924 CHERRY ST SE GRAND RAPIDS, MI 49506	Purpose: VOLUNTEER FOOD	Date	* <u>00.30</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name SHELL Address 1562 KALAMAZOO AVE SE	Purpose: GAS/MILEAGE 62.39	10/11/2024 Date	\$ <u>41.80</u>
GRAND RAPIDS, MI 49507	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name CITY OF GRAND RAPIDS Address	Purpose: EVENT PARKING	10/13/2024 Date	\$ <u>12.00</u>
300 MONROE AVE NW GRAND RAPIDS, MI 49503	Purpose:		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name APPLEBEES		10/13/2024	
Address 4955 28TH ST SE	Purpose: VOLUNTEER FOOD	Date	\$ <u>65.00</u>
GRAND RAPIDS, MI 49512 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	229.37
	Grand Total of all ((Complete on last page		



2024029 1. Committee I. D. Number

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 CITY OF GRAND RAPIDS		10/15/2024	\$ 2.37
Address	Purpose: EVENT PARKING	Date	
300 MONROE AVE NW			
GRAND RAPIDS, MI 49503			
Find Price	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser Expenditure #2	statement		
•		10/10/0004	
Name JETS		10/18/2024	\$ <u>41.89</u>
Address	Purpose: VOLUNTEER FOOD	Date	
2163 WEALTHY ST SE			
GRAND RAPIDS, MI 49506			
□ Fd Better	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser Expenditure #3	statement		
·			
Name SHELL		10/19/2024	\$ 40.41
Address	Purpose: GAS/MILEAGE 60.31	Date	
1562 KALAMAZOO AVE SE			
GRAND RAPIDS, MI 49507	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name SUBWAY		10/00/0004	
SOBWAT		10/20/2024	\$ 28.93
Address	Purpose: VOLUNTEER SNACKS	Date	
1540 28TH ST SE			
GRAND RAPIDS, MI 49508			
П	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			\$
Address	Purpose:	Date	Ψ
	Click F	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		71
Fund Raiser	debt or obligation reported on previous statement		
	Subto	otal this page	113.60
	Grand Total of all S	Schedules 1B	6 5/2 99

(Complete on last page of Schedule) Enter this total on line 8a of Summary Page