

#### CANDIDATE COMMITTEE COVER PAGE

FILED 24 OCT 2024 AM 09:47

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

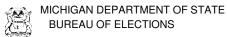
FOR OFFICIAL USE ONLY

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 4. Candidate Last Name First Name M.I. BING GOFI S 2024114 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name CITY COMMISSIONER, WARD 3, GRAND RAPIDS COMMITTEE TO ELECT BING GOEL 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 1919 BOSTON SE NICHOLAS BORGDORFF APT V002 7375 OLD LANTERN DR SE GRAND RAPIDS. MI 49506 CALEDONIA, MI 49316 Area Code and Phone (616) 644-5767
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (773) 617-2203 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) 7375 OLD LANTERN DR SE CALEDONIA, MI 49316 Area Code and Phone (773) 617-2203 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 10/24/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 10/24/2024 signature on file Candidate Date Signature Type or Print Name

1. Committee I.D. Number 2024114

#### **SUMMARY PAGE CANDIDATE COMMITTEE**

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 27,945.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 27,945.00	(18.) \$ 58,980.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 5,882.18
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 27,945.00	(20.) \$ 64,862.18
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 500.00
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.) \$ 26,420.05	
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.) \$ 26,420.05	(23.) \$ 57,553.34
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 90.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		00.00
DEBTS AND OBLIGATIONS	(11.) \$ 90.00	(24.) \$ 90.00
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 28,500.00	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ 0.00	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	BALANCE STATEMENT  (13.) \$ 5,783.89  (14.) + \$ 27,945.00  (15.) = \$ 33,728.89  (16.) - \$ 26,510.05  (17.) \$ 7,218.84	



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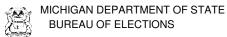
#### **CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT BING GOEI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/21/2024  Name & Address: BING GOEI  1919 BOSTON ST SE APT. V002 GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer NO CURRENT EMPLOYER	<sub>\$</sub> 5,000.00	<sub>\$</sub> 5,000.00
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/23/2024  Name & Address  BING GOEI 1919 BOSTON ST SE APT. V002 GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer NO CURRENT EMPLOYER  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 11,000.00	<sub>\$</sub> 16,000.00
7, Free day and the Economic person in the man		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/29/2024  Name & Address:  JOHANNA DUYST 2200 RAYBROOK ST SE GRAND RAPIDS, MI 49546	§ 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/30/2024  Name & Address  THOMAS MICHAEL BRANN 4157 DIVISION AVE S GRAND RAPIDS, MI 49548  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	16,150.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  1 13	Enter this total on line 3a of Summary	

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1. Committee I.D. Number \_\_2024114

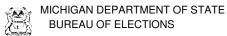
#### **CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT BING GOEI

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 09/01/2024  Name & Address:  JIM WILLIAMS  3706 BUTTRICK AVE SE  ADA, MI 49301  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer NOT CURRENTLY EMPLOYED	<sub>\$</sub> 1,200.00	<sub>\$</sub> 1,200.00
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/02/2024  Name & Address  LUPE RAMOS-MONTIGNY  977 WALTHAM ST SE  GRAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	<sub>\$_</sub> 100.00
Occupation RETIRED Employer NOT CURRENTLY EMPLOYED  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/03/2024  Name & Address:  JUSTIN JOHNSON 610 S NELSON ST  GREENVILLE, MI 48838	<sub>\$</sub> 200.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:  Occupation SELF EMPLOYED Employer SELF EMPLOYED  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/03/2024  Name & Address ROBERT P COOPER 1919 BOSTON ST SE APT A205 GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
Occupation Employer  Business Address		
Type of Contribution: Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,525.00  Enter this total on line 3a of Summary	

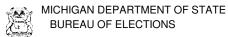
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**CANDIDATE COMMITTEE** 

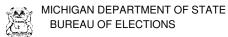
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/11/2024  Name & Address: SUSAN IM 6040 ADAWAY CT SE ADA, MI 49301	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation SELF EMPLOYED Employer SELF EMPLOYED		
Business Address  Type of Contribution: Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/13/2024  Name & Address		
NICOLE HUISMAN 170 SUN MEADOW CT HOLLAND, MI 49424	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:  Occupation NURSE Employer HOLLAND HOSPITAL		
Occupation NURSE Employer HOLLAND HOSPITAL  Business Address 602 MICHIGAN AVE, HOLLAND, MI 49423		
Type of Contribution:    Direct    Loan from a person    Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/13/2024  Name & Address:  SALEEM USMANI 1275 WAUKAZOO DR HOLLAND, MI 49424	<sub>\$</sub> 700.00	<sub>\$</sub> 700.00
5. If over \$100.00 cumulative, please provide:  Occupation SELF EMPLOYED Employer SELF EMPLOYED		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/13/2024  Name & Address  JOSEPH F HIPSKIND  1919 BOSTON ST SE  APT V004  GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	950.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page.	



### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_2024114

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: DEWI SARI	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/23/2024		
JULIETA TABLANTE-BLANCO 10160 OBSIDIAN RDG ST LAS VEGAS, NV 89141	§ 500.00	§ 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer SELF EMPLOYED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/25/2024  Name & Address:  CRYSTAL BUI 1140 SWATHER DR SE  KENTWOOD, MI 49508	<sub>\$</sub> 75.00	<sub>\$</sub> 75.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/25/2024  Name & Address  PATRICIA WARING 2109 S CHESANING DR SE  GRAND RAPIDS, MI 49506	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation STAFF Employer GRAND VALLEY STATE UNIVERSITY		
Business Address 310 FULTON ST W, GRAND RAPIDS, MI 49504		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	850.00	
Page 4 of 13	Enter this total on line 3a of Summary Page.	



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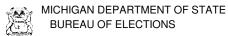
**CANDIDATE COMMITTEE** 

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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 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 09/26/2024  Name & Address: MANOJ MULKI 6558 PLEASANT HILL DR BYRON CENTER, MI 49315  5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF EMPLOYED	<sub>\$</sub> 1,000.00	<sub>\$</sub> 1,000.00
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/28/2024  Name & Address  XIU ZHU WANG 6028 ST PAUL RD TROY, MI 48098	\$ 400.00	<sub>\$</sub> 400.00
5. If over \$100.00 cumulative, please provide:  Occupation CEO Employer 168 GROUP  Business Address 32393 JOHN R RD, MADISON HEIGHTS, MI 48071  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/01/2024  Name & Address:  SKOT WELCH	§ 200.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer  Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/07/2024  Name & Address  RUBEN RAMOS  2953 PERRY AVE SW  WYOMING, MI 49519	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:  Occupation PARTNER Employer R&R MECHANICAL		
Business Address 433 CROFTON ST SE, GRAND RAPIDS, MI 49507  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	2,100.00  Enter this total on line 3a of Summary	

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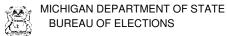
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### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

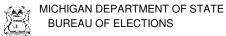
1. Committee I.D. Number \_\_2024114

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/10/2024  Name & Address: CUONG HUYNH 14 RED WING CT STERLING, VA 20164  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 10.00	<sub>\$</sub> 10.00
Occupation Employer		
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/14/2024		
ACE MARASIGAN 3659 FULLER AVE NE GRAND RAPIDS, MI 49525	<sub>\$</sub> _100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer SELF EMPLOYED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address:  MICHAELYN BENZ 817 GLADSTONE DR SE EAST GRAND RAPIDS, MI 49506	<sub>\$</sub> 35.00	§ 35.00
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 # 4 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address  JIM WILLIAMS  3706 BUTTRICK AVE SE  ADA, MI 49301	<sub>\$</sub> 1,200.00	<sub>\$</sub> 2,400.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:  Loan from a person  Fund Raiser		
Page Subtota	1,345.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule	1,010.00	



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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address: JEREMY MOORE  1542 ROBINSON RD SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address  CHRISTINA ARNOLD  4967 CHABLEAU DR SW  WYOMING, MI 49519	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
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 10/14/2024  Name & Address: PETER SKORNIA 542 UNION SW GRAND RAPIDS, MI 49503	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation EXECUTIVE Employer CELLA BUILDING COMPANY Business Address 730 LEONARD ST NW, GRAND RAPIDS, MI 49504		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address  CHARISSA HUANG  1317 NORTHLAWN ST NE  GRAND RAPIDS, MI 49505	<sub>\$</sub> 50.00	<sub>\$</sub> _50.00
5. If over \$100.00 cumulative, please provide:		
Occupation LEGAL Employer SMITH HAUGHEY RICE & ROEGGE		
Business Address 100 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	650.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 7 of 13	Enter this total on line 3a of Summary Page.	



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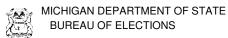
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address: CORAZON HANSELMAN 5017 13 MILE RD NE ROCKFORD, MI 49341  5. If over \$100.00 cumulative, please provide: Occupation	<sub>\$</sub> 200.00	<sub>\$</sub> 200.00
Business Address  Type of Contribution:   Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address  CHARLES ELWOOD 2207 N BRISTOL ST  HOLLAND, MI 49424  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Occupation SELF EMPLOYED Employer SELF EMPLOYED  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address:  RAQUEL SALAS 7887 ASHWOOD DR SE ADA, MI 49301	§ 500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer AVANTI LAW  Business Address 600 28TH ST SW, WYOMING, MI 49509  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address  KAREN HWEE-PING KOH  810 DOGWOOD MEADOWS DR SE  ADA, MI 49301	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:  Occupation REAL ESTATE Employer FIVESTAR REAL ESTATE LEADERS  Business Address 460 ADA DR SE, SUITE 120, ADA, MI 49301  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,300.00  Enter this total on line 3a of Summary	

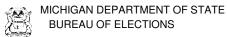
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#### **CANDIDATE COMMITTEE**

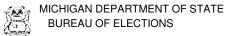
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address: JOSEPH JONES 2528 ORCHARD VIEW DR NE GRAND RAPIDS, MI 49505  5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF EMPLOYED  Business Address	<sub>\$</sub> 300.00	<sub>\$</sub> 300.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address  BETSY ARTZ  OLD ELM DR SE  KENTWOOD, MI 49512	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address:  PHILLIP NGUYEN 8336 THORNAPPLE RIVER DR SE CALEDONIA, MI 49316	\$500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:  Occupation SELF EMPLOYED Employer SELF EMPLOYED		
Business Address  Type of Contribution:   Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/14/2024 Name & Address EVALINA RODRIGUEZ 320 DICKINSON ST SW GRAND RAPIDS, MI 49507	<sub>\$</sub> 50.00	<sub>\$_</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:  Loan from a person  Fund Raiser		
Page Subtotal	900.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page of 13	Enter this total on line 3a of Summary Page.	



### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_2024114

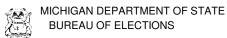
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address: F NORMAN CHRISTOPHER  1985 BURNING WOODS CT SE  GRAND RAPIDS, MI 49546	<sub>\$</sub> 150.00	<sub>\$</sub> 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/14/2024		_
TENA KEBEDE 1231 DREXEL CT NE GRAND RAPIDS, MI 49505	\$ 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer SELF EMPLOYED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address:  CLARIVEL MARTINES  1829 DARWIN AVE SW  GRAND RAPIDS, MI 49507	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address  JESENIA AMOROS  723 EDGEWORTH ST  MAPLEWOOD, MI 49428	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	350.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 10 of 13	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number \_\_2024114

**CANDIDATE COMMITTEE** 

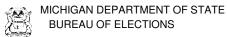
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address: MARY ALICE WILLIAMS  1919 BOSTON ST SE  B103 GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer  Business Address	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/14/2024  Name & Address  NEVIN GROCE	<sub>\$</sub> 200.00	<sub>\$</sub> 200.00
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  LAURA TOWN 2174 BOARDWALK CT WAYLAND, MI 49348	§ 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address   Type of Contribution:    Direct		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/15/2024 Name & Address TAMARA LOPEZ 5120 AMANDA DR SW WYOMING, MI 49418	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer SELF EMPLOYED		
Business Address  Type of Contribution:   Direct Loan from a person Fund Raiser		
Page Subtotal	425.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 11 of 13	Enter this total on line 3a of Summary Page.	



### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_2024114

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 10/15/2024  Name & Address: JAMES TALEN 30 COLLEGE NE UNIT 78 GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		_
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/15/2024  Name & Address  REYNA MASKO 513 WOODLAWN AVE  GRAND HAVEN, MI 49417	\$ 100.00	<sub>\$_</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer SELF EMPLOYED		
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: ISABEL C GUTIERREZ 3466 BIRCHWOOD AVE SW GRAND RAPIDS, MI 49548	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/16/2024		
Name & Address  JAIME COUNTERMAN 8350 BAY DR NE ROCKFORD, MI 49341	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation EXECUTIVE Employer U OF M HEALTH WEST		
Business Address 5900 BYRON CENTER AVE SW, WYOMING, MI 49519		
Type of Contribution:  Loan from a person Fund Raiser		
Page Subtotal	300.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 12 of 13	Enter this total on line 3a of Summary Page.	•



1. Committee I.D. Number \_\_2024114

#### **CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT BING GOEI

	x to indicate if contr	ibution is from a Political		enter last name, first name, ttee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: MARLIN FEYEN 26 CAMPAU CII GRAND RAPIDS	R NW	YES 4. Date of	of Receip	ot 10/18/2024	<sub>\$</sub> 1,000.00	<sub>\$</sub> 1,000.00
5. If over \$100.00 cum Occupation RETIR		vide: Employer_RETIF	RED		-	
Business Address  Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address TERESA WEAT 4766 CHALET L WYOMING, MI	N SW	YES 4. Date of	f Receip	10/18/2024	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumo Occupation RETIRI		vide: Employer_RETIRE	D			
Business Address						
Type of Contribution:		Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date	of Recei	pt	<u> </u>	\$
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here for	Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	of Rece	ipt		\$
5. If over \$100.00 cum	ulative nlease pro	vide:				<b>-</b>
Occupation	alative, piedoe pro					Memo Itemization
·					_	
Business Address Type of Contribution:	Direct	Loan from a person		Fund Raiser		
		_		Page Subto	otal 1,100.00	
				and Total of All Schedules lete on last page of Schedu		_
			(Comp	icto on iast page of Scriedt	Enter this total on	_

Page 13 of 13

line 3a of Summary Page.



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

#### COMMITTEE TO ELECT BING GOEL

2. 0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name BAC PRINT / BARE ALL LLC Address 123 HALL ST SE	Purpose: SIGNS	08/07/2024 Date	\$ <u>384.80</u>
GRAND RAPIDS, MI 49507	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2  Name STORR PRINTING SERVICES INC.		08/19/2024	\$ 175.42
Address 938 CHERRY ST SE GRAND RAPIDS, MI 49506	Purpose: PRINTING	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name HANICAP SIGN INC. Address	Purpose: YARD SIGNS	08/21/2024 Date	\$ <u>1,007.00</u>
1142 WEALTHY ST SE GRAND RAPIDS, MI 49506	Purpose: 1711 12 CTGTTC		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name STORR PRINTING SERVICES INC.	DDINITINIO	08/22/2024 Date	\$ 340.19
Address 938 CHERRY ST SE GRAND RAPIDS, MI 49506	Purpose: PRINTING	Bate	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name KENT COMMUNICATIONS	MAIL INIC	08/23/2024	\$ 6,297.35
Address 3901 E PARIS AVE SE KENTWOOD, MI 49512	Purpose: MAILING  Check box if this expenditure is payment of	Date	2, 2 2 2
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	8,204.76
	Grand Total of all S (Complete on last page		

Enter this total on line 8a of Summary Page



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

# 2. Committee Name COMMITTEE TO ELECT BING GOEI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name FAMILY FARE  Address 6127 KALAMAZOO AVE SE GRAND RAPIDS, MI 49508	Purpose: STAFF MEAL  Check box if this expenditure is payment of	08/26/2024 Date	\$ <u>43.80</u>
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2  Name UNITED STATES POST OFFICE  Address 1680 44TH ST SE	Purpose: POSTAGE	08/26/2024 Date	\$ <u>73.00</u>
KENTWOOD, MI 49508  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name KENT COMMUNICATIONS  Address 3901 E PARIS AVE SE	Purpose: PRINTING	08/30/2024 Date	\$ <u>8,448.08</u>
KENTWOOD, MI 49512  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4  Name KENT COMMUNICATIONS  Address	Purpose: PRINTING	09/11/2024 Date	\$ <u>1,295.86</u>
3901 E PARIS AVE SE KENTWOOD, MI 49512			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5  Name STORR PRINTING SERVICES INC.  Address	Purpose: SIGNS	09/16/2024 Date	\$ <u>107.34</u>
938 CHERRY ST SE GRAND RAPIDS, MI 49506  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	9,968.08
	Grand Total of all 3 (Complete on last page		

Enter this total on line 8a of Summary Page



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

2024114

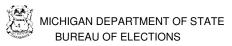
1. Committee I. D. Number

# 2 Committee Name COMMITTEE TO ELECT BING GOEI

	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name GRACE TARALA		09/17/2024	\$ 400.00
	Purpose: CAMPAIGN STAFF	Date	\$ <u>400.00</u>
Address 221 HOLLISTER AVE SE	Purpose: OAIVII AIGIN STALL	Zaio	
APT 2			
GRAND RAPIDS, MI 49506	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name KENT COMMUNICATIONS		09/26/2024	
REIT COMMONICATIONS	NAAH INIO	Date	\$ <u>6,297.35</u>
Address	Purpose: MAILING	Date	
3901 E PARIS AVE SE			
KENTWOOD, MI 49512			
·	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name STORR PRINTING SERVICES INC.		09/30/2024	\$ 266.60
Address	Purpose: SIGNS	Date	Ψ <u>200.00</u>
938 CHERRY ST SE	Purpose: C1C11C		
GRAND RAPIDS, MI 49506			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name BLACK MUSIC NETWORK		10/07/2024	000 00
	ADVEDTICING	Date	\$ <u>990.00</u>
Address	Purpose: ADVERTISING		
970 28TH ST SW			
WYOMING, MI 49509			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name PAYPAL		10/18/2024	¢ 202 26
Address	Purpose: PAYPAL FEES	Date	\$ <u>293.26</u>
2211 N FIRST ST			
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	8,247.21
	Crand Total of all (	Cabadulaa 1D	
	Grand Total of all (Complete on last page		26,420.05

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



#### **INCIDENTAL OFFICE EXPENSE DISBURSEMENTS** SCHEDULE 1C CANDIDATE COMMITTEE

(For use by officeholders only)

2024114 1. Committee I. D. Number

COMMITTEE TO ELECT BING GOEI

2. Committee Name 4. Description of Disbursement 3. Name and address of person to whom disbursement was made 6. Amount of 5. Date (Be specific & you may assign a Disbursement disbursement code\*) Disbursement # 1 Purpose Name & Address: **ACCOUNTING** INTUIT 08/12/2024 £30.00 2700 COAST AVE Date MOUNTAIN VIEW, CA 94043 Disbursement Code OO Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Disbursement # 2 Purpose Name & Address: ¢30.00 ACCOUNTING SOFTWARE 09/12/2024 INTUIT Date 2700 COAST AVE **MOUNTAIN VIEW, CA 94043** Disbursement Code OO Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Purpose Disbursement #3 Name & Address: **ACCOUNTING** INTUIT 2700 COAST AVE MOUNTAIN VIEW, CA 94043 Disbursement Code OO Check box if this disbursement is payment of debt or obligation **Fund Raiser** reported on previous statement Disbursement # 4 Purpose Name & Address: Date Click for Memo Itemization Type Disbursement Code Check box if this disbursement is payment of debt or obligation reported on previous statement Fund Raiser Subtotal this page 90.00 Grand Total of all Schedules 1C (Complete on last page of Schedule) 90.00

> Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

	4	4	
Page	-	of I	



# **DEBTS AND OBLIGATIONS SCHEDULE 1E**

1. Committee I.D. Number \_\_\_\_\_2024114

CANDIDATE COMMITTEE

# 2. Committee Name COMMITTEE TO ELECT BING GOEI

CANDIDATE COMMINITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the composition (Check	mittee <b>OR</b> b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes	LOANI			
Owed to or by: BING AND JEAN GOEI	4. Type: LOAN	\$		
1919 BOSTON ST SE	5. <u>Date Debt Was Incurred</u> :	\$		
APT V002	05/09/2024	\$	0.00	\$ 10,000.00
GRAND RAPIDS, MI 49506	6. Original Amount of Debt	\$	\$ 0.00	\$
	\$ <u>10,000.00</u>	· · · · · · · · · · · · · · · · · · ·		FORGIVEN
If bank loan, name of endorser or guarantor:		\$	ount Endorsed: \$ 0	
Debt #2 Corp? Yes	LOAN	Amc	Turit Endorsed. \$ —	
Owed to or by:	4. Type: LOAN	\$		
BING GOEI 1919 BOSTON ST SE	5. <u>Date Debt Was Incurred</u> :	\$		
APT. V002	07/22/2024	\$	0.00	¢ 2,500.00
GRAND RAPIDS, MI 49506	6. Original Amount of Debt:	\$	\$ _0.00	\$_2,500.00
	\$ <u>2,500.00</u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		-	nount Endorsed: \$	)
Debt #3 Corp? Yes	4. Type: LOAN		Litario da . \$\pi\$	
Owed to or by:		\$		
1919 BOSTON ST SE	5. <u>Date Debt Was Incurred</u> : 08/21/2024	\$		
APT. V002	6. Original Amount of Debt:	\$	\$_0.00	<sub>\$</sub> 5,000.00
GRAND RAPIDS, MI 49506	\$ 5,000.00	\$	\$_0.00	' <del></del>
	φ	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	0
		Page Subtotal	(Outstanding debt)	17,500.00
(Co	omplete on last page of Schedule s	Grand Total showing amounts owed by c	of all Schedules 1E or to the committee)	
, -	. , ,	,	/1	Enter this total on line 12a "owed

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

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

Page 1 of 2



# **DEBTS AND OBLIGATIONS SCHEDULE 1E**

1. Committee I.D. Number 2024114

**CANDIDATE COMMITTEE** 

2. Committee Name COMMITTEE TO ELECT BING GOEI

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the commodities (Check	mittee <b>OR</b> b. Debtsk either a or b. Use only for the pu	s and obligations owed <u>to</u> orpose checked.)	r forgiven <u>by</u> the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: BING GOEI	4. Type: LOAN	\$		
1919 BOSTON ST SE APT. V002	5. <u>Date Debt Was Incurred</u> :  08/23/2024	<u> </u>	\$ 0.00	\$ 11,000.00
GRAND RAPIDS, MI 49506	6. Original Amount of Debt: \$ 11,000.00	\$ \$		FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt:	\$	<b> </b>	\$
	\$	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt:	\$	Φ.	\$
	¢	\$	ъ ф	FORGIVEN
	Ψ	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	11,000.00
(Co	omplete on last page of Schedule s	Grand Total showing amounts owed by o	of all Schedules 1E or to the committee)	28,500.00

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

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

Page 2 of 2