



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2024114

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT BING GOEI

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>27,945.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>27,945.00</u>	(18.) \$ <u>58,980.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>5,882.18</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>27,945.00</u>	(20.) \$ <u>64,862.18</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>500.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>26,420.05</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>26,420.05</u>	(23.) \$ <u>57,553.34</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>90.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>90.00</u>	(24.) \$ <u>90.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>28,500.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>5,783.89</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>27,945.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>33,728.89</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>26,510.05</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>7,218.84</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024114
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)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/21/2024</u></p> <p>Name & Address: BING GOEI 1919 BOSTON ST SE APT. V002 GRAND RAPIDS, MI 49506</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NO CURRENT EMPLOYER</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2024</u></p> <p>Name & Address: BING GOEI 1919 BOSTON ST SE APT. V002 GRAND RAPIDS, MI 49506</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NO CURRENT EMPLOYER</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>11,000.00</u>	\$ <u>16,000.00</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/29/2024</u></p> <p>Name & Address: JOHANNA DUYST 2200 RAYBROOK ST SE GRAND RAPIDS, MI 49546</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	\$ <u>50.00</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/30/2024</u></p> <p>Name & Address: THOMAS MICHAEL BRANN 4157 DIVISION AVE S GRAND RAPIDS, MI 49548</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **16,150.00**

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

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

1. Committee I.D. Number 2024114
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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/01/2024</u> Name & Address: JIM WILLIAMS 3706 BUTTRICK AVE SE ADA, MI 49301		\$ <u>1,200.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NOT CURRENTLY EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/02/2024</u> Name & Address: LUPE RAMOS-MONTIGNY 977 WALTHAM ST SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NOT CURRENTLY EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/03/2024</u> Name & Address: JUSTIN JOHNSON 610 S NELSON ST GREENVILLE, MI 48838		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/03/2024</u> Name & Address: ROBERT P COOPER 1919 BOSTON ST SE APT A205 GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,525.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024114
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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/11/2024</u> Name & Address: SUSAN IM 6040 ADAWAY CT SE ADA, MI 49301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/2024</u> 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 <u>NURSE</u> Employer <u>HOLLAND HOSPITAL</u> Business Address <u>602 MICHIGAN AVE, HOLLAND, MI 49423</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/2024</u> Name & Address: SALEEM USMANI 1275 WAUKAZOO DR HOLLAND, MI 49424		\$ <u>700.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/2024</u> Name & Address: JOSEPH F HIPSKIND 1919 BOSTON ST SE APT V004 GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **950.00**

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

1. Committee I.D. Number 2024114
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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/2024</u>	
Name & Address: DEWI SARI		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/23/2024</u>	
Name & Address: JULIETA TABLANTE-BLANCO 10160 OBSIDIAN RDG ST LAS VEGAS, NV 89141		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: CRYSTAL BUI 1140 SWATHER DR SE KENTWOOD, MI 49508		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: PATRICIA WARING 2109 S CHESANING DR SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STAFF</u> Employer <u>GRAND VALLEY STATE UNIVERSITY</u> Business Address <u>310 FULTON ST W, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **850.00**

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

Page Subtotal 2,100.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024114
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/10/2024</u> Name & Address: CUONG HUYNH 14 RED WING CT STERLING, VA 20164		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/2024</u> Name & Address: ACE MARASIGAN 3659 FULLER AVE NE GRAND RAPIDS, MI 49525		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/2024</u> Name & Address: MICHAELYN BENZ 817 GLADSTONE DR SE EAST GRAND RAPIDS, MI 49506		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/2024</u> Name & Address: JIM WILLIAMS 3706 BUTTRICK AVE SE ADA, MI 49301		\$ <u>1,200.00</u>	\$ <u>2,400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,345.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024114
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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: JEREMY MOORE 1542 ROBINSON RD SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: CHRISTINA ARNOLD 4967 CHABLEAU DR SW WYOMING, MI 49519		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: PETER SKORNIA 542 UNION SW GRAND RAPIDS, MI 49503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>CELLA BUILDING COMPANY</u> Business Address <u>730 LEONARD ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: CHARISSA HUANG 1317 NORTHLAWN ST NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGAL</u> Employer <u>SMITH HAUGHEY RICE & ROEGGE</u> Business Address <u>100 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 650.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024114
2. Committee Name COMMITTEE TO ELECT BING GOEI

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: CORAZON HANSELMAN 5017 13 MILE RD NE ROCKFORD, MI 49341		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: CHARLES ELWOOD 2207 N BRISTOL ST HOLLAND, MI 49424		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: RAQUEL SALAS 7887 ASHWOOD DR SE ADA, MI 49301		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>AVANTI LAW</u> Business Address <u>600 28TH ST SW, WYOMING, MI 49509</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: KAREN HWEE-PING KOH 810 DOGWOOD MEADOWS DR SE ADA, MI 49301		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>FIVESTAR REAL ESTATE LEADERS</u> Business Address <u>460 ADA DR SE, SUITE 120, ADA, MI 49301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,300.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024114
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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: JOSEPH JONES 2528 ORCHARD VIEW DR NE GRAND RAPIDS, MI 49505		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: BETSY ARTZ OLD ELM DR SE KENTWOOD, MI 49512		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: PHILLIP NGUYEN 8336 THORNAPPLE RIVER DR SE CALEDONIA, MI 49316		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: EVALINA RODRIGUEZ 320 DICKINSON ST SW GRAND RAPIDS, MI 49507		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 900.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024114
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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: F NORMAN CHRISTOPHER 1985 BURNING WOODS CT SE GRAND RAPIDS, MI 49546		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: TENA KEBEDE 1231 DREXEL CT NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: CLARIVEL MARTINES 1829 DARWIN AVE SW GRAND RAPIDS, MI 49507		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: JESENIA AMOROS 723 EDGEWORTH ST MAPLEWOOD, MI 49428		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 350.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024114
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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: MARY ALICE WILLIAMS 1919 BOSTON ST SE B103 GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: NEVIN GROCE		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: LAURA TOWN 2174 BOARDWALK CT WAYLAND, MI 49348		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: TAMARA LOPEZ 5120 AMANDA DR SW WYOMING, MI 49418		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 425.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024114
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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: JAMES TALEN 30 COLLEGE NE UNIT 78 GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: REYNA MASKO 513 WOODLAWN AVE GRAND HAVEN, MI 49417		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/2024</u>	
Name & Address: ISABEL C GUTIERREZ 3466 BIRCHWOOD AVE SW GRAND RAPIDS, MI 49548		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/16/2024</u>	
Name & Address: JAIME COUNTERMAN 8350 BAY DR NE ROCKFORD, MI 49341		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>U OF M HEALTH WEST</u> Business Address <u>5900 BYRON CENTER AVE SW, WYOMING, MI 49519</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 300.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024114
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)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/18/2024</u></p> <p>Name & Address: MARLIN FEYEN 26 CAMPAU CIR NW GRAND RAPIDS, MI 49503</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/18/2024</u></p> <p>Name & Address: TERESA WEATHERALL NEAL 4766 CHALET LN SW WYOMING, MI 49519</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ _____	\$ _____
		Click Here for Memo Itemization	
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ _____	\$ _____
		Click Here for Memo Itemization	

Page Subtotal

1,100.00

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

27,945.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2024114**
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 BAC PRINT / BARE ALL LLC Address 123 HALL ST SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2024 Date	\$ 384.80
Expenditure #2 Name STORR PRINTING SERVICES INC. Address 938 CHERRY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/19/2024 Date	\$ 175.42
Expenditure #3 Name HANICAP SIGN INC. Address 1142 WEALTHY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: YARD SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/21/2024 Date	\$ 1,007.00
Expenditure #4 Name STORR PRINTING SERVICES INC. Address 938 CHERRY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/22/2024 Date	\$ 340.19
Expenditure #5 Name KENT COMMUNICATIONS Address 3901 E PARIS AVE SE KENTWOOD, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: MAILING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/23/2024 Date	\$ 6,297.35

Subtotal this page **8,204.76**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2024114**
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 <input type="checkbox"/> Fund Raiser	Purpose: STAFF MEAL <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2024 Date	\$ 43.80
Expenditure #2 Name UNITED STATES POST OFFICE Address 1680 44TH ST SE KENTWOOD, MI 49508 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2024 Date	\$ 73.00
Expenditure #3 Name KENT COMMUNICATIONS Address 3901 E PARIS AVE SE KENTWOOD, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/30/2024 Date	\$ 8,448.08
Expenditure #4 Name KENT COMMUNICATIONS Address 3901 E PARIS AVE SE KENTWOOD, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2024 Date	\$ 1,295.86
Expenditure #5 Name STORR PRINTING SERVICES INC. Address 938 CHERRY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 107.34

Subtotal this page **9,968.08**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2024114**
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 GRACE TARALA Address 221 HOLLISTER AVE SE APT 2 GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN STAFF <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/17/2024 Date	\$ 400.00
Expenditure #2 Name KENT COMMUNICATIONS Address 3901 E PARIS AVE SE KENTWOOD, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: MAILING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2024 Date	\$ 6,297.35
Expenditure #3 Name STORR PRINTING SERVICES INC. Address 938 CHERRY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 266.60
Expenditure #4 Name BLACK MUSIC NETWORK Address 970 28TH ST SW WYOMING, MI 49509 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/07/2024 Date	\$ 990.00
Expenditure #5 Name PAYPAL Address 2211 N FIRST ST SAN JOSE, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: PAYPAL FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2024 Date	\$ 293.26

Subtotal this page **8,247.21**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **26,420.05**

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 2024114
2. Committee Name COMMITTEE TO ELECT BING GOEI

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: INTUIT 2700 COAST AVE MOUNTAIN VIEW, CA 94043	Purpose ACCOUNTING	08/12/2024 Date	\$ 30.00
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>OO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: INTUIT 2700 COAST AVE MOUNTAIN VIEW, CA 94043	Purpose ACCOUNTING SOFTWARE	09/12/2024 Date	\$ 30.00
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>OO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: INTUIT 2700 COAST AVE MOUNTAIN VIEW, CA 94043	Purpose ACCOUNTING	10/15/2024 Date	\$ 30.00
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>OO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address:	Purpose _____	_____ Date	\$ _____
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> 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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024114
2. Committee Name COMMITTEE TO ELECT BING GOEI

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser 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? <input type="checkbox"/> Yes Owed to or by: BING AND JEAN GOEI 1919 BOSTON ST SE APT V002 GRAND RAPIDS, MI 49506	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/09/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>10,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: BING GOEI 1919 BOSTON ST SE APT. V002 GRAND RAPIDS, MI 49506	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/22/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: BING GOEI 1919 BOSTON ST SE APT. V002 GRAND RAPIDS, MI 49506	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/21/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

17,500.00

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024114
2. Committee Name COMMITTEE TO ELECT BING GOEI

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser 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 Owed to or by: BING GOEI 1919 BOSTON ST SE APT. V002 GRAND RAPIDS, MI 49506 Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/23/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 11,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>11,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

11,000.00

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

28,500.00

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

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