



FILED

23 OCT 2026 AM 09:48

KENT COUNTY CLERK
GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 01/01/2026 to 10/18/2026

1. Committee I.D. Number

2021040

4. Candidate Last Name First Name M.I.

KNIGHT LISA M

2. Committee Name

COMMITTEE TO ELECT LISA KNIGHT

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

CITY COMMISSIONER, WARD 2, GRAND RAPIDS

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

5. Committee's Mailing Address

**3260 CHENEY AVE NE
GRAND RAPIDS, MI 49525**

Area Code and Phone (616) 893-5968
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**ANGIE HANKS
3260 CHENEY AVE NE
GRAND RAPIDS, MI 49525**

Area Code & Phone (616) 890-3937

7. Treasurer's Business Address

**3260 CHENEY AVE NE
GRAND RAPIDS, MI 49525**

Area Code and Phone (616) 890-3937

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

Area Code and Phone () -

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus

11/03/2026

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

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

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2026

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2026



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2021040

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>12,927.95</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>12,927.95</u>	(18.) \$ <u>13,593.95</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>12,927.95</u>	(20.) \$ <u>13,593.95</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$ <u>0.00</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>8,484.63</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>8,484.63</u>	(23.) \$ <u>10,787.16</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0.00</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>198.59</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>12,927.95</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>13,126.54</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>8,484.63</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>4,641.91</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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 <u>02/27/2026</u>	
Name & Address: SHERYLYNN JAMES 1852 PLYMOUTH AVE SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/27/2026</u>	
Name & Address: SONALI ALLEN 2795 HAYWARD DR SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
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 <u>02/27/2026</u>	
Name & Address: ABBIE GROFF-BLASZAK 2360 LAKE DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CITY COMMISSIONER</u> Employer <u>EAST GRAND RAPIDS</u> Business Address <u>750 LAKESIDE DR SE, EAST GRAND RAPIDS, MI 49506</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/27/2026</u>	
Name & Address: ELIZABETH BOVARD 4641 PATRICIA CT SW WYOMING, MI 49519		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **375.00**

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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 <u>02/27/2026</u>	
Name & Address: COURTNEY HOWE 5334 RIVERSIDE DR SARANAC, MI 48881		\$ <u>25.00</u>	\$ <u>25.00</u>
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 <u>02/27/2026</u>	
Name & Address: TOMMY ALLEN 830 MERRITT ST SE GRAND RAPIDS, MI 49507		\$ <u>25.00</u>	\$ <u>25.00</u>
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 <u>02/27/2026</u>	
Name & Address: BRADFORD MATHIS 65 WHITE HILLS AVE NE GRAND RAPIDS, MI 49546		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR VICE PRESIDENT</u> Employer <u>ROCKFORD CONSTRUCTION</u> Business Address <u>601 FIRST ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/27/2026</u>	
Name & Address: LYNN HEEMSTRA 13925 THOMPSON DR NE LOWELL, MI 49331		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 700.00

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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 <u>02/27/2026</u>	
Name & Address: BRENDA MOORE 3722 EDINGTON LN SE GRAND RAPIDS, MI 49508		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/27/2026</u>	
Name & Address: SULARI WHITE 6386 CASCADE RD SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
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 <u>02/27/2026</u>	
Name & Address: CHERYL ENDRES 1944 VALENTINE BLVD NE GRAND RAPIDS, MI 49525		\$ <u>50.00</u>	\$ <u>50.00</u>
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 <u>04/02/2026</u>	
Name & Address: DEBRA CLELAND 2252 MONROE AVE NW GRAND RAPIDS, MI 49505		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **850.00**

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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 <u>04/02/2026</u> Name & Address: GREGORY GARNER 1611 FAIRLANE DR NE GRAND RAPIDS, MI 49505		\$ <u>51.99</u>	\$ <u>51.99</u>
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 <u>04/02/2026</u> Name & Address: JOSHUA FERGUSON 811 EMERALD AVE NE 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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/02/2026</u> Name & Address: KIMBERLY GATES 7135 MCCORDS AVE SE ALTO, MI 49302		\$ <u>25.00</u>	\$ <u>25.00</u>
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 <u>05/12/2026</u> Name & Address: HEDDA MARTIN 213 WOODSIDE DR NE GRAND RAPIDS, MI 49503		\$ <u>10.80</u>	\$ <u>10.80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **137.79**

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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 <u>05/21/2026</u>	
Name & Address: JOHN HELMHOLDT 743 COLLINDALE AVE NW GRAND RAPIDS, MI 49504		\$ <u>103.48</u>	\$ <u>103.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SEYFERTHPR</u> Business Address <u>40 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2026</u>	
Name & Address: ANNE ELVE 8064 GINGER BROOK CT SE FOREST HILLS, MI 49301		\$ <u>26.25</u>	\$ <u>26.25</u>
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 <u>05/30/2026</u>	
Name & Address: KEVIN FARHAT 5346 S SILVERSTONE DR NE COMSTOCK PARK, MI 49321		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>THE GARAGE BAR AND GRILL</u> Business Address <u>819 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/30/2026</u>	
Name & Address: DEBORAH GRANT 1834 LINDEN AVE SE GRAND RAPIDS, MI 49507		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,154.73**

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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 <u>05/30/2026</u> Name & Address: LISA KNIGHT 3260 CHENEY AVE NE GRAND RAPIDS, MI 49525		\$ <u>179.00</u>	\$ <u>679.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>GIRLS CHORAL ACADEMY</u> Business Address <u>2920 FULLER AVE NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/30/2026</u> Name & Address: CLARKSTON MORGAN PO BOX 8861 KENTWOOD, MI 49518		\$ <u>51.99</u>	\$ <u>51.99</u>
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 <u>05/30/2026</u> Name & Address: DESIREE KIRKLAND 3335 CENTENNIAL RIDGE SE GRAND RAPIDS, MI 49546		\$ <u>103.48</u>	\$ <u>103.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY CITY COMPTROLLER</u> Employer <u>CITY OF GRAND RAPIDS</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/30/2026</u> Name & Address: DEBORAH CLANTON 3135 E GATEHOUSE DR SE GRAND RAPIDS, MI 49546		\$ <u>51.99</u>	\$ <u>51.99</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **386.46**

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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 <u>05/30/2026</u>	
Name & Address: MATTHEW MOREY 956 JENNETTE AVE NW GRAND RAPIDS, MI 49504		\$ <u>25.00</u>	\$ <u>25.00</u>
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 <u>05/30/2026</u>	
Name & Address: ISABEL ROMERO 1511 MAPLELAWN ST SW WYOMING, MI 49509		\$ <u>51.99</u>	\$ <u>51.99</u>
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 <u>06/11/2026</u>	
Name & Address: CAITLIN HOPKINS 831 GREENBRIER DR SE GRAND RAPIDS, MI 49546		\$ <u>51.99</u>	\$ <u>51.99</u>
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 <u>06/12/2026</u>	
Name & Address: KATIE ANTON 626 HOUSEMAN AVE NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AGENT</u> Employer <u>MOORE ART LLC</u> Business Address <u>3423 COIT AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 228.98

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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 <u>06/24/2026</u>	
Name & Address: BRADFORD MATHIS 65 WHITE HILLS AVE NE GRAND RAPIDS, MI 49546		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR VICE PRESIDENT</u> Employer <u>ROCKFORD CONSTRUCTION</u> Business Address <u>601 FIRST ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/24/2026</u>	
Name & Address: MAX GIBBS BRIDGE ST NW GRAND RAPIDS, MI 49504		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/24/2026</u>	
Name & Address: TASHA BLACKMON 4828 E MEADOWS CT SE GRAND RAPIDS, MI 49546		\$ <u>515.38</u>	\$ <u>515.38</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT & CHIEF EXECUTIVE OFFICER</u> Employer <u>CHERRY HEALTH</u> Business Address <u>100 CHERRY ST SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/24/2026</u>	
Name & Address: TASHA BLACKMON 4828 E MEADOWS CT SE GRAND RAPIDS, MI 49546		\$ <u>500.00</u>	\$ <u>1,015.38</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT & CHIEF EXECUTIVE OFFICER</u> Employer <u>CHERRY HEALTH</u> Business Address <u>100 CHERRY ST SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,715.38**

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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 <u>06/24/2026</u>	
Name & Address: GREGORY GARNER 1611 FAIRLANE DR NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>101.99</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF SAFETY AND SECURITY</u> Employer <u>KENT COUNTY DEMOCRATIC PARTY</u> Business Address <u>301 FULLER AVE NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/24/2026</u>	
Name & Address: VALERIE PARKER 2788 BEECHTREE DR SW BYRON CENTER, MI 49315		\$ <u>103.48</u>	\$ <u>103.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AGENT</u> Employer <u>CARR</u> Business Address <u>99 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/01/2026</u>	
Name & Address: LYNN HEEMSTRA 13925 THOMPSON DR NE LOWELL, MI 49331		\$ <u>300.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/04/2026</u>	
Name & Address: KYM COMBS 456 THOMAS ST SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **478.48**

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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 <u>07/18/2026</u>	
Name & Address: SHIRLEY BEMON 1561 ROSEWOOD AVE SE GRAND RAPIDS, MI 49506		\$ <u>51.99</u>	\$ <u>51.99</u>
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 <u>07/30/2026</u>	
Name & Address: ERIN SKENE-PRATT 5571 SILVERLEAF CT HASLETT, MI 48840		\$ <u>50.00</u>	\$ <u>50.00</u>
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 <u>07/31/2026</u>	
Name & Address: ABBIE GROFF-BLASZAK 2360 LAKE DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CITY COMMISSIONER</u> Employer <u>EAST GRAND RAPIDS</u> Business Address <u>750 LAKESIDE DR SE, EAST GRAND RAPIDS, MI 49506</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/31/2026</u>	
Name & Address: JEFFREY PHILLIPS 221 PARIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF BUSINESS DEVELOPMENT</u> Employer <u>WILSON PARTITONS</u> Business Address <u>110 VIADUCT RD, STAMFORD, CT 06907</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 701.99

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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 <u>07/31/2026</u>	
Name & Address: STEVEN DEPOLO 942 FAIRMOUNT ST SE GRAND RAPIDS, MI 49506		\$ <u>51.99</u>	\$ <u>51.99</u>
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 <u>08/01/2026</u>	
Name & Address: JAMES TALEN 30 COLLEGE AVE SE 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: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/04/2026</u>	
Name & Address: JOSEPH JONES 4050 LESTER DR NE GRAND RAPIDS, MI 49525		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>WEST MICHIGAN ENGAGEMENT</u> Business Address <u>17 FOUNTAIN ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/07/2026</u>	
Name & Address: GLORIA KOCH 314 LAWNDAL AVE NE GRAND RAPIDS, MI 49503		\$ <u>51.99</u>	\$ <u>51.99</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **653.98**

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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 <u>08/14/2026</u>	
Name & Address: BRENDA MOORE 3722 EDINGTON LN SE GRAND RAPIDS, MI 49508		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/22/2026</u>	
Name & Address: ALLISON MCGREEVY 912 N PARK CT NE GRAND RAPIDS, MI 49525		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING MANAGER</u> Employer <u>WMCAT</u> Business Address <u>614 FIRST ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/02/2026</u>	
Name & Address: JACK KOOREMAN 27 LIBRARY ST NE APT 601 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: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2026</u>	
Name & Address: LAUREN SNYDER 275 MICHIGAN ST NE SUITE 8100 GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MD</u> Employer <u>COREWELL HEALTH</u> Business Address <u>275 MICHIGAN ST NE, SUITE 8100, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 750.00

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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 <u>09/28/2026</u>	
Name & Address: KERRY VERHULST 1700 RANCH DR NW GRAND RAPIDS, MI 49504		\$ <u>1,030.26</u>	\$ <u>1,030.26</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATIVE MANAGER</u> Employer <u>SPESH CONSTRUCTION</u> Business Address <u>422 LEONARD ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/01/2026</u>	
Name & Address: MICHAEL VERHULST 1700 RANCH DR NW GRAND RAPIDS, MI 49504		\$ <u>1,025.00</u>	\$ <u>1,025.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SPESH CONSTRUCTION COMPANY LLC</u> Business Address <u>422 LEONARD ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2026</u>	
Name & Address: STAFFORD SMITH 56 FITCH PL SE GRAND RAPIDS, MI 49503		\$ <u>103.48</u>	\$ <u>103.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSOCIATE PROFESSOR</u> Employer <u>GRAND VALLEY STATE UNIVERSITY</u> Business Address <u>4187 CALDER DR, ALLENDALE, MI 49401</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2026</u>	
Name & Address: BILLY MANNS 24582 LEE BAKER DR SOUTHFIELD, MI 48075		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **3,158.74**

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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 <u>10/05/2026</u> Name & Address: TIFFANY LOGAN 2540 BIRCHCREST DR SE GRAND RAPIDS, MI 49506		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICES OF BENJAMIN MISKO</u> Business Address <u>1340 POYDRAS ST, NEW ORLEANS, LA 70113</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/07/2026</u> Name & Address: ELLYN WOLFSON 7923 LORAL PINES DR SE ADA, MI 49301		\$ <u>50.00</u>	\$ <u>50.00</u>
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 <u>10/13/2026</u> Name & Address: JANAY BROWER 1436 WILCOX PARK DR SE GRAND RAPIDS, MI 49506		\$ <u>257.94</u>	\$ <u>257.94</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PUBLIC THREAD</u> Business Address <u>955 GODFREY AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/16/2026</u> Name & Address: NICHOLAS BORGDOFF 7375 OLD LANTERN DR SE CALEDONIA, MI 49316		\$ <u>103.48</u>	\$ <u>103.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>TOTAL PRODUCT MANAGEMENT, LTD.</u> Business Address <u>320 DODGE CT, SUITE B, COMSTOCK PARK, MI 49321</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,636.42**

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

12,927.95

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SOTO STYLE LLC Address 6017 TWIN OAKS DR LAINGSBURG, MI 48848 ☐ Fund Raiser	Purpose: CONSULTING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/11/2026 Date	\$ 200.00
Expenditure #2 Name NOURISH KITCHEN Address 2162 PLAINFIELD AVE NE GRAND RAPIDS, MI 49505 ☒ Fund Raiser	Purpose: CAMPAIGN LAUNCH EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/23/2026 Date	\$ 250.00
Expenditure #3 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: YARD SIGNS & PRINTED MATERIALS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/2026 Date	\$ 545.37
Expenditure #4 Name MICHIGAN DEMOCRATIC PARTY - FEDERAL ACCOUNT Address 606 TOWNSEND ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: VAN ACCESS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/2026 Date	\$ 250.00
Expenditure #5 Name SOTO STYLE LLC Address 6017 TWIN OAKS DR LAINGSBURG, MI 48848 ☐ Fund Raiser	Purpose: CONSULTING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/28/2026 Date	\$ 200.00

Subtotal this page

1,445.37

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 **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

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 1748 UNION AVE SE GRAND RAPIDS, MI 49507 ☐ Fund Raiser	Purpose: <u>CAMPAIGN SHIRTS & PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/30/2026</u> Date	\$ <u>533.03</u>
Expenditure #2 Name SOTO STYLE LLC Address 6017 TWIN OAKS DR LAINGSBURG, MI 48848 ☐ Fund Raiser	Purpose: <u>CONSULTING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/2026</u> Date	\$ <u>200.00</u>
Expenditure #3 Name ADVANCED CAMPAIGN TECHNOLOGIES Address 6280 TIMPSON AVE SE ALTO, MI 49302 ☐ Fund Raiser	Purpose: <u>LITERATURE & SIGN PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2026</u> Date	\$ <u>596.25</u>
Expenditure #4 Name SOTO STYLE LLC Address 6017 TWIN OAKS DR LAINGSBURG, MI 48848 ☐ Fund Raiser	Purpose: <u>CONSULTING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/11/2026</u> Date	\$ <u>200.00</u>
Expenditure #5 Name BAC PRINT / BARE ALL LLC Address 1748 UNION AVE SE GRAND RAPIDS, MI 49507 ☐ Fund Raiser	Purpose: <u>VOLUNTEER SHIRT PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/18/2026</u> Date	\$ <u>300.76</u>

Subtotal this page

1,830.04

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 **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ADVANCED CAMPAIGN TECHNOLOGIES Address 6280 TIMPSON AVE SE ALTO, MI 49302 ☐ Fund Raiser	Purpose: <u>LITERATURE PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/20/2026</u> Date	\$ <u>625.40</u>
Expenditure #2 Name SOTO STYLE LLC Address 6017 TWIN OAKS DR LAINGSBURG, MI 48848 ☐ Fund Raiser	Purpose: <u>CONSULTING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/2026</u> Date	\$ <u>200.00</u>
Expenditure #3 Name ADVANCED CAMPAIGN TECHNOLOGIES Address 6280 TIMPSON AVE SE ALTO, MI 49302 ☐ Fund Raiser	Purpose: <u>PRINTING & POSTAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/2026</u> Date	\$ <u>4,162.84</u>
Expenditure #4 Name PAYPAL Address 2211 N FIRST ST SAN JOSE, CA 95131 ☐ Fund Raiser	Purpose: <u>PAYPAL DONATION PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/2026</u> Date	\$ <u>220.98</u>
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u> </u> Date	\$ <u> </u>

Subtotal this page **5,209.22**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **8,484.63**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 02/27/2026	4. Number of Individuals Attending or Participating (whichever is greater) 30	5. Type of Fund Raising Activity CAMPAIGN LAUNCH EVENT	6. Address and Name (If any) of the place where the activity was held. NOURISH KITCHEN 2162 PLAINFIELD AVE NE GRAND RAPIDS, MI 49505 ☐ Private Residence
---	---	--	--

7. Total Contributions **1,675.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,675.00**
10. Total Cost of Event **450.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 04/02/2026	4. Number of Individuals Attending or Participating (whichever is greater) 25	5. Type of Fund Raising Activity CAMPAIGN FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. THE APARTMENT LOUNGE 33 SHELDON AVE NE GRAND RAPIDS, MI 49503 ☐ Private Residence
---	---	--	--

7. Total Contributions **376.99**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **376.99**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/30/2026	4. Number of Individuals Attending or Participating (whichever is greater) 20	5. Type of Fund Raising Activity CAMPAIGN CELEBRATION	6. Address and Name (If any) of the place where the activity was held. THE GARAGE BAR & GRILL 819 OTTAWA AVE NW GRAND RAPIDS, MI 49503 ☐ Private Residence
---	---	---	--

7. Total Contributions **1,453.45**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,453.45**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/31/2026	4. Number of Individuals Attending or Participating (whichever is greater) 15	5. Type of Fund Raising Activity CAMPAIGN GATHERING	6. Address and Name (If any) of the place where the activity was held. RESIDENTIAL HOME 332 COLLEGE AVE SE GRAND RAPIDS, MI 49503 ☐ Private Residence
---	---	---	---

7. Total Contributions **651.99**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **651.99**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/13/2026	4. Number of Individuals Attending or Participating (whichever is greater) 20	5. Type of Fund Raising Activity CAMPAIGN CELEBRATION	6. Address and Name (If any) of the place where the activity was held. RESIDENTIAL HOME 55 IONIA AVE NW GRAND RAPIDS, MI 49503 ☐ Private Residence
---	---	---	--

7. Total Contributions **257.94**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **257.94**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.