



FILED

22 OCT 2026 PM 09:01

KENT COUNTY CLERK
GRAND RAPIDS, MICHIGAN

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**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: 03/13/2026 to 10/18/2026

1. Committee I.D. Number

2026022

2. Committee Name

FRIENDS OF ROBERT HOVENKAMP

4. Candidate Last Name

HOVENKAMP

First Name

ROBERT

M.I.

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

SCHOOL BOARD MEMBER, GRAND RAPIDS PUBLIC SCHOOLS SD

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

5. Committee's Mailing Address

**858 SIBLEY ST NW
GRAND RAPIDS, MI 49504**

Area Code and Phone (269) 436-0271
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

**ROBERT HOVENKAMP
858 SIBLEY ST NW
GRAND RAPIDS, MI 49504**

Area Code & Phone (269) 436-0271

7. Treasurer's Business Address

**858 SIBLEY ST NW
GRAND RAPIDS, MI 49504**

Area Code and Phone (269) 436-0271

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

**ROBERT HOVENKAMP
858 SIBLEY ST NW
GRAND RAPIDS, MI 49504**

Area Code and Phone (269) 436-0271

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

10/22/2026

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/22/2026



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2026022

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF ROBERT HOVENKAMP

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,135.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4,135.00</u>	(18.) \$ <u>4,135.00</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>4,135.00</u>	(20.) \$ <u>4,135.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>346.84</u>	(21.) \$ <u>346.84</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>2,773.27</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>2,773.27</u>	(23.) \$ <u>2,773.27</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>4,135.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4,135.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,773.27</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,361.73</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026022
2. Committee Name FRIENDS OF ROBERT HOVENKAMP

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>04/14/2026</u>	
Name & Address: ROBERT HOVENKAMP 858 SIBLEY ST NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANALYST</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>702 W KALAMAZOO ST, LANSING, MI 48909</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/14/2026</u>	
Name & Address: REBECCA DEZELSKI 2877 MOCCASIN DR DEWITT, MI 48820		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>MICHIGAN DEPARTMENT OF TRANSPORTATION</u> Business Address <u>425 W OTTAWA ST, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/15/2026</u>	
Name & Address: ARICK DAVIS 814 PRINCE ST SE GRAND RAPIDS, MI 49507		\$ <u>20.00</u>	\$ <u>20.00</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>04/15/2026</u>	
Name & Address: RANDI MASON 3365 COLLEGE STREET COLLEGE PARK, GA 30337		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ECONOMIC DEVELOPER</u> Employer <u>DECIDE DEKALB</u> Business Address <u>3365 COLLEGE STREET, ATLANTA, GA 30337</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 320.00

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 2026022
2. Committee Name FRIENDS OF ROBERT HOVENKAMP

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>04/15/2026</u> Name & Address: DECARLO BROWN 25520 W 12 MILE RD SOUTHFIELD, MI 48034		\$ <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>04/15/2026</u> Name & Address: BRITTANY UZARSKI 634 CLAYTON AVE NW WALKER, MI 49534		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRACTICE MANAGER</u> Employer <u>INTEGRATED FINANCIAL PARTNERS</u> Business Address <u>100 PARKWAY, WORCESTER, MA</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/15/2026</u> Name & Address: AMIR FAROHKI 422 GLEN IRIS DR NE ATLANTA, GA 30308		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEAD OF SCHOOL</u> Employer <u>THE GALLOWAY SCHOOL</u> Business Address <u>151 ELLIS ST NE, ATLANTA, GA 30303</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/16/2026</u> Name & Address: RICHARD WILLIAMSON 1213 CALGARY ST NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY FINANCE DIRECTOR</u> Employer <u>MICHIGAN DEMOCRATIC PARTY</u> Business Address <u>606 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 650.00

Grand Total of All Schedules 1A
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/16/2026</u>	
Name & Address: LILLIE MADALI 1132 VILLAGE CT SE ATLANTA, GA 30316		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>CITY OF ATLANTA</u> Business Address <u>1132 VILLAGE CT SE, ATLANTA, GA 30316</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/16/2026</u>	
Name & Address: SEAN WESTON 613 E GRAND RIVER RD LAINGSBURG, MI 48848		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>613 E GRAND RIVER RD, LAINGSBURG, MI 48848</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/16/2026</u>	
Name & Address: ANISH BANERJEE 7801 LAUREL MOUNTAIN RD RALEIGH, NC 27613		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING</u> Employer <u>INTUITIVE</u> Business Address <u>7801 LAUREL MOUNTAIN RD, RALEIGH, NC 27613</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/21/2026</u>	
Name & Address: JEFFREY SKODNIK 4621 MEADOW CLUB DR SUWANEE, GA 30024		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4621 MEADOW CLUB DR, SUWANEE, GA 30024</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **425.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2026</u>	
Name & Address: ERNEST GILCHRIST 11 PERIMETER CENTER E DUNWOODY, GA 30346		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>11 PERIMETER CENTER E, DUNWOODY, GA 30346</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/24/2026</u>	
Name & Address: HARVEY NEWMAN 344 MCGILL PL NE ATLANTA, GA 30312		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>344 MCGILL PL NE, ATLANTA, GA 30312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/24/2026</u>	
Name & Address: HERBERT HOVENKAMP 523 OAKLEIGH AVE NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF PENNSYLVANNIA</u> Business Address <u>3501 SANSOM ST, PHILADELPHIA, PA 19104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2026</u>	
Name & Address: CHUCK OVERBEY 433 BUTTERFIELD DR EAST LANSING, MI 48823		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>433 BUTTERFIELD DR, EAST LANSING, MI 48823</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 300.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/26/2026</u>	
Name & Address: CEDRICK BAKER 1093 FLORIDA CIRCLE NORTH MINNEAPOLIS, MN 55445		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>CITY OF SAINT PAUL</u> Business Address <u>178 9TH ST E, ST PAUL, MN 55101</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/26/2026</u>	
Name & Address: LEIGH D HENRYS 2583 OXFORD RD LANSING, MI 48911		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>REMAX</u> Business Address <u>2583 OXFORD RD, LANSING, MI 48911</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2026</u>	
Name & Address: JUDY TRUESDELL 23 MARKET STREET NILES, MI 49120		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>23 MARKET STREET, NILES, MI 4910</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/30/2026</u>	
Name & Address: MARK SUCHYTA 5402 W WIND LN APT 1A INDIANAPOLIS, IN 46250		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNIVERSITY PROFESSOR</u> Employer <u>BUTLER UNIVERSITY</u> Business Address <u>4600 SUNSET AVE, INDIANAPOLIS, IN 46208</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 450.00

Grand Total of All Schedules 1A
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: PATRICIA CUBBAGE 43682 EAGLE LAKE DR PAW PAW, MI 49079		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>43682 EAGLE LAKE DR, PAW PAW, MI 49079</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/06/2026</u>	
Name & Address: ANDREW MARSH 660 CORNELL AVE EAST LANSING, MI 48823		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>702 W KALAMAZOO ST, LANSING, MI 48909</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/08/2026</u>	
Name & Address: TAI VERBRUGGE 1250 WALWOOD DR NE GRAND RAPIDS, MI 49505		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UTILITY FINANCIAL OFFICER</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>05/08/2026</u>	
Name & Address: ELIZABETH ANDNOUR 1817 KINGSWOOD DR LANSING, MI 48912		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ABDNOUR WEIKER LLP</u> Business Address <u>1817 KINGSWOOD DR, LANSING, MI 48912</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 220.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/08/2026</u> Name & Address: MARLON BROWN 11870 SCHAVEY RD DEWITT, MI 48820		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC ADMINISTRATION</u> Employer <u>DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS</u> Business Address <u>11870 SCHAVEY RD, DEWITT, MI 48820</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/19/2026</u> Name & Address: LINDSEY MCCANN 215 ARBOR GLEN DR APT 204 EAST LANSING, MI 48823		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DATA ANALYST</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>702 W KALAMAZOO STREET, LANSING, MI 48915</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/19/2026</u> Name & Address: JASON EARL 4409 NEAL CT PLEASANTON, CA 94566		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANALYST</u> Employer <u>CITY OF DUBLIN</u> Business Address <u>100 CIVIC PLAZA, DUBLIN, CA 94568</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/19/2026</u> Name & Address: AARON GILMORE 2887 CENTRAL PARK WAY NE GRAND RAPIDS, MI 49505		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANALYST</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>7334 SPY GLASS LN, YPSILANTI, MI 48197</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **190.00**

Grand Total of All Schedules 1A
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1. Committee I.D. Number 2026022
2. Committee Name FRIENDS OF ROBERT HOVENKAMP

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>05/20/2026</u>	
Name & Address: JUSTIN SHELDON 2202 NEW TOWN DR GRAND RAPIDS, MI 49525		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY ORGANIZER</u> Employer <u>SELF</u> Business Address <u>2202 NEW TOWN DR, GRAND RAPIDS, MI 49525</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2026</u>	
Name & Address: EOGHAN MILLER 200 HILTON TERRACE NEWPORT NEWS, VA 23601		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOCAL GOVERNMENT ADMINISTRATOR</u> Employer <u>CITY OF NEWPORT NEWS</u> Business Address <u>2400 WASHINGTON AVE, NEWPORT NEWS, VA 23607</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/12/2026</u>	
Name & Address: CHRISTIAN CASLER 117 KNAPP ST NE GRAND RAPIDS, MI 49505		\$ <u>10.00</u>	\$ <u>10.00</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>06/12/2026</u>	
Name & Address: TONY BAKER 455 MADISON AVE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>FERRIS STATE UNIVERSITY</u> Business Address <u>1201 S STATE ST, BIG RAPIDS, MI 49307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **410.00**

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 2026022
2. Committee Name FRIENDS OF ROBERT HOVENKAMP

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>06/12/2026</u>	
Name & Address: LINDSEY PEREZ-PLESCHER 843 5TH ST NW GRAND RAPIDS, MI 49504		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/12/2026</u>	
Name & Address: ROBERT WOMACK 909 HANCOCK ST SE GRAND RAPIDS, MI 49507		\$ <u>20.00</u>	\$ <u>20.00</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>06/12/2026</u>	
Name & Address: RICHARD BUSKARD 4900 WINTON HILL DR NE GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TECHNICIAN</u> Employer <u>COMPASS GROUP</u> Business Address <u>4900 WINSTON HILL DR, GRAND RAPIDS, MI 49525</u> 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: GABRIEL BUSKARD 4900 WINSTON HILL GRAND RAPIDS, MI 49525		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WAREHOUSE ATTENDANT</u> Employer <u>COMPASS GROUP</u> Business Address <u>4900 WINSTON HILL DR, GRAND RAPIDS, MI 49525</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **140.00**

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 2026022
2. Committee Name FRIENDS OF ROBERT HOVENKAMP

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>06/12/2026</u>	
Name & Address: ERIKA VANDYKE 536 LYON ST NE APARTMENT 3 GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NONPROFIT</u> Employer <u>STEELCASE FOUNDATION</u> Business Address <u>536 LYON STREE, 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>06/12/2026</u>	
Name & Address: DANIEL HESSE 117 KNAPP ST NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT MANAGER</u> Employer <u>ROYCE ROLLS RINGER</u> Business Address <u>117 KNAPP ST NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/12/2026</u>	
Name & Address: ANN TYLZYNSKI 1111 WATSON ST SW GRAND RAPIDS, MI 49504		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED -</u> Employer <u>NONE</u> 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: HENNESSY CAROL 1510 KENAN AVE NW GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NONE</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 170.00

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 2026022
2. Committee Name FRIENDS OF ROBERT HOVENKAMP

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>06/17/2026</u> Name & Address: MARK POLING 15821 NW TRAKEHNER WAY PORTLAND, OR 97229		\$ <u>10.00</u>	\$ <u>10.00</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>07/25/2026</u> Name & Address: AMBER KILPATRICK 238 BRISTOL AVE NW GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ECOLOGICAL LEADERSHIP</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/03/2026</u> Name & Address: STEVE PESTKA 2517 ASHWOOD CT SE ADA, MI 49301		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NONE</u> Business Address <u>2517 ASHWOOD CT SE, ADA, MI 49301</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/03/2026</u> Name & Address: JEFFREY CRANSON 2618 COLLEGE AVE NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC AFFAIRS</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>425 W OTTAWA ST, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **310.00**

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 2026022
2. Committee Name FRIENDS OF ROBERT HOVENKAMP

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: ROBERT HOVENKAMP 858 SIBLEY ST NW GRAND RAPIDS, MI 49504		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANALYST</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>702 W KALAMAZOO ST, LANSING, MI 48909</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/09/2026</u>	
Name & Address: KENT COUNTY DEMOCRATIC PARTY 301 FULLER AVE NE GRAND RAPIDS, MI 49503		\$ <u>300.00</u>	\$ <u>300.00</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>10/06/2026</u>	
Name & Address: MARY MILANOWSKI 549 NORDBERG AVE NW GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NONE</u> Employer <u>NONE</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **550.00**

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

4,135.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 2026022

CANDIDATE COMMITTEE

2. Committee Name FRIENDS OF ROBERT HOVENKAMP

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: ROBERT HOVENKAMP 858 SIBLEY ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☒ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>FILING FEE</u> 5. Date Of Receipt: <u>05/22/2026</u> 6. Vendor Name & Address:	\$ <u>100.00</u>	\$ <u>200.00</u>
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: DANELLE HOVENKAMP 858 SIBLEY ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: TEACHER Employer Name & Address: COMSTOCK PARK HIGH SCHOOL 150 6 MILE RD NW, COMSTOCK PARK, MI 49321	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER FOOD</u> 5. Date Of Receipt: <u>06/12/2026</u> 6. Vendor Name & Address: ALDI 4101 ALPINE AVENUE NORTHWEST, COMSTOCK PARK, MI 49321	\$ <u>183.26</u>	\$ <u>183.26</u>
☒ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: DANELLE HOVENKAMP 858 SIBLEY ST NW GRAND RAPIDS, MI 49504 If over \$100.00 cumulative, please provide: Occupation: TEACHER Employer Name & Address: COMSTOCK PARK HIGH SCHOOL 150 6 MILE RD NW, COMSTOCK PARK, MI 49321	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER FOOD</u> 5. Date Of Receipt: <u>06/12/2026</u> 6. Vendor Name & Address: SALVATORE'S ITALIAN RESTARAUNT AND PIZZA 654 STOCKING AVE NW, GRAND RAPIDS, MI 49504	\$ <u>63.58</u>	\$ <u>246.84</u>
☒ Fund Raiser Contribution			

Page Subtotal **346.84** **446.84**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **346.84**

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026022**
2. Committee Name **FRIENDS OF ROBERT HOVENKAMP**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: WEBSITE SETUP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/20/2026 Date	\$ 234.00
Expenditure #2 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: WEBSITE DOMAIN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/20/2026 Date	\$ 58.17
Expenditure #3 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: CAMPAIGN EMAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/27/2026 Date	\$ 8.40
Expenditure #4 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: BUSINESS CARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/11/2026 Date	\$ 40.07
Expenditure #5 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: SHIPPING FOR BUSINESS CARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/13/2026 Date	\$ 9.53

Subtotal this page **350.17**

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 **2026022**
2. Committee Name **FRIENDS OF ROBERT HOVENKAMP**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE TECHNICAL SERVICES Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>CAMPAIGN SOFTWARE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/14/2026</u> Date	\$ <u>110.00</u>
Expenditure #2 Name THE ORIGINAL PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>BUSINESS CARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/22/2026</u> Date	\$ <u>60.55</u>
Expenditure #3 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>CAMPAIGN EMAIL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/26/2026</u> Date	\$ <u>8.40</u>
Expenditure #4 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>YARD SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/05/2026</u> Date	\$ <u>404.80</u>
Expenditure #5 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/09/2026</u> Date	\$ <u>291.50</u>

Subtotal this page **875.25**

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 2026022
2. Committee Name FRIENDS OF ROBERT HOVENKAMP

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>CAMPAIGN EMAIL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2026</u> Date	\$ <u>8.40</u>
Expenditure #2 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>CAMPAIGN EMAIL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/27/2026</u> Date	\$ <u>8.40</u>
Expenditure #3 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/17/2026</u> Date	\$ <u>156.82</u>
Expenditure #4 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/17/2026</u> Date	\$ <u>344.50</u>
Expenditure #5 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>CAMPAIGN EMAIL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2026</u> Date	\$ <u>8.40</u>

Subtotal this page **526.52**

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 **2026022**
2. Committee Name **FRIENDS OF ROBERT HOVENKAMP**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2026</u> Date	\$ <u>450.50</u>
Expenditure #2 Name THE ORIGINAL UNION PRINT SHOP Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/2026</u> Date	\$ <u>450.50</u>
Expenditure #3 Name WIX.COM Address 100 GANSEVOORT ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>CAMPAIGN EMAIL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/2026</u> Date	\$ <u>8.40</u>
Expenditure #4 Name STRIPE, INC Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PAYMENT PROCESSING FEES / MERCHANT FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/2026</u> Date	\$ <u>78.60</u>
Expenditure #5 Name ACTBLUE TECHNICAL SERVICES Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/2026</u> Date	\$ <u>33.33</u>

Subtotal this page **1,021.33**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2,773.27**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2026022**
2. Committee Name **FRIENDS OF ROBERT HOVENKAMP**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/12/2026	4. Number of Individuals Attending or Participating (whichever is greater) 22	5. Type of Fund Raising Activity CAMPAIGN KICKOFF	6. Address and Name (If any) of the place where the activity was held. JACKSON STREET HALL 921 JACKSON ST NW GRAND RAPIDS, MI 49504 ☐ Private Residence
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7. Total Contributions **420.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **420.00**
10. Total Cost of Event **246.84**
(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.