



FILED

22 OCT 2026 PM 03:27

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: 07/16/2026 to 10/18/2026

1. Committee I.D. Number

2026076

2. Committee Name

COMMITTEE TO ELECT ANTOINETTE CHAPMAN

4. Candidate Last Name

CHAPMAN

First Name

ANTOINETTE

M.I.

M

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

**PO BOX 1612
GRAND RAPIDS, MI 49501**

Area Code and Phone (616) 821-2036
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

**CHRISTINE HELMS-MALETIC
701 ATWOOD ST NE
GRAND RAPIDS, MI 49503**

Area Code & Phone (616) 328-9547

7. Treasurer's Business Address

**701 ATWOOD ST NE
GRAND RAPIDS, MI 49503**

Area Code and Phone (616) 328-9547

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

10/22/2026

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 2026076

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>9,085.72</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>9,085.72</u>	(18.) \$ <u>9,085.72</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>9,085.72</u>	(20.) \$ <u>9,085.72</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,202.66</u>	(21.) \$ <u>2,202.66</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>6,508.40</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>6,508.40</u>	(23.) \$ <u>6,508.40</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>9,085.72</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>9,085.72</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6,508.40</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,577.32</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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>07/20/2026</u> Name & Address: JD CHAPMAN, JR. 918 PRINCE ST SE GRAND RAPIDS, MI 49507		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO-EXECUTIVE DIRECTOR</u> Employer <u>REALISM IS LOYALTY</u> Business Address <u>601 M.L.K. JR ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2026</u> Name & Address: CHRISTINE E HELMS-MALETIC 701 ATWOOD ST NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF-EMPLOYED</u> Employer <u>CHM CONSULTING LLC</u> Business Address <u>701 ATWOOD ST NE, 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>07/22/2026</u> Name & Address: JESSE KINYUA 4320 HIDDEN LAKES DR SE KENTWOOD, MI 49512		\$ <u>2.00</u>	\$ <u>2.00</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>07/23/2026</u> Name & Address: JOE JONES 2528 ORCHARD VIEW DR NE GRAND RAPIDS, MI 49505		\$ <u>515.00</u>	\$ <u>515.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PASTOR</u> Employer <u>BROWN-HUTCHERSON MINISTRIES</u> Business Address <u>618 JEFFERSON AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 717.00

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 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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>07/24/2026</u>	
Name & Address: CARRIE KOLEHOUSE 1056 BRETON RD SE GRAND RAPIDS, MI 49506		\$ <u>41.20</u>	\$ <u>41.20</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>07/28/2026</u>	
Name & Address: JD CHAPMAN, JR. 918 PRINCE ST SE GRAND RAPIDS, MI 49507		\$ <u>180.25</u>	\$ <u>280.25</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO-EXECUTIVE DIRECTOR</u> Employer <u>REALISM IS LOYALTY</u> Business Address <u>601 M.L.K. JR ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2026</u>	
Name & Address: AARON JONKER 927 GIDDINGS AVE SE GRAND RAPIDS, MI 49506		\$ <u>515.00</u>	\$ <u>515.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>TELOSA CONSULTING</u> Business Address <u>927 GIDDINGS AVE SE, 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>08/06/2026</u>	
Name & Address: KIM WILLIAMS 1221 JOHNSTON 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			

Page Subtotal **761.45**

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 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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>08/06/2026</u>	
Name & Address: PATRICIA GARDNER 18 GOODRICH ST SW GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>KENT COUNTY COURT</u> Business Address <u>180 OTTAWA AVE 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>08/06/2026</u>	
Name & Address: LAKEISHA KERNEY 816 COLLEGE AVE 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>08/06/2026</u>	
Name & Address: TRANNIE CARTER 1450 MILTON ST SE GRAND RAPIDS, MI 49506		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAMMER</u> Employer <u>BAMF HEALTH</u> Business Address <u>109 MICHIGAN 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>08/06/2026</u>	
Name & Address: AMY RUIS 414 PROSPECT AVE SE GRAND RAPIDS, MI 49503		\$ <u>515.00</u>	\$ <u>515.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>414 PROSPECT AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 738.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/06/2026</u> Name & Address: MC YSASI CASTANON 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505		\$ <u>154.50</u>	\$ <u>154.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GROW</u> Business Address <u>1333 ALGER ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/06/2026</u> Name & Address: CARRIE KOLEHOUSE 1056 BRETON RD SE GRAND RAPIDS, MI 49506		\$ <u>103.00</u>	\$ <u>144.20</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>1056 BRETON RD SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/06/2026</u> Name & Address: JAVONNE GRANDERSON 3941 KENTRIDGE DR SE GRAND RAPIDS, MI 49508		\$ <u>51.50</u>	\$ <u>51.50</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>08/06/2026</u> Name & Address: ABIGAIL GROFF-BLASZAK 2360 LAKE DR SE GRAND RAPIDS, MI 49506		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSTRUCTOR</u> Employer <u>GRAND RAPIDS COMMUNITY COLLEGE</u> Business Address <u>143 BOSTWICK AVE NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **412.00**

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

1. Committee I.D. Number 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/06/2026</u> Name & Address: ALTON KING 3711 THEODORE ST DETROIT, MI 48211		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DELIVERY DRIVER</u> Employer <u>PIZZA PAPALIS</u> Business Address <u>553 MONROE ST, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/06/2026</u> Name & Address: CYNTHIA WALKER 3130 PRAIRIE ST SW APT 104 GRANDVILLE, MI 49418		\$ <u>51.50</u>	\$ <u>51.50</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>08/06/2026</u> Name & Address: TIESHA HOGUE 3393 40TH ST SW GRANDVILLE, MI 49418		\$ <u>51.50</u>	\$ <u>51.50</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>08/06/2026</u> Name & Address: AERIE WADE 2231 FRANCIS AVE SE GRAND RAPIDS, MI 49507		\$ <u>20.60</u>	\$ <u>20.60</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 223.60

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 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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>08/06/2026</u> Name & Address: TAMARA VANDENBERG 1450 MILTON ST SE GRAND RAPIDS, MI 49506		\$ <u>1,030.00</u>	\$ <u>1,030.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>THE MEANWHILE</u> Business Address <u>1003 WEALTHY ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/11/2026</u> Name & Address: DON WARD 2636 EASTERN AVE SE GRAND RAPIDS, MI 49507		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY LIAISON</u> Employer <u>REALISM IS LOYALTY</u> Business Address <u>601 M.L.K. JR ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/13/2026</u> Name & Address: FRANTHEA PRICE 695 BRITTANY CT SE GRAND RAPIDS, MI 49548		\$ <u>103.00</u>	\$ <u>103.00</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>08/15/2026</u> Name & Address: MONICA SPARKS 4768 SUMMER CREEK LN SE KENTWOOD, MI 49508		\$ <u>51.50</u>	\$ <u>51.50</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 **1,287.50**

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 2026076
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/17/2026</u> Name & Address: SUSAN ROWE 533 AVALON TERRACE SE GRAND RAPIDS, MI 49503		\$ <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: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/19/2026</u> Name & Address: JUXERA THEDON 26 CHERRY ST SW APT 504 GRAND RAPIDS, MI 49503		\$ <u>25.75</u>	\$ <u>25.75</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>08/30/2026</u> Name & Address: KAYEM DUNN 30 COLLEGE AVE SE #75 GRAND RAPIDS, MI 49503		\$ <u>51.50</u>	\$ <u>51.50</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>09/02/2026</u> Name & Address: MICHAEL PONTIUS 370 142ND AVE HOLLAND, MI 49424		\$ <u>103.00</u>	\$ <u>103.00</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 280.25

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 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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>09/02/2026</u>	
Name & Address: LESLIE YOUNG 2597 WOODCLIFF AVE SE GRAND RAPIDS, MI 49546		\$ <u>51.50</u>	\$ <u>51.50</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>09/03/2026</u>	
Name & Address: HENRY SAPP 1907 CORNELIUS AVE SE GRAND RAPIDS, MI 49507		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>BETTER WISER STRONGER</u> Business Address <u>1907 CORNELIUS AVE SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2026</u>	
Name & Address: SHEONA JOY NIDEFSKI 535 VALLEY AVE NW GRAND RAPIDS, MI 49504		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM ASSISTANT</u> Employer <u>GRAND RAPIDS COMMUNITY COLLEGE</u> Business Address <u>185 OAKES ST 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>09/03/2026</u>	
Name & Address: ANTHONY BAKER 638 FULTON ST E A1 GRAND RAPIDS, MI 49503		\$ <u>103.00</u>	\$ <u>103.00</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 **360.50**

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 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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>09/03/2026</u>	
Name & Address: KATHERINE DANIELS 2 FULTON ST W GRAND RAPIDS, MI 49503		\$ <u>257.50</u>	\$ <u>257.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SIDE STRATEGIES</u> Business Address <u>2 FULTON ST W, 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>09/07/2026</u>	
Name & Address: DOROTHY DEAN 1110 WORDEN ST SE GRAND RAPIDS, MI 49507		\$ <u>20.60</u>	\$ <u>20.60</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>09/08/2026</u>	
Name & Address: CORRINA TOWNES 1849 BURLINGAME AVE SW WYOMING, MI 49509		\$ <u>51.50</u>	\$ <u>51.50</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>09/08/2026</u>	
Name & Address: CHERYL CHAMBLISS 3830 BURTON ST SE GRAND RAPIDS, MI 49546		\$ <u>257.50</u>	\$ <u>257.50</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 **587.10**

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 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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>09/09/2026</u> Name & Address: KELLY CLARK 1955 GRIGGS ST SE GRAND RAPIDS, MI 49506		\$ <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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2026</u> Name & Address: BROOKS TWIST 826 BURKE AVE NE GRAND RAPIDS, MI 49503		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR ACCOUNTANT</u> Employer <u>DAN CARTER ADVISORS</u> Business Address <u>29 PEARL ST NW, STE 225, 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>09/09/2026</u> Name & Address: ASHANTI BRYANT 2817 W HIGHGATE ST KENTWOOD, MI 49512		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHILANTHROPY AND EDUCATION</u> Employer <u>WK KELLOGG FOUNDATION</u> Business Address <u>1 MICHIGAN AVE, BATTLE CREEK, MI 49017</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2026</u> Name & Address: NICOLE NOTARIO-RISK 829 RUSSWOOD ST NE GRAND RAPIDS, MI 49505		\$ <u>51.50</u>	\$ <u>51.50</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

1,257.50

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 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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>09/10/2026</u>	
Name & Address: LISA AYOTTE 422 FOUNTAIN ST NE GRAND RAPIDS, MI 49503		\$ <u>257.50</u>	\$ <u>257.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>EDWARD JONES</u> Business Address <u>125 OTTAWA AVE NW, STE 320, 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>09/15/2026</u>	
Name & Address: JULIO CANO VILLALOBOS 352 EUREKA AVE SE GRAND RAPIDS, MI 49506		\$ <u>51.50</u>	\$ <u>51.50</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>09/18/2026</u>	
Name & Address: ELIZABETH RANSFORD 215 WARREN AVE SE GRAND RAPIDS, MI 49506		\$ <u>206.00</u>	\$ <u>206.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WRITER</u> Employer <u>CROWE ADVISORY</u> Business Address <u>605 SEWARD AVE 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>09/18/2026</u>	
Name & Address: DAVID MOORE 1131 LAFAYETTE AVE SE 21 GRAND RAPIDS, MI 49507		\$ <u>51.50</u>	\$ <u>51.50</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 **566.50**

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 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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>09/19/2026</u>	
Name & Address: MICHAEL LAGRONE 121 DEAN ST NE GRAND RAPIDS, MI 49505		\$ <u>25.72</u>	\$ <u>25.72</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>09/23/2026</u>	
Name & Address: NIKKI SMITH 4693 DEPOT WAY AVE KENTWOOD, MI 49508		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FACULTY</u> Employer <u>GRAND RAPIDS COMMUNITY COLLEGE</u> Business Address <u>143 BOSTWICK AVE NE, 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>09/24/2026</u>	
Name & Address: STEVE FABER 1845 MEADOWFIELD DR NE GRAND RAPIDS, MI 49505		\$ <u>51.50</u>	\$ <u>51.50</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>09/24/2026</u>	
Name & Address: KATHLEEN FEENEY 2441 OAKWOOD AVE NE GRAND RAPIDS, MI 49505		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>350 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 283.22

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 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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>09/25/2026</u>	
Name & Address: CATHERINE KOTHARI 27450 MOLLY DR CONIFER, CO 80433		\$ <u>515.00</u>	\$ <u>515.00</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>09/27/2026</u>	
Name & Address: STACEY MCGINN 1501 CEDAR ST NE GRAND RAPIDS, MI 49503		\$ <u>51.50</u>	\$ <u>51.50</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>09/29/2026</u>	
Name & Address: ROBERT HOVENKAMP 2415 RIDGELINE DR LANSING, MI 48912		\$ <u>51.50</u>	\$ <u>51.50</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>09/30/2026</u>	
Name & Address: EMILY VENN 3412 BROOK TRAILS SE GRAND RAPIDS, MI 49508		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>EMMANUEL HOSPICE</u> Business Address <u>401 HALL ST SW, STE 263, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 721.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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>10/01/2026</u>	
Name & Address: TRUMAN SHUCK 146 TRAVIS ST NE GRAND RAPIDS, MI 49505		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>GO BETWEEN</u> Business Address <u>4717 N MAPLEWOOD AVE, CHICAGO, IL 60625</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2026</u>	
Name & Address: REBECCA SMITH-HOFFMAN 247 MORRIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF-EMPLOYED</u> Employer _____ Business Address <u>247 MORRIS AVE SE, 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>10/03/2026</u>	
Name & Address: CLARE KELLY 331 AURORA ST SE GRAND RAPIDS, MI 49507		\$ <u>20.60</u>	\$ <u>20.60</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>10/03/2026</u>	
Name & Address: JESSIE EMDIN-HILL 1439 TRAILSIDE CT NW GRAND RAPIDS, MI 49504		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BENEFITS ADMINISTRATION</u> Employer <u>BESWIFT</u> Business Address <u>500 W MONROE ST, STE 3800, CHICAGO, IL 60661</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 329.60

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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>10/03/2026</u> Name & Address: MARY ALICE WILLIAMS 1919 BOSTON ST SE B103 GRAND RAPIDS, MI 49506 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		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/03/2026</u> Name & Address: RUTH KELLY 904 MONROE AVE NW #219 GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/03/2026</u> Name & Address: CAROL TOWNSEND 1919 BOSTON ST SE B209 GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/04/2026</u> Name & Address: DARIUS QUINN 1557 COALCAR CT SE KENTWOOD, MI 49508 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>51.50</u>	\$ <u>51.50</u>

Page Subtotal 251.50

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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>10/12/2026</u>	
Name & Address: ARLEN-DEAN GADDY 1658 ROSEWOOD AVE SE GRAND RAPIDS, MI 49506		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>EARHARDT CONSTRUCTION</u> Business Address <u>FULTON ST W, GRAND RAPIDS, MI 49301</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2026</u>	
Name & Address: TIESHA HOGUE 3393 40TH ST SW GRANDVILLE, MI 49418		\$ <u>206.00</u>	\$ <u>257.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGAL</u> Employer <u>WESTERN MICHIGAN UNIVERSITY</u> Business Address <u>1903 W MICHIGAN AVE, KALAMAZOO, MI 49008</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	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			
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 **309.00**

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

9,085.72

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line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 2026076

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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: ANTOINETTE CHAPMAN 918 PRINCE ST SE GRAND RAPIDS, MI 49507 If over \$100.00 cumulative, please provide: Occupation: MENTAL HEALTH CLINICIAN Employer Name & Business Address: REALISM IS LOYALTY 601 M.L.K. JR ST SE, GRAND RAPIDS, MI 49507 ☐ Fund Raiser Contribution	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>WEBSITE HOSTING AND DOMAIN REGISTRATION</u> 5. Date Of Receipt: <u>07/22/2026</u> 6. Vendor Name & Address: SQUARESPACE 225 VARICK ST, 12TH FLOOR, NEW YORK, NY 10014	\$ <u>244.00</u>	\$ <u>244.00</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: ANTOINETTE CHAPMAN 918 PRINCE ST SE GRAND RAPIDS, MI 49507 If over \$100.00 cumulative, please provide: Occupation: MENTAL HEALTH CLINICIAN Employer Name & Address: REALISM IS LOYALTY 601 M.L.K. JR ST SE, GRAND RAPIDS, MI 49507 ☐ Fund Raiser Contribution	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>BANNER AND BUTTONS</u> 5. Date Of Receipt: <u>07/25/2026</u> 6. Vendor Name & Address: THE ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD, PONTIAC, MI 48341	\$ <u>972.27</u>	\$ <u>1,216.27</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: ANTOINETTE CHAPMAN 918 PRINCE ST SE GRAND RAPIDS, MI 49507 If over \$100.00 cumulative, please provide: Occupation: MENTAL HEALTH CLINICIAN Employer Name & Address: REALISM IS LOYALTY 601 M.L.K. JR ST SE, GRAND RAPIDS, MI 49507 ☐ Fund Raiser Contribution	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>PRINTING POSTCARDS & RACK CARDS</u> 5. Date Of Receipt: <u>07/31/2026</u> 6. Vendor Name & Address: ALLQUEST 9339 CHERRY VALLEY AVE SE, STE 163, CALEDONIA, MI 49316	\$ <u>417.64</u>	\$ <u>1,633.91</u>

Page Subtotal **1,633.91** **0.00**

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

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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 2026076

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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: TAMARA VANDENBERG 1450 MILTON ST SE GRAND RAPIDS, MI 49506 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: THE MEANWHILE 1003 WEALTHY ST SE, GRAND RAPIDS, MI 49506 ☒ Fund Raiser Contribution	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>PHOTOGRAPHER FOR FUNDRAISER</u> 5. Date Of Receipt: <u>08/06/2026</u> 6. Vendor Name & Address: KATY BATDORFF PHOTOGRAPHY 203 BRADFORD ST NE, GRAND RAPIDS, MI 49503	\$ <u>100.00</u>	\$ <u>1,130.00</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: ANTOINETTE CHAPMAN 918 PRINCE ST SE GRAND RAPIDS, MI 49507 If over \$100.00 cumulative, please provide: Occupation: MENTAL HEALTH CLINICIAN Employer Name & Address: REALISM IS LOYALTY 601 M.L.K. JR ST SE, GRAND RAPIDS, MI 49507 ☒ Fund Raiser Contribution	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>CAMERA LENS RENTAL</u> 5. Date Of Receipt: <u>08/06/2026</u> 6. Vendor Name & Address: HELIXRENTALS 2954 28TH ST SE, GRAND RAPIDS, MI 49512	\$ <u>21.73</u>	\$ <u>1,655.64</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: ANTOINETTE CHAPMAN 918 PRINCE ST SE GRAND RAPIDS, MI 49507 If over \$100.00 cumulative, please provide: Occupation: MENTAL HEALTH CLINICIAN Employer Name & Address: REALISM IS LOYALTY 601 M.L.K. JR ST SE, GRAND RAPIDS, MI 49507 ☒ Fund Raiser Contribution	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>PHONE MOUNT</u> 5. Date Of Receipt: <u>08/06/2026</u> 6. Vendor Name & Address: WALMART 4552 KENOWA AVE SW, GRANDVILLE, MI 49418	\$ <u>12.02</u>	\$ <u>1,667.66</u>

Page Subtotal **133.75** **0.00**

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

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on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 2026076

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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: ANTOINETTE CHAPMAN 918 PRINCE ST SE GRAND RAPIDS, MI 49507 If over \$100.00 cumulative, please provide: Occupation: MENTAL HEALTH CLINICIAN Employer Name & Business Address: REALISM IS LOYALTY 601 M.L.K. JR ST SE, GRAND RAPIDS, MI 49507 ☒ Fund Raiser Contribution	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 T-SHIRTS 5. Date Of Receipt: 08/06/2026 6. Vendor Name & Address: WEDO PRINTING 1077 LEONARD ST NE, GRAND RAPIDS, MI 49503	\$ 160.00	\$ 1,827.66
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: TAMARA VANDENBERG 1450 MILTON ST SE GRAND RAPIDS, MI 49506 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: THE MEANWHILE 1003 WEALTHY ST SE, GRAND RAPIDS, MI 49506 ☒ Fund Raiser Contribution	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 FOOD FOR FUNDRAISER 5. Date Of Receipt: 09/06/2026 6. Vendor Name & Address: KEY 2 DA SOUL PO BOX 9563, WYOMING, MI 49509	\$ 275.00	\$ 1,405.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	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 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal **435.00** **3,232.66**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **2,202.66**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026076**
2. Committee Name **COMMITTEE TO ELECT ANTOINETTE CHAPMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SQUARESPACE Address 225 VARICK ST 12TH FLOOR NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE HOSTING AND DOMAIN REGISTRATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/2026</u> Date	\$ <u>244.00</u>
Expenditure #2 Name LAKE MICHIGAN CREDIT UNION Address PO BOX 2848 GRAND RAPIDS, MI 49501 ☐ Fund Raiser	Purpose: <u>OVERDRAFT FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/28/2026</u> Date	\$ <u>30.00</u>
Expenditure #3 Name SQUARESPACE Address 225 VARICK ST 12TH FLOOR NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/2026</u> Date	\$ <u>29.80</u>
Expenditure #4 Name SQUARESPACE Address 225 VARICK ST 12TH FLOOR NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/06/2026</u> Date	\$ <u>9.13</u>
Expenditure #5 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>BUTTONS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/13/2026</u> Date	\$ <u>120.02</u>

Subtotal this page **432.95**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026076**
2. Committee Name **COMMITTEE TO ELECT ANTOINETTE CHAPMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SQUARESPACE Address 225 VARICK ST 12TH FLOOR NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/14/2026</u> Date	\$ <u>144.48</u>
Expenditure #2 Name GRAND RAPIDS AFRICAN AMERICAN ART & MUSIC FESTIVAL Address 41 SHELDON AVE SE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>BOOTH SPACE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/21/2026</u> Date	\$ <u>100.00</u>
Expenditure #3 Name SQUARESPACE Address 225 VARICK ST 12TH FLOOR NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2026</u> Date	\$ <u>9.74</u>
Expenditure #4 Name ALLQUEST Address 9339 CHERRY VALLEY AVE SE S 163 CALEDONIA, MI 49316 ☐ Fund Raiser	Purpose: <u>PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/27/2026</u> Date	\$ <u>1,268.82</u>
Expenditure #5 Name THE ORIGINAL PRINT SHOPPE 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>08/29/2026</u> Date	\$ <u>417.62</u>

Subtotal this page **1,940.66**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026076**
2. Committee Name **COMMITTEE TO ELECT ANTOINETTE CHAPMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SQUARESPACE Address 225 VARICK ST 12TH FLOOR NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2026</u> Date	\$ <u>40.44</u>
Expenditure #2 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK POST PROMOTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2026</u> Date	\$ <u>8.00</u>
Expenditure #3 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK POST PROMOTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2026</u> Date	\$ <u>7.00</u>
Expenditure #4 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK POST PROMOTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/2026</u> Date	\$ <u>7.00</u>
Expenditure #5 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK POST PROMOTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/13/2026</u> Date	\$ <u>14.00</u>

Subtotal this page	76.44
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026076**
2. Committee Name **COMMITTEE TO ELECT ANTOINETTE CHAPMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK POST PROMOTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2026</u> Date	\$ <u>7.00</u>
Expenditure #2 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK POST PROMOTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2026</u> Date	\$ <u>11.00</u>
Expenditure #3 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK POST PROMOTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2026</u> Date	\$ <u>11.00</u>
Expenditure #4 Name ALLQUEST Address 9339 CHERRY VALLEY AVE SE S 163 CALEDONIA, MI 49316 ☐ Fund Raiser	Purpose: <u>PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/2026</u> Date	\$ <u>906.30</u>
Expenditure #5 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK POST PROMOTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/2026</u> Date	\$ <u>11.00</u>

Subtotal this page

946.30

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026076**
2. Committee Name **COMMITTEE TO ELECT ANTOINETTE CHAPMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SQUARESPACE Address 225 VARICK ST 12TH FLOOR NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/2026</u> Date	\$ <u>46.34</u>
Expenditure #2 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK POST PROMOTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2026</u> Date	\$ <u>11.00</u>
Expenditure #3 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK POST PROMOTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/26/2026</u> Date	\$ <u>11.00</u>
Expenditure #4 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK POST PROMOTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/2026</u> Date	\$ <u>18.00</u>
Expenditure #5 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>BANNERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/2026</u> Date	\$ <u>133.86</u>

Subtotal this page **220.20**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026076**
2. Committee Name **COMMITTEE TO ELECT ANTOINETTE CHAPMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK POST PROMOTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/2026</u> Date	\$ <u>18.00</u>
Expenditure #2 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK POST PROMOTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2026</u> Date	\$ <u>28.00</u>
Expenditure #3 Name ALLQUEST Address 9339 CHERRY VALLEY AVE SE S 163 CALEDONIA, MI 49316 ☐ Fund Raiser	Purpose: <u>PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2026</u> Date	\$ <u>681.58</u>
Expenditure #4 Name SQUARESPACE Address 225 VARICK ST 12TH FLOOR NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/2026</u> Date	\$ <u>59.60</u>
Expenditure #5 Name META Address 1 HACKER WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>FACEBOOK FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2026</u> Date	\$ <u>7.37</u>

Subtotal this page **794.55**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026076**
2. Committee Name **COMMITTEE TO ELECT ANTOINETTE CHAPMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2026 Date	\$ 417.62
Expenditure #2 Name ANTOINETTE CHAPMAN Address 918 PRINCE ST SE GRAND RAPIDS, MI 49507 ☐ Fund Raiser	Purpose: CANDIDATE LOAN REPAYMENT PER SCHEDULE 1K ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2026 Date	\$ 1,679.68
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **2,097.30**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **6,508.40**

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on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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? ☐ Yes Owed to or by: CHAPMAN ANTOINETTE 918 PRINCE ST SE GRAND RAPIDS, MI 49507	4. Type: <u>REIMBURSEMENT FOR TEE SHIRT</u> 5. <u>Date Debt Was Incurred:</u> <u>08/06/2026</u> 6. <u>Original Amount of Debt:</u> <u>\$ 160.00</u>	10/22/26 \$ <u>160.00</u> _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ <u>160.00</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: SQUARESPACE 225 VARICK ST 12TH FLOOR NEW YORK, NY 10014	4. Type: <u>WEBSITE PROCESSING FEES</u> 5. <u>Date Debt Was Incurred:</u> <u>10/18/2026</u> 6. <u>Original Amount of Debt:</u> <u>\$ 41.29</u>	10/21/26 \$ <u>41.29</u> _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ <u>41.29</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

0.00

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

0.00

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026076
2. Committee Name COMMITTEE TO ELECT ANTOINETTE CHAPMAN

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? ☐ Yes Owed to or by: SQUARESPACE 225 VARICK ST 12TH FLOOR NEW YORK, NY 10014	4. Type: RESERVES HELD BACK FROM DOI 5. <u>Date Debt Was Incurred:</u> <u>10/18/2026</u> 6. <u>Original Amount of Debt:</u> \$ <u>754.85</u>	10/21/26 \$ 754.85 \$ \$ \$ \$	\$ 754.85	\$ 0.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

0.00

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

0.00

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2026076**
2. Committee Name **COMMITTEE TO ELECT ANTOINETTE CHAPMAN**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 08/06/2026	4. Number of Individuals Attending or Participating (whichever is greater) 53	5. Type of Fund Raising Activity EVENT WITH FOOD SERVED	6. Address and Name (If any) of the place where the activity was held. THE MEANWHILE 1003 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Private Residence
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7. Total Contributions **1,398.60**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,398.60**
10. Total Cost of Event **568.75**
(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.