MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
26 OCT 2026 PM 01:45
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: 07/21/2026 to 10/20/2026

1. Committee I.D. Number
2023021

2. Committee Name
LAGRAND FOR GRAND RAPIDS

4. Candidate Last Name: LAGRAND First Name: DAVID M.I.: M

4a. Office Sought Including District # or Community Served (If applicable)
MAYOR, GRAND RAPIDS

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

5. Committee's Mailing Address
PO BOX 150293
GRAND RAPIDS, MI 49515

Area Code and Phone (616) 540-0994
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
RICHARD WILLIAMSON
1213 CALGARY ST NE
GRAND RAPIDS, MI 49505

Area Code & Phone (616) 499-1814

7. Treasurer's Business Address
1213 CALGARY ST NE
GRAND RAPIDS, MI 49505

Area Code and Phone (616) 499-1814

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
WILLIAM DEMMINK
6960 OLDE PINE DR
JENISON, MI 49428

Area Code and Phone (616) 350-8988

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
_____

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

- ☐ July Quarterly
- ☒ October Quarterly

9c. ☐ Annual Statement (2026) 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 oustanding assets, owes no lates fees or has any oustanding 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 _____ / _____ Submitted electronically, signature on file Date 10/26/2026
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 10/26/2026
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2023021

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name LAGRAND FOR GRAND RAPIDS

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) $ 10,483.45	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $ 10,483.45	(18.) $ 36,731.97
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $ 0.00	(19.) $ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $ 10,483.45	(20.) $ 36,731.97
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $ 0.00	(21.) $ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $ 0.00	(22.) $ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) $ 1,418.86	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $ 0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $ 1,418.86	(23.) $ 13,764.05
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $ 0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $ 0.00	(24.) $ 0.00
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed **by** the Committee (Schedule 1E)	(12a.) $ 0.00	
b. Owed **to** the Committee (Schedule 1E)	(12b.) $ 0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $ 16,136.45
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $ 10,483.45
15. SUBTOTAL Add lines 13 and 14	(15.) = $ 26,619.90
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $ 1,418.86
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ 25,201.04 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/26/2026

Name & Address:
CLAY WEST
1600 GLEN FOREST DR SE
ADA, MI 49301

$ 150.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation JUDGE Employer 17TH CIRCUIT COURT

Business Address 180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/14/2026

Name & Address
LARRY WILLEY
4350 RIVERWATCH RD
ROCKFORD, MI 49341

$ 200.00 $ 650.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer WILLEY & CHAMBERLAIN

Business Address 300 OTTAWA AVE NW, SUITE 810, GRAND RAPIDS, MI 49503

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/14/2026

Name & Address:
JUDITH JONES
2500 OAKWOOD AVE NE
GRAND RAPIDS, MI 49505

$ 250.00 $ 301.83

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address 2500 OAKWOOD AVE NE, GRAND RAPIDS, MI 49505

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/20/2026

Name & Address
DALE ROBERTSON
3370 BROOKPOINT DR SE
GRAND RAPIDS, MI 49546

$ 250.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation PRESIDENT Employer GRAND RAPIDS PUBLIC MUSEUM

Business Address 272 PEARL ST NW, GRAND RAPIDS, MI 49504

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 850.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/20/2026

Name & Address:
JEFF CRANSON
2618 COLLEGE AVE NE
GRAND RAPIDS, MI 49505

$ 250.00 | $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation ADMINISTRATOR Employer STATE OF MICHIGAN

Business Address 425 W OTTAWA ST, LANSING, MI 48933

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/20/2026

Name & Address
JOHN COOPER JR
510 PROSPECT AVE SE
GRAND RAPIDS, MI 49503

$ 75.00 | $ 150.00

5. If over $100.00 cumulative, please provide:

Occupation CHIEF OF STAFF Employer MICHIGAN SENTENCING COMMISSION

Business Address 124 W ALLEGAN ST, LANSING, MI 48933

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/22/2026

Name & Address:
JACQUELYN WATSON
2439 HIGHRIDGE LN SE
GRAND RAPIDS, MI 49546

$ 150.00 | $ 176.01

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address 2439 HIGHRIDGE LN SE, GRAND RAPIDS, MI 49546

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/22/2026

Name & Address
JUDY FREEMAN
425 CAMBRIDGE BLVD SE
GRAND RAPIDS, MI 49506

$ 225.00 | $ 875.00

5. If over $100.00 cumulative, please provide:

Occupation CONSULTANT Employer EDUCATION CONSULTING PRACTICE

Business Address 425 CAMBRIDGE BLVD SE, GRAND RAPIDS, MI 49506

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 700.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/24/2026

Name & Address:
JOHNNY BRANN JR
5057 GRAND RIVER DR NE
GRAND RAPIDS, MI 49525

$ 1,000.00 | $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation OWNER Employer BRANNS

Business Address 1977 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/27/2026

Name & Address
PAUL DENENFELD
1868 TURNSTONE LN NE
GRAND RAPIDS, MI 49505

$ 75.00 | $ 325.00

5. If over $100.00 cumulative, please provide:

Occupation JUDGE Employer STATE OF MI / KENT COUNTY

Business Address 180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/28/2026

Name & Address:
TAMARA VANDENBERG
1450 MILTON ST SE
GRAND RAPIDS, MI 49506

$ 150.00 | $ 400.00

5. If over $100.00 cumulative, please provide:

Occupation OWNER Employer THE MEANWHILE

Business Address 1450 MILTON ST SE, GRAND RAPIDS, MI 49506

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/28/2026

Name & Address
GLORIA LARA
2381 CLOVERLY DR NW
WALKER, MI 49544

$ 30.00 | $ 30.00

5. If over $100.00 cumulative, please provide:

Occupation CONSULTANT Employer SELF EMPLOYED

Business Address 2381 CLOVERLY DR NW, WALKER, MI 49544

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 1,255.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 08/28/2026

Name & Address:
CHRISTOPHER LAFLEUR
9797 CLYDE PARK AVE SW
BYRON CENTER, MI 49315

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation EXECUTIVE Employer LAFLEUR MARKETING

Business Address 549 OTTAWA AVE NW, GRAND RAPIDS, MI 49503

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/28/2026

Name & Address
LEE HARDY
1325 HOPE ST SE
GRAND RAPIDS, MI 49506

$75.00 | $75.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/28/2026

Name & Address:
JOHN HELMHOLDT
743 COLLINDALE AVE NW
GRAND RAPIDS, MI 49504

$500.00 | $500.00

5. If over $100.00 cumulative, please provide:

Occupation PRESIDENT Employer SEYFERTHPR

Business Address 40 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution # 4 PAC Receipt? ☑ YES 4. Date of Receipt 08/28/2026

Name & Address
MICHIGAN LCV PAC
3029 MILLER RD
ANN ARBOR, MI 48103

$1,000.00 | $1,000.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal 2,075.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☑ YES 4. Date of Receipt 08/28/2026

Name & Address:
MICHIGAN LABORERS POLITICAL LEAGUE
1118 CENTENNIAL WAY
STE 100
LANSING, MI 48917

$ 1,000.00 | $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/28/2026

Name & Address
STEVEN PESTKA
2517 ASHWOOD CT SE
ADA, MI 49301

$ 1,000.00 | $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation PRESIDENT Employer H & M MANAGEMENT & DEVELOPMENT CO.

Business Address 2920 FULLER AVE NE, GRAND RAPIDS, MI 49505

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/28/2026

Name & Address:
JAMES NELSON
395 HONEY CREEK AVE SE
ADA, MI 49301

$ 1,000.00 | $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/28/2026

Name & Address
MARLIN FEYEN
26 CAMPAU AVE NW
UNIT 26
GRAND RAPIDS, MI 49503

$ 500.00 | $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation GR PUBLIC MUSEUM BOARD Employer GR PUBLIC MUSEUM

Business Address 272 PEARL ST NW, GRAND RAPIDS, MI 49504

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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Page Subtotal 3,500.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☑ YES 4. Date of Receipt 08/28/2026

Name & Address:
MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC
23401 MOUND RD
STE 101
WARREN, MI 48091

$ 1,000.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

---

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/29/2026

Name & Address
JAN STEPHENS
2002 CHIPPEWA ST
TRAVERSE CITY, MI 49686

$ 103.45 $ 103.45

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☑ YES 4. Date of Receipt 10/15/2026

Name & Address:
GRAND RAPIDS FIREFIGHTERS UNION PAC
1930 FULLER AVE NE
GRAND RAPIDS, MI 49505

$ 1,000.00 $ 1,500.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address

$ _____ $ _____

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 2,103.45

Grand Total of All Schedules 1A (Complete on last page of Schedule) 10,483.45

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PARAGON PAYMENT SOLUTIONS Address 2141 E BROADWAY RD SUITE 202 TEMPE, AZ 85282 ☐ Fund Raiser	Purpose: FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/03/2026 Date	$ 50.00
Expenditure #2 Name HOMEBASE Address 835 HOWARD ST 2ND FLOOR SF, CA 94103 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/13/2026 Date	$ 30.00
Expenditure #3 Name GRAZE CRAZE Address 6275 28TH ST SE GRAND RAPIDS, MI 49546 ☑ Fund Raiser	Purpose: EVENT FOOD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2026 Date	$ 392.20
Expenditure #4 Name TOTAL WINE AND MORE Address 4923 28TH ST SE GRAND RAPIDS, MI 49512 ☑ Fund Raiser	Purpose: EVENT BEVERAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2026 Date	$ 95.82
Expenditure #5 Name PARAGON PAYMENT SOLUTIONS Address 2141 E BROADWAY RD SUITE 202 TEMPE, AZ 85282 ☐ Fund Raiser	Purpose: FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2026 Date	$ 96.55

Subtotal this page	664.57
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GRAZE CRAZE Address 6275 28TH ST SE GRAND RAPIDS, MI 49546 ☑ Fund Raiser	Purpose: EVENT FOOD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2026 Date	$ 196.10
Expenditure #2 Name EASTOWN US POST OFFICE Address 1451 LAKE DR SE GRAND RAPIDS, MI 49516 ☐ Fund Raiser	Purpose: PO BOX ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/01/2026 Date	$ 222.00
Expenditure #3 Name PARAGON PAYMENT SOLUTIONS Address 2141 E BROADWAY RD SUITE 202 TEMPE, AZ 85282 ☐ Fund Raiser	Purpose: FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2026 Date	$ 156.44
Expenditure #4 Name HOMEBASE Address 835 HOWARD ST 2ND FLOOR SF, CA 94103 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/14/2026 Date	$ 30.00
Expenditure #5 Name PARAGON PAYMENT SOLUTIONS Address 2141 E BROADWAY RD SUITE 202 TEMPE, AZ 85282 ☐ Fund Raiser	Purpose: FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2026 Date	$ 119.75

Subtotal this page	724.29
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HOMEBASE Address 835 HOWARD ST 2ND FLOOR SF, CA 94103 ☐ Fund Raiser	Purpose: SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/2026 Date	$ 30.00
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	$ _____

Subtotal this page	30.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1,418.86

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
08/28/2026	23	HOUSE RECEPTION	KOLEHOUSE HOME 209 CHARLES AVE SE GRAND RAPIDS, MI 49503 ☑ Private Residence

7. Total Contributions 10,635.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 10,635.00

10. Total Cost of Event 684.12
(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.