



FILED

19 OCT 2026 PM 12:14

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 10/18/2026

1. Committee I.D. Number

2026091

2. Committee Name

THOMAS DOLES FOR GRPS

4. Candidate Last Name

DOLES

First Name

THOMAS

M.I.

S

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 7152
GRAND RAPIDS, MI 49510**

Area Code and Phone (616) 499-1045
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

**SUSAN DOLES
2166 OKEMOS DR. SE
GRAND RAPIDS, MI 49506**

Area Code & Phone (616) 245-7344

7. Treasurer's Business Address

**2166 OKEMOS DR. SE
GRAND RAPIDS, MI 49506**

Area Code and Phone (616) 245-7344

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

10/19/2026

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/19/2026



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2026091

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name THOMAS DOLES FOR GRPS

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>11,336.40</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>11,336.40</u>	(18.) \$ <u>11,336.40</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>11,336.40</u>	(20.) \$ <u>11,336.40</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>130.00</u>	(21.) \$ <u>130.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>8,512.15</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>8,512.15</u>	(23.) \$ <u>8,512.15</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>11,336.40</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>11,336.40</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>8,512.15</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,824.25</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026091
2. Committee Name THOMAS DOLES FOR GRPS

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>07/25/2026</u>	
Name & Address: BETHANY DOLES PO BOX 7152 GRAND RAPIDS, MI 49510		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>UNIVERSITY OF MICHIGAN HEALTH WEST</u> Business Address <u>5900 BYRON CENTER AVE SW, WYOMING, MI 49519</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2026</u>	
Name & Address: DAVID NIEWIEK 8838 EASTERN AVE SE BYRON CENTER, MI 49315		\$ <u>2,100.00</u>	\$ <u>2,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PARIS MOTORS</u> Business Address <u>4112 DIVISION AVE S, GRAND RAPIDS, MI 49548</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/27/2026</u>	
Name & Address: MARILYN DEJONG 2500 BRETON WOODS DR SE APT 1034 KENTWOOD, MI 49512		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/27/2026</u>	
Name & Address: BEN RUITER 490 MARYWOOD DR NE GRAND RAPIDS, MI 49505		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BROKER</u> Employer <u>EPIC INSURANCE</u> Business Address <u>678 FRONT AVE NW, UNIT 330, GRAND RAPIDS, MI 49504</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,975.00

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 2026091
2. Committee Name THOMAS DOLES FOR GRPS

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>08/27/2026</u> Name & Address: NICK CASTELLUCCIO 6062 BETHANY BLVD BELLEVUE, TN 37221		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPUS MINISTRY</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>08/27/2026</u> Name & Address: RUSTY RICHTER 4035 CHICAGO DR SW GRANDVILLE, MI 49418		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/29/2026</u> Name & Address: SUSAN DOLES 2166 OKEMOS DR SE GRAND RAPIDS, MI 49506		\$ <u>2,100.00</u>	\$ <u>2,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/30/2026</u> Name & Address: BRIAN BROOKHUIZEN 731 70TH ST SE GRAND RAPIDS, MI 49548		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MINISTER</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,250.00

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 2026091
2. Committee Name THOMAS DOLES FOR GRPS

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>08/30/2026</u>	
Name & Address: PAUL NIXON 2204 OKEMOS DR SE GRAND RAPIDS, MI 49506		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/30/2026</u>	
Name & Address: DWIGHT STEPHENS 2038 151ST AVE NW ANDOVER, MN 55304		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>LEXINGTON MANUFACTURING</u> Business Address <u>1330 115TH AVE NW, MINNEAPOLIS, MN 55448</u> 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: MANUEL MONTEJANO 104 E 6TH S HEBER CITY, UT 84032		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>TRADEHELM</u> Business Address <u>20 N WACKER DR, 3550, CHICAGO, IL 60606</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/31/2026</u>	
Name & Address: MICHAEL ROBERGE 828 S LAFLIN ST CHICAGO, IL 60607		\$ <u>51.50</u>	\$ <u>51.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPUS MINISTRY</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 360.50

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/01/2026</u>	
Name & Address: DONALD GORIS 4846 OTTOGAN ST HOLLAND, MI 49423		\$ <u>1,030.00</u>	\$ <u>1,030.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED, BUSINESS OWNER</u> Employer <u>CAMPAIGN RESOURCE GROUP</u> Business Address <u>4846 OTTOGAN ST, HOLLAND, MI 49423</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/01/2026</u>	
Name & Address: AUSTIN SCHUBERT 1879 PHEASANT AVE NW GRAND RAPIDS, MI 49534		\$ <u>25.75</u>	\$ <u>25.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MINISTER</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/01/2026</u>	
Name & Address: GRAHAM BULLMORE 330 56TH AVE KENOSHA, WI 53144		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/01/2026</u>	
Name & Address: JAMES DOLES 15506 W OAKRIDGE CT SURPRISE, AZ 85374		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,581.50**

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 2026091
2. Committee Name THOMAS DOLES FOR GRPS

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: STEPHEN SHULL 808 S BISHOP ST CHICAGO, IL 60607		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>WAVE REACTION</u> Business Address <u>1071 UNIEK DR, WAUNAKEE, WI 53597</u> 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: JOHN LIVERANCE 642 N LA FAYETTE PARK PL LOS ANGELES, CA 90026		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCTIONS MANAGER</u> Employer <u>DREAMWORKS ANIMATION</u> Business Address <u>1000 FLOWER ST, GLENDALE, CA 91201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/04/2026</u>	
Name & Address: BEN GLISSON 1512 POWERS AVE NW GRAND RAPIDS, MI 49504		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/04/2026</u>	
Name & Address: SHARON HAAN 347 SORRENTO DR SE BYRON CENTER, MI 49315		\$ <u>50.50</u>	\$ <u>50.50</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 **282.25**

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026091
2. Committee Name THOMAS DOLES FOR GRPS

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>09/04/2026</u> Name & Address: KYLE UNDERWOOD 5779 STONEYBROOK CT SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>EDWARD JONES</u> Business Address <u>5211 CASCADE RD SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/05/2026</u> Name & Address: MICAH RYNDERS 2605 TRAILSIDE DR AUSTIN, TX 78704		\$ <u>51.50</u>	\$ <u>51.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPPLY CHAIN</u> Employer <u>SHELTER SKIN</u> Business Address <u>209 E BEN WHITE BLVD, 210, AUSTIN, TX 78704</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/06/2026</u> Name & Address: ALANA RYNDERS 405 N LAKE DR CALEDONIA, MI 49316		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/06/2026</u> Name & Address: AMANDA ROOZEBOOM 1308 BALLARD ST SE 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 **306.00**

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

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/06/2026</u>	
Name & Address: MASON ENGLERT 824 SCOTTVIEW DR NE COMSTOCK PARK, MI 49321		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSIONAL ATHLETE</u> Employer <u>DURHAM BULLS</u> Business Address <u>409 BLACKWELL ST, DURHAM, NC 27701</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: BENJAMIN JONKER 2307 CAMBRIDGE DR SE GRAND RAPIDS, MI 49506		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>BENNETT THRASHER</u> Business Address <u>3300 RIVERWOOD PKWY, 700, ATLANTA, GA 30339</u> 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: MARK ISMOND 10155 DEER CREEK DR SE ADA, MI 49301		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNDRAISER</u> Employer <u>INTERNATIONAL NEEDS</u> Business Address <u>5570 32ND AVE, HUDSONVILLE, MI 49426</u> 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: CHRIS BRINKS 6875 DUTTON INDUSTRIAL DR CALEDONIA, MI 49316		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>VAN LAAN CONSTRUCTION</u> Business Address <u>3240 68TH ST SE, DUTTON, MI 49316</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **412.00**

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 2026091
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2026</u>	
Name & Address: JOSEPH NIEWIEK 7077 DIVISION AVE S GRAND RAPIDS, MI 49548		\$ <u>206.00</u>	\$ <u>206.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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: KARI PETERSEN 2378 MEADOWGLEN DR NE GRAND RAPIDS, MI 49505		\$ <u>206.00</u>	\$ <u>206.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>NIEWIEK AUTO SALES</u> Business Address <u>7081 DIVISION AVE S, GRAND RAPIDS, MI 49548</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2026</u>	
Name & Address: ASHLEY ZWIERS 2330 OKEMOS DR SE GRAND RAPIDS, MI 49506		\$ <u>10.30</u>	\$ <u>10.30</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>09/11/2026</u>	
Name & Address: IVAN ANDRADE 869 DORROLL ST NE GRAND RAPIDS, MI 49505		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ANDRADE PAINTING</u> Business Address <u>869 DORROLL ST NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 525.30

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 2026091
2. Committee Name THOMAS DOLES FOR GRPS

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>09/11/2026</u>	
Name & Address: JOEL ZWIERS 922 HICKORY NUT LN LAWRENCEVILLE, GA 30043		\$ <u>20.75</u>	\$ <u>20.75</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2026</u>	
Name & Address: GABE RENNE 2426 RAYMOND AVE SE GRAND RAPIDS, MI 49507		\$ <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>09/15/2026</u>	
Name & Address: DOUG DOORNBOS 2424 BRETON RD SE GRAND RAPIDS, MI 49546		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2026</u>	
Name & Address: DAVE VANDERLUGT 2230 E SHIAWASSEE RD SE GRAND RAPIDS, MI 49506		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>FOREST HILLS PUBLIC SCHOOLS</u> Business Address <u>620 FOREST HILL AVE SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 252.50

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 2026091
2. Committee Name THOMAS DOLES FOR GRPS

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>09/15/2026</u> Name & Address: JERRY NIEWIEK 393 COVE DR CALEDONIA, MI 49316		\$ <u>1,030.00</u>	\$ <u>1,030.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/21/2026</u> Name & Address: TOM ZANDEE 1746 EASTBROOK ST SE GRAND RAPIDS, MI 49508		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>FIVE STAR REALTY</u> Business Address <u>6690 CROSSINGS DR SE, B, GRAND RAPIDS, MI 49508</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2026</u> Name & Address: KEN HOFFMAN 2128 CHESANING DR SE GRAND RAPIDS, MI 49506		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2026</u> Name & Address: CHERYL POOLE 54 ARTHUR AVE NE 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			

Page Subtotal **1,458.75**

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 2026091
2. Committee Name THOMAS DOLES FOR GRPS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2026</u>	
Name & Address: JOHN KENNEDY 3607 BROADMOOR AVE SE KENTWOOD, MI 49512		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AUTOCAM MEDICAL</u> Business Address <u>3607 BROADMOOR AVE SE, KENTWOOD, MI 49512</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2026</u>	
Name & Address: MICAH RYNDERS 2605 TRAILSIDE DR AUSTIN, TX 78704		\$ <u>278.10</u>	\$ <u>329.60</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPPLY CHAIN</u> Employer <u>SHELTER SKIN</u> Business Address <u>209 E BEN WHITE BLVD, 210, AUSTIN, TX 78704</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2026</u>	
Name & Address: LUCY HIGUERA 2329 RIDGEFIELD DR NE GRAND RAPIDS, MI 49505		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOME MAKER</u> Employer <u>HOME</u> Business Address <u>2329 RIDGEFIELD DR NE, GRAND RAPIDS, MI 49505</u> 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: JANE ELZINGA 2611 WESTBROOK DR NW GRAND RAPIDS, MI 49504		\$ <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			

Page Subtotal 906.85

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026091
2. Committee Name THOMAS DOLES FOR GRPS

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>10/13/2026</u> Name & Address: ERIC LINDGREN 218 MARYLAND AVE NE GRAND RAPIDS, MI 49503		\$ 25.75	\$ 25.75
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 _____ 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 # 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 **25.75**

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

11,336.40

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 2026091

CANDIDATE COMMITTEE

2. Committee Name THOMAS DOLES FOR GRPS

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: THOMAS S DOLES PO BOX 7152 GRAND RAPIDS, MI 49510 If over \$100.00 cumulative, please provide: Occupation: PROGRAM MANAGER Employer Name & Business Address: INTERNATIONAL NEEDS US 5570 32ND AVE, HUDSONVILLE, MI 49426 ☐ 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 CAMPAIGN FILING FEE 5. Date Of Receipt: <u>07/21/2026</u> 6. Vendor Name & Address: GRAND RAPIDS CITY CLERK 300 MONROE AVE NW, GRAND RAPIDS, MI 49503	\$ <u>100.00</u>	\$ <u>100.00</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: THOMAS S DOLES PO BOX 7152 GRAND RAPIDS, MI 49510 If over \$100.00 cumulative, please provide: Occupation: PROGRAM MANAGER Employer Name & Address: INTERNATIONAL NEEDS US 5570 32ND AVE, HUDSONVILLE, MI 49426 ☐ 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 CAMPAIGN LOGO ON POLO SHIRT 5. Date Of Receipt: <u>09/03/2026</u> 6. Vendor Name & Address: ALINOS STUDIO & CREATION 1341 JOHNSTON ST SE, GRAND RAPIDS, MI 49507	\$ <u>30.00</u>	\$ <u>130.00</u>
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

130.00

130.00

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

130.00

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on line 6 of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026091**
2. Committee Name **THOMAS DOLES FOR GRPS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name UNITED STATES POSTAL SERVICE Address 2017 EASTERN AVE SE GRAND RAPIDS, MI 49507 ☐ Fund Raiser	Purpose: CAMPAIGN PO BOX ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2026 Date	\$ 110.00
Expenditure #2 Name ADVANCED CAMPAIGN TECHNOLOGIES Address 6280 TIMPSON AVE SE ALTO, MI 49302 ☐ Fund Raiser	Purpose: SIGNS AND FLYERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/04/2026 Date	\$ 956.65
Expenditure #3 Name ADVANCED CAMPAIGN TECHNOLOGIES Address 6280 TIMPSON AVE SE ALTO, MI 49302 ☐ Fund Raiser	Purpose: CAMPAIGN MAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/2026 Date	\$ 7,111.30
Expenditure #4 Name SQUARESPACE Address 225 VARICK ST 12TH FLOOR NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: CREDIT CARD FEES PAYMENT PROCESSOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2026 Date	\$ 258.97
Expenditure #5 Name ALGER HARDWARE Address 2408 EASTERN AVE SE GRAND RAPIDS, MI 49507 ☐ Fund Raiser	Purpose: STAKES AND TIES FOR SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2026 Date	\$ 70.10

Subtotal this page **8,507.02**

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 **2026091**
2. Committee Name **THOMAS DOLES FOR GRPS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PAYPAL Address 2211 N FIRST ST SAN JOSE, CA 95131 ☐ Fund Raiser	Purpose: <u>PAYPAL PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/2026</u> Date	\$ <u>5.13</u>
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	5.13
Grand Total of all Schedules 1B (Complete on last page of Schedule)	8,512.15

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on line 8a of
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