

Kent County Clerk Elections Division

SEP 03 2015

COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE				
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	7.20.15 to_	8.24.15
1. Committee I.D. Number / 2900/		4. Candidate Last Name	Rosa Lynn	C ^{M.I.}
2. Committee Name LISS for Mayor		4a. Office Sought Including Disi MHLO 8 - CH 4b. County of Residence	of Grand Ent	
5. Committee's Mailing Address		6. Treasurer's Name & Resider	ntial Address	
21 Holmdene Bluck Grand Rapids, MIG	1 19503	Amy Snow 1783 Plateau Dr.		
Area Code and Phone If the address in this box is different from the commitmaling address on the Statement of Organization, r		Nyoming, M1 49519		
be sent to this address by the filing official.	nan may	Area Code & Phone	16 5200-165	≥
7. Treasurer's Business Address		Designated Record keeper's Designated Record keeper)	s Name and Mailing Address	(If the committee has a
7041 Riverwood L		Amy Snow	70 20 1	
Grand Rapids, M	/	1783 Klare	11 495G	
99540	0	Lalle Dan Loca		
Area Code and Phone LOID SOOTO	22	Area Code and Phone	0 500.1055	
9. TYPE OF STATEMENT			9e. Dissolution of Candida	ate Committee
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the current year:		by the committee to the cand	We certify any outstanding debt didate or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	July Quart	erly		and no longer collectible from tee has no oustanding assets,
Primary	October 0	•	owes no lates fees or has an	y oustanding debt.
General □Convention			Further, if the dissolution can considered a request for the	not be granted, that this be Reporting Waiver.
Special	9c. Annua	Statement ()	57	hank dian
School		Coverage Year	Effective date of d	issolution
Caucus	Comp	dment to Campaign Statement blete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of resi	dual funds must be reported on
	amend		Schedule 1B and the Summ	ary Page.
Date of Election, Convention or Caucus Hug. 4, 2015				
-		\sim		
10. Verification: I\We certify that all reasonable dilige	ence was used	in the preparation of this statement	ent and attached schedules (i	f any) and to the best of
my/our knowledge and belief the contents are true,	accurate and co	omplete.		
Current Treasurer or Designated Record keeper	Coon	Signature /	Date	9-1-15
Type or Print Name Candidate DSAUM DUS	55	- Horasa	Den Date	9.3-2015

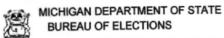
1. Committee I.D. Number

1	2900	•

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Rosalynn Bliss for Mayor

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$ (20.) \$ 120,235.73
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 27,850.73	(20.) \$ 120,235.73
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 2,171	(21.) \$ 7,046
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	50,000,04
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(8c.) \$ (9.) \$	(23.) \$ 59,896,84
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Uniternized (less than \$50.01 each - no Schedule)	400.10	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	40.0	
	(12b.) \$ BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 43,896.16	
(Enter zero if no previous report have been filed.)	27 950 72	
14. Amount received during reporting period	(14.)	_
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_71,746.89	
16. Amount expended during reporting period	11,408	-
(Add lines 9 and 11)	(16.) - \$	<u>u</u>
17. ENDING BALANCE	60 338 89	
(Subtract line 16 from line 15)	(17.) \$	



CANDIDATE COMMITTEE

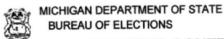
1. Committee I.D. Number _____129001

2. Committee Name Rosalynn Bliss for Mayor

CANDIDATE COMMITTEE 2. Committee Name	
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 Name & Address: PAC Receipt? YES 4. Date of Receipt 7-29-15 Rachel Hood-Petroelje 28 Guild NE Grand Rapids M1 49505	:25
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? TYES 4. Date of Receipt 7-29-15 Name & Address Grand Rapids Police Officers Labor Council F 1228 Glen Hollow Drive Hudsonville MI 9426	AC <u>\$ 500</u> \$ 3,000-
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	
3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt 7 - 29-15 Jenny Lypn 344 6 Devon Drive NE	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo itemization
Occupation Employer Business Address Type of Contribution:	
3. Contribution # 4 Name & Address PAC Receipt? YES 4. Date of Receipt 7 - 29-15	\sim
5. If over \$100.00 cumulative, please provide: Employer Employer	Click Here for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtotal	1 \$ CAIC

108 22

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



208 22

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

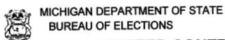
CANDIDATE COMMITTEE

1. Committee I.D. Number ____129001

2. Committee Name Rosalynn Bliss for Mayor

m	nter contributor's name and address. If contribution is from an individual, enter last name, first name, niddle 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)
Na	Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-29-15 me & Address: Kathleen Ley-Bruinsma 1748 Alexander SE Grand Rapids M. 49506 Tover \$100.00 currillative, please provide:	ss
00	ccupation Employer	
Bu	usiness Address	
T	ype of Contribution: Direct Loan from a person Fund Raiser	
	Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-29-15	Щ.,
	306 Hampton Ave. SE Grand Rapids MI 49506	\$ \$ 50 \$
5.	If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
	ccupation Employer	
В	usiness Address	
T	ype of Contribution: Direct Loan from a person Fund Raiser	
A	Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-29-15	-
1	Christine Helms-Maletic 701 Atwood NE	<u>, \$50 </u>
	Gand Rapids ML 49503 If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
0	occupation Employer	
	usiness Address	
_	Type of Contribution: Direct Loan from a person Fund Raiser	
/	Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-29-15 Aug Courtney 237 Paris Ave. St	,\$25 , 16.
	If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
1	Occupation Employer	
E	Business Address	
L	Type of Contribution: Direct Loan from a person Fund Raiser	\$15.6
	/ Page Subtota	\$175
	Grand Total of All Schedules 1A	

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CANDIDATE COMMITTEE

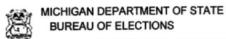
1. Committee I.D. Number ___129001

2. Committee Name Rosalynn Bliss for Mayor

CANDIDATE COMMITTEE	
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-29-15 Name & Address: Sharron Puts Sle Fountain St. #5 Grand Rapids M1 49503 5. If over \$100.00 cumulative, please provide:	\$ \$50 \$ Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-29-15	
Name & Address Linda Glasel 7673 Shverthome Drive SE	s_\$50 s
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	
3/ Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-29-15	
Dale Robertson 3370 Brookpoint Drive SE Gard Ryrids MI 49546 5. Irover \$100.00 cumulative, please provide:	\$ \$50 \$ 150 Click Here for Memo Itemization
Occupation <u>CEO</u> Employer <u>GR Publiz Musuum</u>	
Business Address 272 Pearl St GR, MU 49504	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7 29 15	
Sandra Front Steensma P.D. Box 1849	<u>\$</u> #100 <u>\$</u>
Name & Address	Slick Here for Mamo Itemization
Name & Address Sandra Frost Steensma P.O. Box 1849 Mackinac Island MI 49757	\$\$Click Here for Memo Itemization
Name & Address Sandra Frot Steensma P.D. Box 1849 Mackinac Island MI 49757 5. If over \$100.00 cumulative, please provide: Occupation Employer	SS
Name & Address Sandra Frot Steensma P.D. Box 1849 Mackinac Island MI 49757 5. If over \$100.00 cumulative, please provide:	SSSClick Here for Memo Itemization
Name & Address Sandra Frod Steensma P.O. Box 1849 Mackinac Island MI 49757 5. If over \$100.00 cumulative, please provide: Occupation Employer	

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



CANDIDATE COMMITTEE

1. Committee I.D. Number ____129001

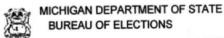
2. Committee Name Rosalynn Bliss for Mayor

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.	E	7. Cumulative for Election Cycle for Each Contributor (Through Bate of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-29-15 Name & Address: File of Phil Stags 2015 Hall Stags 3. If over \$100.00 cumulative, blease provide: Occupation Employer	\$_SO_ Click Here for M	\$Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-29-15 Name & Address Selacy Social Media LLC - LAURA 27-56 Abiaail St. SE (Applification of Receipt) Gard Rapids M. 49506		\$
5. If over \$100.00 cumulative, please provide:	Click Here for h	Memo itemization
Occupation Employer		
Business Address Fund Raiser		
Type of continuous light and the continuous li		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-29-5		
Melissa Gorman, 1339 Myrtle St. 19W Gnyd Rayrids M. 49504 5. If over \$100.00 cumulative, please provide:	\$Click Here for M	\$lemo Itemization
Occupation Employer		
Business Address		
3. Contribution #4 Name & Address JON CONNOT 1299 Sprucewood Ave. NW	<u>. 50</u>	s 166 -
5. If over \$100.00 cumulative, please provide:	Click Here for M	lemo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	#22	
Page Subtotal	\$250	
Grand Total of All Schedules 1A	1 1	

(Complete on last page of Schedule)

Enter this total on

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CANDIDATE COMMITTEE

1. Committee I.D. Number ___129001

2. Committee Name

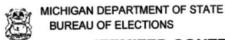
Rosalynn Bliss for Mayor

1	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 7-29-15 Nescedes Toohey 211 Bristol Ave. NW Grand Rapids M1 49504 5. If over \$100.00 cumulative, please provide: Decupation Employer	\$ Click Here for Memo Itemization
- 1	Business Address Loan from a person Fund Raiser	
3.5	Type of Contribution: Direct Loan from a person X Fund Raiser B. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-29-15 Name & Address MACK DUKSTA (22 College Ave. NE GREND Regions MI 49503 5. If over \$100.00 cumulative, please provide:	sss
	Occupation Employer	
- 1	Business Address	
	Type of Contribution: Direct Loan from a person Fund Raiser	
1	3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-29-15 Name & Address: Roberta William 1241 Thomas SE Grand Rapids MI 49506 5. If over \$100.00 cumulative, please provide:	\$\$Click Here for Memo Itemization
	Occupation Employer Business Address Type of Contribution:	<i>¥</i> .
/ 1	3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-29-15 Name & Address Paul Asselin 332 Maris Ave. SE Grand Rapids MI 49503	, \$50 ,
	5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	Click Here for Memo Itemization
	Type of Contribution: Direct Loan from a person Fund Raiser	1 \$117
	Page Subtotal Grand Total of All Schedules 1A	3155

(Complete on last page of Schedule)

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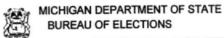


CANDIDATE COMMITTEE

1. Committee I.D. Number ___129001

2. Committee Name Rosalynn Bliss for Mayor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount 7. Cumulative for
middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-29-15 Name & Address: Jeanne Elders Delward 4502 Whiteward Farms Drive NE 67012 Raynds MI 49505 5. If over \$100.00 cumulative please provide: Occupation Employer	\$ SO \$ Click Here for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 Name & Address Etzabeth Welch GSS Cambridge SE Gnnd Rands M 4950le 5. If over \$100.00 cumulative, please provide: Occupation Horney Employer Number 19503 Type of Contribution: Direct Loan from a person Fund Raiser	s 150 s 350 Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-9-5 Name & Address: Lim McLaughlin 2172 Watermark 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 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt PAG- S Name & Address 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 25 sClick Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtot Grand Total of All Schedules 1. (Complete on last page of Schedul	A



CANDIDATE COMMITTEE

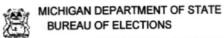
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-29-15 Name & Address: Andrew DeBraber 1075 Country Club Drive NF 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 25 Click Here fo	\$or Memo Itemization
Type of Contribution: Direct Loan from a person X Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-29-15 Name & Address James Müller 245 Wine eaf Lane Dewith MI 48820	\$ OD	sor Memo Itemization
5. If over \$100.00 cumulative, please provide: Cocupation Employer	Click nere it	Memo itemization
Оссираноп		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt 7-29-15 SHOVE Fabel 105 Newberry St. NE COUNTY Rapids MI 49503 5. If over \$100.00 cumulative, please provide:	\$ 50 Click Here fo	- \$ or Memo Itemization
Occupation Employer		
Business Address		
3. Contribution #4 Name & Address PAC Receipt? YES 4. Date of Receipt 7-29-15 Claire Johnston 2891 Court Tive Lowell MI 49331	, 5D	. \$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	400	
Page Subtotal	4225	_
Grand Total of All Schedules 1A	1	

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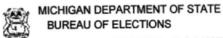


1. Committee I.D. Number _____129001

Rosalynn Bliss for Mayor

	CANDIDATE COMMITTEE 2. Committee Name		
	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 Name & Address: PAC Receipt? YES 4. Date of Receipt 7-29-15 Vanne Byrum 4933 Bellevue Road On Ondaga MI 49264 5. If over \$100.00 cumulative, please provide:	\$Click Here for	\$or Memo Itemization
	Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
	3. Contribution #2 Name & Address PAC Receipt? TYES 4. Date of Receipt 7-29-15 Russell Favalhuna 1400 Dewberry Gurt NE Grund Rapids M 49505	sClick Here fo	. \$ or Memo Itemization
	5. If over \$100.00 cumulative, please provide: Occupation ASS/S, VSAHOWUSIMployer US Dept. Of Sustrice Business Address IIO MILLIAGAM ST GR, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7 29-15		
/	Name & Address: Donna Allen 1153 Madison Ave. SE Grand Rapids MI 49507	s SO	sr Memo Itemization
	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 Name & Address PAC Receipt? YES 4. Date of Receipt 7-29-15 Rama & Address Rama & Address Address PAC Receipt? YES 4. Date of Receipt 7-29-15 Rama & Address Forest Hill Ave . SE Connad Rayna's MI 4954 (6) Scupation Employer	\$ 50	. \$ or Memo Itemization
	Business Address Type of Contribution: Direct Loan from a person Fund Raiser	#1120	
	(Page Subtotal Grand Total of All Schedules 1A	\$4∞	-

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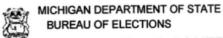
CANDIDATE COMMITTEE

1. Committee I.D. Number ____129001

2. Committee Name Rosalynn Bliss for Mayor

	1
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 Name & Address: Agnes (empker Cloud 43 Oswego St. NW 67000 Comparison Description Francisco Employer Business Address Business Address PAC Receipt? YES 4. Date of Receipt 7-29-15 Agnes (empker Cloud 43 Oswego St. NW 49504 Employer Employer	\$S
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 Name & Address PAC Receipt? TYES 4. Date of Receipt 7-29-15 Lambert Zuider Vaart 322 Morris Ave. SE Grand Rapids MI 49503	s 50 s
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	
3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt 7-29-15 Stephen Wooden 1310 Westview Ave., Apt. 242B East Lansing MI 48823	\$ 50 \$ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide:	
Occupation Employer Business Address Type of Contribution:	
3. Contribution #4 Name & Address PAC Receipt? Tes 4. Date of Receipt 7-29-15 Manuel Lara 1521 Benjamin Ave. DE Grand Rapids M1 49505	<u>, 50</u> <u>,</u>
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
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Grand Total of All Schedules 1A	

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CANDIDATE COMMITTEE

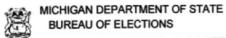
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CANDIDATE CONNINTTIEE 2. Committee Name		
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3. Contribution #1 Name & Address: PAC Receipt? YES 4. Date of Receipt 7-29-15 Christopher 61255 CHS VelloggSt. SE Grund Rayrids MI 49503	,50	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-29-15		
Name & Address Noteen Myers 1019 F. Main St. Owell M. 19331	* QD	: 200-
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Attorney Employer Myers Attorney at law		
Business Address 1019 E. Main St Lowell, M14933		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: Omnute to Elect Ruth (elly 940 Monne Ave NW Apt. 219 End Rapids M1 49503 5. If over \$100.00 cumulative, please provide:	\$ SO	. \$ or Memo Itemization
Occupation Employer		
Business Address Time of Contribution:		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? TYES 4. Date of Receipt 7 - 79 - 15		
Name & Address Carrie Helmholdt, 3016 Le high Trail Tenison MU U9428	.80	. \$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
t Page Subtotal	\$280	
0-17-11-(1110-1-11-11	, , ,	7

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



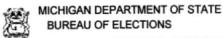
CANDIDATE COMMITTEE

1. Committee I.D. Number ____129001

2. Committee Name Rosalynn Bliss for Mayor

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 3-29-15 Name & Address: Johnny Brann 5561 tranbury Drive JE Ada MU 49301	, 200	\$
5. If over \$100.00 cumulative, please provide: Occupation DWN Employer Rann's Restaurant Business Address 401 Leonard St NW GR, M1 49504 Type of Contribution: Direct Loan from a person Fund Raiser	Click Here fo	or Memo Itemization
3. Contribution #2 Name & Address PAC Receipt? YES 4. Date of Receipt 7-29-15 Tack Horris Ave. SE Church Rapids MI 49503	, 100	s 700 -
5. If over \$100.00 cumulative, please provide: Occupation HHBYNEY Employer Fulber Orle Bulle PC Business Address 160 Monroe Ave 100, Surke 400, GR.M Type of Contribution: Direct Loan from a person Fund Raiser		r Memo Itemization
3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt 7-29-15 MACCIA WARRESTON ST. SE GRAND RAPIDS ML 49507 5. If over \$100.00 cumulative, please provide:	s SO	\$ r Memo Itemization
Occupation Employer Business Address Type of Contribution: Direct		9
3. Contribution #4 Name & Address PAC Receipt? YES 4. Date of Receipt 7-29-15 William Kirk 235 S. Division Ave. Apt. 112 5. If over \$100.00 cumulative, please provider	,50	\$
Occupation Employer Business Address	Click Here fo	r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	\$400	
Grand Total of All Schedules 1A		7

(Complete on last page of Schedule)



CANDIDATE COMMITTEE

1. Committee I.D. Number __129001

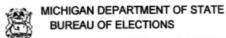
2. Committee Name

Rosalynn Bliss for Mayor

			7.0
midd	er contributor's name and address. If contribution is from an individual, enter last name, first name, die initial. Check box to indicate if contribution is from a Political Committee or an Independent nmittee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
	Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-29-15 Section #1 3611 Arroop Chase Court NE Entra Rapids M1 49525	CD.	
4	Gonna Rapids MI 49525	\$ 50	\$
5. If	over \$100.00 cumulative, please provide.	Click Hore fo	or Memo Itemization
Occu	pation Employer	Click Here it	or Memo Remization
Busin	ness Address		
	e of Contribution: Direct Loan from a person Fund Raiser		
3. Co	ontribution #2 PAC Receipt? YES 4. Date of Receipt 7-29-15		
Name	e & Address		
	Grand Rapids M149505	. 50	_
Λ	(400 Tage 51. No 1/0525	\$ <u>50</u>	\$
\\		Click Here fo	or Memo Itemization
	over \$100.00 cumulative, please provide:	Ollok Flore is	, momo nomeau
Occu	upation Employer		
	ness Address		
Туре	e of Contribution: Direct Loan from a person Fund Raiser		
	ontribution #3 PAC Receipt? YES 4. Date of Receipt 7-29-15		
Name	e & Address: George Heartwell	1000	
/	440 Futton St. E. Apt.	s 100	. \$
	Gand Rapids MI 49503		
5. If	over \$100.00 cumulative, please provide:	Click Here to	r Memo Itemization
Occi	upation Employer		
	iness Address		
	e of Contribution: Direct Loan from a person Fund Raiser		
/	contribution #4 PAC Receipt? YES 4. Date of Receipt 7-29-15		
Ivaiii	Bridget Cheney		
	7.0! Box 286	. 50	
	Hastings MI 47058	,	\$
5. If	f over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occ	cupation Employer		
Rue	siness Address		
	/pe of Contribution: Direct Loan from a person Fund Raiser	,	
	Page Subtotal	\$320	
	Grand Total of All Schedules 1A	1	_

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(Complete on last page of Schedule)



CANDIDATE COMMITTEE

1. Committee I.D. Number _

129001

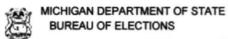
2. Committee Name Rosalynn Bliss for Mayor

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 7-29-15 Name & Address: David Lubbers and Elizabeth Miele TOO Giddings Ave. SE Grand Rapids M. 49506 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	s \$25 s Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-29-15 Name & Address Mark Miller Sloke Marris Ave . SE Grands M. 49503 5. If over \$100.00 cumulative, please provide: Occupation Architect Employer Address Business Address 217 Grandville AUE GR, M. 49503 Type of Contribution: Direct Loan from a person Fund Raiser	s \$100 s 150 Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-29-15 Name & Address: John D. Loeks III 449 Edge mere Drive SE East Grand Rapids 14 9506 5. If over \$100.00 cumulative, please provide: Occupation Employer	sss
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-29-15 Fagar Kettle - Public Affairs Counsel 2015 Tremont Blud. NW 5. If over \$100.00 cumulative, please provide: Occupation Employer	S # 50 s Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	*225
Grand Total of All Schedules 1A	4275

(Complete on last page of Schedule)

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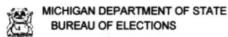


1. Committee I.D. Number	///	290	00/		
2. Committee Name	Sosal	SA	1345	Stock	lazos
		_		<u></u>	

CANDIDATE COMMITTEE 2. Committee Name	SUSAL BUSS FOR MUS
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 7.30.15 Name & Address: David Levitt Ave 86	<u>500</u> .
5. If over \$100.00 cumulative, please provide: Occupation	Click Here for Memo Itemization
Business Address 168 Cons Campau GR, Mich 49503	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7.20.15 Name & Address Paine Mane Mane Mane Address 2445 Hall 4-89	<u>s 100 - s 200 -</u>
5. If over \$100,00 cumulative, please provide: Occupation Director Employer Kent Schools Network Business Address 790 Fuller Ave NZ GR, M149503	Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7.30.15	
Max Benedict 1838 Forest Lake Dr 82 Grand Rapids, M1 5. If over \$100.08 cumulative, please provide:	\$S
Max Berediet 1838 Forest Lake Dr SE Parand RODOK, MI	S S / SSClick Here for Memo Itemization
Max Benedict 1838 forest Lake Dr 82 Grand Rapids, MI 5. If over \$100.06 cumulative, please provide: Occupation Principal Employer Third Coast Business Address [ON Lowis Campan Ch. MI 49503] Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7.30-15 Hal Ostrow 144 Bays for Aux DE	S_S/ S
Max Benedict 1838 + 5864 Lake Dr 82 Grand Rapids, M 5. If over \$100.06 cumulative, please provide: Occupation Principal Employer Third Coast Business Address 108 Lovis Campav Ch, M 49503 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7.20.15	Click Here for Memo Itemization
Max Benedict 1838 forest Lake by 8E Grand Ropids, M 5. If over \$100.06 cumulative, please provide: Occupation Minipal Employer Mira Coast Business Address Lovis Campau Col., Mi 49503 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7.20.15 Name & Address Hall OSHOW Log No. 15 Carand Rapids, Mi 5. If over \$100.00 cumulative, please provide: Description August Log No. 100.00 cumulative, please provide:	s 250 s
Max Black of 1888 for 1881 Lake Dr 882 Grand Rapids, M 5. If over \$100.06 cumulative, please provide: Occupation Find pal Employer Third Coast Business Address 108 Lovis Campau Ch. Mi 49503 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7.30.15 Hal OSHOW 144 Bay ton Aor Dr Grand Rapids, Mi 5. If over \$100.00 cumulative, please provide: Occupation Hamley Employer OSHOW Law Firm Business Address 108 Lovis Campau, GR, Mi 49503	s 250 s

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Occupation

3. Contribution #2

Name & Address

ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

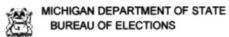
CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF S BUREAU OF ELECTIONS	TATE			
ITEMIZED CO SCHED	NTRIBUTIONS ULE 1A	1. Committee I.D. Numb	12900	· · · · · · · · · · · · · · · · · · ·
CANDIDATE	COMMITTEE	2. Committee Name	2050 Lyn 131	iss for Mayo
Enter contributor's name and address. I middle initial. Check box to indicate if committee (PAC) Report all contribution	ontribution is from a Political C		, 6 Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt lame & Address: ON AAAU E 9/06 Tw/ AAA MI 5. If over \$100.00 cumulative, please p	li Sevich n Oak sln 49301 provide:	Receipt 7. 26./5	s	\$or Memo Itemization
Occupation	Employer		-	
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Ann Arbora If over \$100.00 cumulative, please p	nzer isperwood MI Wars	Receipt 7.30,15 Dr Apt 349	sSClick Here fo	\$ or Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Example 2 PAC Receipt 1 PAC Receipt 1 PAC Receipt 2 PAC RE	les vatient		: 500	\$ r Memo Itemization
Occupation Principal	Employer/h/r	d loast	12	
Business Address // (8 /60) Type of Contribution: Direct	Loan from a person	Fund Raiser	5	
Contribution #4 PAC Receipt	YES 4. Date of	Receipt 7. 21 - 15	-	
1111) ///WW /			216	

5. If over \$100.00 cumulative, please provide: Employer Occupation _ Business Address Type of Contribution: Direct Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Re Name & Address: Occupation **Business Address** Type of Contribution: Loan from a person 3. Contribution # 4 PAC Receipt? 4. Date of R Name & Address 05 5. If over \$100.00 cumulative, please provide Click Here for Memo Itemization Occupation_ Employer . **Business Address** Type of Contribution: Fund Raiser Direct Loan from a person Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on

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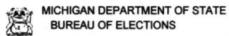


129001	
1. Committee I.D. Number	
2. Committee Name Kosalyna Bliss for May	pr
	1

CANDIDATE COMMITTEE 2. Committee Name	salghe 191	155 For May
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 7.21.15 Name & Address: Garf Andorson 3630 Beechtree Ln 0 Kemos, M1 48864 5. If over \$100.00 cumulative, please provide:	: 25	\$
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1, 22.15 Name & Address PLAN BEULEMA 7 50 Ransom St Zeeland, MI 49464	s 250.01	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7. 32.15 Name & Address: Appel 1337 Days Dr NE Pork food M1 49341 5. If over \$100.00 cumulative, please provide:	\$ 180 Click Here for	\$ Memo Itemization
Occupation Employer		,
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		, r.
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7. 22.15 Name & Address Adviam Cazal 1040 Rox burg L ADE E. Languel, MI 48833 5. If over \$100.00 cumulative, please provide: Occupation Carl Attains Spell Employer Muchmore, Navigyton 4	s 250 Click Here for	\$ Memo Itemization
Business Address 134W. Allegan langing, M1 48932	7	
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	625,01	

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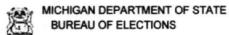
ITEMIZED CONTRIBUTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	1 12900)/ ,
CANDIDATE COMMITTEE 2. Committee Name	osalann	BUSSET MA
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 7. 72.15 Name & Address: Annil Funkl Acobie M. Nockwell Apt of Street 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 20 Click Here fo	\$ or Memo Itemization
3. Contribution #2 Name & Address Helen Lehman 3895 Bell Lake Or Hag, MI 4930/ 5. If over \$100.00 cumulative, please provide: Description	\$_50	\$ r Memo Itemization
Business Address Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7.24.15 Name & Address: Carl Errok8271 334 Briax wood & 49506 5. If over \$100.00 cumulative, please provide: Occupation President Employer Atomic Object Business Address 941 weathy 5+ GR, MI 49506 Type of Contribution: Direct Loan from a person Fund Raiser	\$ 1000 Click Here for	\$ Memo Itemization
Address Dian Blukema 10550 Belding Dane Bushema 10550 Belding Dane Sububban Inns December 100.00 cumulative, please provide: Occupation President Business Address U407 Valencia Dr Lockford, M14	S DSD Click Here for	\$ Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	1200	
Page Subtotal	1320	1

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

Enter this total on

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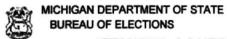


CANDIDATE COMMITTEE

1. Committee I.D. Number/	129001	011
2. Committee Name	safri Des	for Mayor

CANDIDATE COMMITTEE 2. Committee Name _	- pergrece	100
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.	e, 6. Amount	7 Ormulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9. 24.15 Name & Address: Ryan Schmidt 436 Rodwood Ave & A	· 50	
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer	- Ollok Field F	of Wellio Relinization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7.26.15 Name & Address Tin A Dumling	_	3
31 Prospect Ave & GR, MI 49503	s_100	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt 7, 75. 15 Name & Address: 1450 Lake By 86 Ob R M 4950 6	\$ 50	. \$
5. If over \$100.00 cumulative, please provide:	Click Here to	i Wellio Itellization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7.75.15 Name & Address Matt VICALI SKI Annobester Dr & GR (MI 49606)	: 20b	s
5. If over \$100.00 cumulative, please provide: Occupation AHOMEY Employer Miller John Son	Click Here fo	r Memo Itemization
Business Address 250 Monvol Ave NW GR, MI 495	72	
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subt	total (/oc	
	700	-
Grand Total of All Schedules	1A	1

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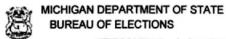


1. Committee I.D. Number	29001	0.	
1/	161.	/ //	-
2. Committee Name Kosall	re Dus	tox May	Ø*

CANDIDATE COMMITTEE 2. Committee Name	sallor Du	stox May
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 7. 25, 15 Name & Address: St. Clark OS CAMPAU GL NA GR. MI 49503	<u> </u>	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7, 37./5 Name & Address 10 SD CalVIN AVE 85 10 SD CalVIN AVE 85	<u>50</u>	\$
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		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7, 28,15 Name & Address: Paria Blinkhorn 13457 Green St Grand Haven, M149417 5. If over \$100.00 cumulative, please provide:	s /00	\$ Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7.3/./5 Name & Address Walt Gutowski Below westwinde GRIMI 49504	:/000	\$
5. If over \$100.00 cumulative, please provide: Occupation Fresiden + Employer Swift Printing	Click Here for	Memo Itemization
Business Address 404 Bridge ST GR, M149504		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1250	,
Grand Total of All Schedules 1A		

198 22

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



CANDIDATE COMMITTEE

1. Committee I.D. Number	129001	
2. Committee Name		for Mayor

	ox to indicate if con	contribution is from an individual tribution is from a Political Comregardless 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 8, 15 Name & Address: Committee to Steet Rosalus Bliss PO BOX 34055 5. If over \$100.00 cumulative, please provide:			\$ 16, 349,72 \$ Click Here for Memo Itemization		
Occupation		_ Employer			
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of Reco	eipt		
				\$	\$
5. If over \$100.00 cum	ulative, please pro	vide:		Click Here for	Memo Itemization
Occupation		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of Rec	eipt		
				\$	\$
5. If over \$100.00 cum	ulative, please pro	vide:		Click Here for	Memo Itemization
Occupation		Employer			
Business Address	Direct		7		
Type of Contribution: 2 3. Contribution # 4 Name & Address	PAC Receipt?	Loan from a person YES 4. Date of Rec	Fund Raiser		
				\$	\$
5. If over \$100.00 cum	ulative, please pro	vide:		Click Here for	Memo Itemization
Occupation		_ Employer		CIICK Here IOF	Wello Reliization
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
			Page Subtotal	16,349.72	

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

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SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Nu	ımber)	129	1001		
		unn	121155	to	Mayo

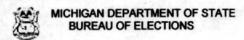
CANDIDATE COMMITTEE 2. C	Committee Name 1000000000000000000000000000000000000	3 700	Julyou
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		11	
Name Practical PolitiCAL	1000 11/1/11/11	8/1/15	s 1099.50
Address 920 washington Her	Purpose: LONSU HTH	Date	temization Type
larsing, MI 4 agric		ITE IOI MEINO I	ternization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2		11	
Name USPS Address 0 7 11 01 0 0 11 5	Purpose: <u>SHAMOS</u>	8/1/15 Date	s 98.
255 Michilan Si	,	ra for Memo li	temization Type
Address 255 Michigan St GR, MI 49503	Check box if this expenditure is payment of	TO IOI MOITO	emzauon Typo
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3		, ,	
Name Bigby Coffee Address 365 Fuller Aus NE	Molleg	8/1/15 Date	· 8252
Address 365 Fuller AUERE	Purpose: CV/TCU		
	Click Her	re for Memo It	emization Type
GR, Ml 49503	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4		,	
Name Costco Address 5100 28th 5t Grand Rapids, MI	Purpose: Supplies	8/1/15 Date	s <u>197.</u> 23
5100 00 Ocids MI		re for Memo It	emization Type
Grana Kujsan	Check box if this expenditure is payment of		
Fund Raiser 49512	debt or obligation reported on previous statement		
Expenditure #5			
Name 10505		8/4/15	· M/F
Address 255 MichiganSt GR, MIUGO2	Purpose: STAMOS -	Date	\$ 045
NO MILLOS		re for Memo It	emization Type
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtotal	I this page	1702.05
	Grand Total of all Sci	hadulas 1B	1 100.
	(Complete on last page of		

Enter this total on line 8a of



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

	2. Con	nmittee Name	
	- USE A SEPARATE SH	EET FOR EACH EVENT	
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is	5. Type of Fund Raising Activity	Address and Name (If any) of t place where the activity was held.
July 29, 2015	greater) Le 2	Reception	Wendy Falb 350 Cherry St Grand Rapids, MI Private Residence
7. Total Contributions	_ 3730)	
8. Other Receipts			
9. Gross Receipts (Add lines 7	and 8)		
Total Cost of Event Total Cost includes In-Kind C	ontributions and All Expenditures	s Made For the Event)	
11. Check if event was a j	oint fund raiser and complete the	e following:	
Co-Sponsor(s)	Contribution 9 (%)	Split	Expenditure Split (%)
	_		
			-
	_		, -
			-
	_		
. '	_		
	ired to file a separate Fund Rais Campaign Statement.	ser Schedule for each fund rais	ing event held during the
 Receipts and expendi 	tures listed on a Fund Raiser Sc ed In-Kind Contributions Schedu		
	participated in a joint fund raiser	must file a Fund Raiser Schede	ule for the event.
Page of			



ITEMIZED IN-KIND CONTRIBUTIONS

Number	129001	166
D	ahma Dilaa far Marray	100

SCHEDULE 1-II	Rosalynn Bliss	for Mayor	
CANDIDATE COMM		IOI IVIAYOI	
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 all in-kind contributions.	Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services we purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: John Green 563 Belvedere GR, MI 49506 If over \$100.00 cumulative, please provide: Occupation: Co-owner Employer Name & Business Address: Founders 235 Grandville GR, MI 49503	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-LOA refreshments Description 8/18/15 5. Date Of Receipt: 8/18/15 6. Vendor Name & Address:	\$ 1650	\$
Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address Wendy Falb 350 Cherry St GR, MI 49503	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-Loane refreshments	A CHARLES	\$
If over \$100.00 cumulative, please provide: Occupation: Executive Director Employer Name & Address: Literacy Center 1120 Monroe GR, MI 49503	5. Date Of Receipt: 7/26/15 6. Vendor Name & Address:	Click Here for Memo	Itemization
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOA		
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	Click Here for Memo	Itemization
Fund Raiser Contribution	· · · · · · · · · · · · · · · · · · ·		
	Page Sub	ototal 2171	
	Grand Total of all Schedules	1-IK 2171	

Enter this total on line 6 of Summary Page

(Complete on last page of Schedule)



ITEMIZED EXPENDITURES **SCHEDULE 1B**

1. Committee I. D. Number, CANDIDATE COMMITTEE 2. Committee Name 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) Expenditure #1 Klaas Awast 4150 Grand River Address GR, MI 49505 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raise statement Expenditure #2 Name Address Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #3 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous **Fund Raiser** statement Expenditure #4 Name Address Purpose: _ Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #5 Name Date Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous **Fund Raiser** statement Subtotal this page

> Enter this total on line 8a of

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

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4of 5

SCHEDULE 1B CANDIDATE COMMITTEE

CANDIDATE COMMITTEE 2.0	committee Name / Daught / June / Max Of
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	, ,
Name SicilianOS Address 2840 Lake Michigan	Purpose: 914
2840 Cane	Click Here for Memo Itemization Type
GR, MI 49504	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2	/ /
Name DAD Printing Address 342 Market Ave Sa	Purpose: 171111
	Click Here for Memo Itemization Type
GR, MI 49503	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #3	/ /
Name East Hills Address 131 Eastern Aux SE	Purpose: Ad
	Click Here for Memo Itemization Type
GR, $M/49503$	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	
Name HA OF the Table Address LOG Weathly St 82	Purpose: Refreshments 8/11/15 \$ 555,08
$\Omega \Omega m I$	Click Here for Memo Itemization Type
GR, M1 49503	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5	, ,
Name Foundors Address	Purpose: Metreshmonts B/18/15 s 300
Grand Rapids, MI Fund Raiser 19503	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page /35/.88

Enter this total on line 8a of



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Numbe	1/29	100/	0	
2. Committee Name	OSALGHA	Bliss	for 1	Vayor

	committee Names 103000 700	700	
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name RP and Company Address 510 College	Purpose: Consultant	8/8/15	s 1000
Address 510 College		ere for Memo	Itemization Type
an mi	_		
□Fund Raiser 49505	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2		/	
Name Revere Consulting Address 1000 Innes St	Purpose: CONSUHant	8/8/15 Date	5: <u>25</u>
1000 111103	Clinic Li	for Mama	Itamination Tons
_ GR, MI 49503	Check box if this expenditure is payment of debt or obligation reported on previous	are for Memo	Itemization Type
Fund Raiser	statement		
Expenditure #3			
Name KC1 Address 3901 East Paris Ave	Purpose: Printing	8/8/12 Date	5 \$5004.18
	(Click He	re for Memo	Itemization Type
GR, MI 49512	Check box if this expenditure is payment of debt or obligation reported on previous	re for Memo	nemization Type
Fund Raiser	statement		
Expenditure #4		//	
Name Leff Winston Address 1535 Forrest AUENE	Purpose: Consulting	8/8/15 Date	s <u>184. 2</u> 8
2 h	(Click He	re for Memo	Itemization Type
GR, MI 49505	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Facebook	Ads -	8/8/15	\$ 26.96
Address	Purpose: / VW	Date	
www.facebook.com	Click He	re for Memo	Itemization Type
Cund Balear	debt or obligation reported on previous		
Fund Raiser	statement		1 10/
	Subtota	I this page	4695.42
	Grand Total of all So (Complete on last page of	and the second second	

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3 of 5



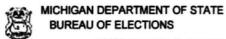
SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 1298	01	
2. Committee Name BOSALYM	DUES for	Mayor

CANDIDATE COMMITTEE 2.0	committee Name 105/404/// 15055 708 1900/06
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	-1/
Name LAZO CULTURAL	8/4/15 : 335
Address 3923 984 St 82	Purpose: Date Click Here for Memo Itemization Type
$\alpha n m$	
GR, M149512	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2	
Name Meiger Address 1997 & Beltline GR, MI 4905	Purpose: <u>Supplies</u> <u>83/15</u> \$ 54.83
19977.15am	Click Here for Memo Itemization Type
GR, 1111 49-05	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	
Name Paypal Address WWW. paypal. com	Purpose: Click Here for Memo Itemization Type
	Click riele for Metho Rethization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	
Name Constant Contact Address WWW. Constant contact.	Purpose: <u>C-communication</u> Date \$ 35.
WWW. LOND TATITED LOTT	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5	
Name $WUGR$ Address $OORAV Q591$	Purpose: Radio Ads 8/1/15 \$ 1000
Address POBOX 9591 Wyoming, MI Fund Raiser 4959	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page / 454.83
	Grand Total of all Schedules 1B (Complete on last page of Schedule)

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Enter this total on line 8a of



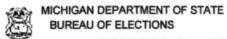
1. Committee I.D. Number	79001
2. Committee Name KISQL	nn Bliss for Mayor

CANDIDATE COMMITTEE 2. Committee Name _	Mosaum DA	53 JON 19470
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.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 8. 4.15 Name & Address: On Atlan Rooks 73 W WQ Horn Ave Sutta Mullegon, MI 49440 5. If over \$100.00 cumulative, please provide: Occupation President Employer Parkland Property	\$ Solick Here fo	\$r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8/5/15 Name & Address 1/2/4 GRIHER 3841 Fembul ton Dr 82 GR, MI 4958 5. If over \$100.00 cumulative, please provide:	\$SClick Here for	\$
Occupation Employer		Monio nomizzation
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8.4.15 Name & Address: Nath an iel Moody 222 Rolling Hills Dr & QR, MI 49546 5. If over \$100.00 cumulative, please provide:	s /00 Click Here for	\$ Memo Itemization
Occupation Employer		
Business Address		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8-4.19 Name & Address Mark Huizenga 3841 Buttuwozth St Sw Walker, MI 10001	5 : 200-	s
5. If over \$100.00 cumulative, please provide: 40000	Click Here for	Memo Itemization
2 // Employer	- N149534	
Type of Contribution: Direct Loan from a person Fund Raiser	(1))	
Page Subt	otal 450	

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

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1. Committee I.D. Number	
2. Committee Name Kosalina Bu	55 for Mayor

CANDIDATE COMMITTEE 2. Committee Name	saura 1)	455 JUNTULUJU
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 8././5 Name & Address: Anay Power Park Dr & 1434 Willox Park Dr &	. 57)	. 200
5. If over \$100.00 cumulative, please provide: Occupation Consultant Employer Browly Consultant	Click Here fo	r Memo Itemization
Business Address 1436 Will Park Dr GR M 49506 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 Name & Address Anne Rothwell 3005 E. Fulton St 5. If over \$100.00 cumulative, please provide:	\$/	\$ r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 8. / 15 Name & Address: Add Steplex Steplex	Click Here for	\$ Memo Itemization
Name & Address Idney Janema IRIVEL From + Plaza IRIVEL From + Plaza Societation President Employer Wolvering Business Address Type of Contribution: Direct Loan from a person Fund Raiser		\$ Memo Itemization
Page Subtotal	1300	
Grand Total of All Schedules 1A	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1

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