



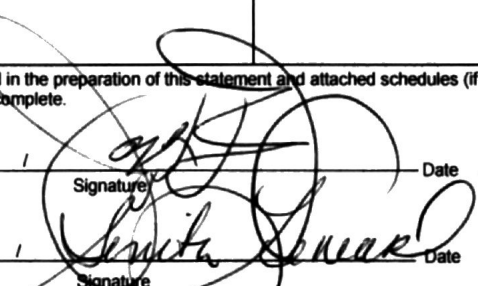
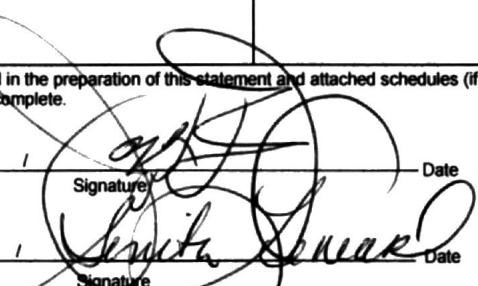
MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Kent County Clerk  
Elections Division

**CANDIDATE COMMITTEE  
COVER PAGE**

AUG 05 2014  
FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<b>1. Committee I.D. Number</b> 128875		<b>3. This Statement covers:</b> 09/01/13 to 07/20/14	
<b>2. Committee Name</b> Committee to Elect Senita Lenear II		<b>4. Candidate Last Name</b> Lenear <b>First Name</b> Senita <b>M.I.</b> R <b>4a. Office Sought Including District # or Community Served (If applicable)</b> Third Ward City Commissioner <b>4b. County of Residence</b> KENT	
<b>5. Committee's Mailing Address</b> PO Box 68582 Grand Rapids, MI 49516 (1408 Madison Ave. SE Ste C, 49507)  Area Code and Phone (616) 514-8667 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.		<b>6. Treasurer's Name &amp; Residential Address</b> Joseph Jones 2528 Orchard View Dr. NE Grand Rapids, MI 49505  Area Code & Phone (616) 551-5088	
<b>7. Treasurer's Business Address</b>  Area Code and Phone		<b>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</b>  Area Code and Phone	
<b>9. TYPE OF STATEMENT</b> 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus		<b>9. Dissolution of Candidate Committee</b> <input type="checkbox"/> By tee to the discharged and forgiven and no longer the committee.  Effective date of dissolution  Note: The disposition of residual funds must be reported on 1B and the Summary Page.	
<b>10. Verification:</b> RWe 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 <b>Joseph Jones</b> Type or Print Name		Signature  Date 7/25/14	
Candidate <b>Senita Lenear</b> Type or Print Name		Signature  Date 7/25/14	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 128875

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee To Elect Senita Lenear

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,975.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$4,975.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$4,975.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$4,485.40</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$4,485.40</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
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.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$4,217.12</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$4,975.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$4,975.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$4,485.40</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$489.60</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 128875  
2. Committee Name Committee To Elect Senita Lenear

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Lake Michigan Credit Union</u> Address <u>PO Box 2848</u> <u>Grand Rapids, MI 49501</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>bank fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/13</u> Date	<u>\$ 60.00</u> Click Here for Memo Itemization Type
<b>Expenditure #2</b> Name <u>JD Consulting</u> Address <u>5721 Division S. Ste. B</u> <u>Grand Rapids, MI 49548</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Robot Calls</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/04/13</u> Date	<u>\$ 400.00</u> Click Here for Memo Itemization Type
<b>Expenditure #3</b> Name <u>Bright Format</u> Address <u>5300 Corporate Grove SE Ste 200</u> <u>Grand Rapids, MI 49512</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/04/13</u> Date	<u>\$ 537.32</u> Click Here for Memo Itemization Type
<b>Expenditure #4</b> Name <u>Media 3 Design</u> Address <u>2564 Nicholas Dr.</u> <u>Dorr, MI 49323</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>graphics work balance</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/13</u> Date	<u>\$ 5.00</u> Click Here for Memo Itemization Type
<b>Expenditure #5</b> Name <u>Got Faith Cancer Walk</u> Address <u>gotfaith5kwalk.org</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>registration</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/13</u> Date	<u>\$ 25.00</u> Click Here for Memo Itemization Type

Subtotal this page

**\$1,027.32**

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

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 128875  
2. Committee Name Committee To Elect Senita Lenear

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Senita Lenear</u> Address <u>1330 Rosewood Ave. SE</u> <u>Grand Rapids, MI 49506</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>reimbursements</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/30/14</u> Date	<u>\$ 3000.00</u>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/30/14</u> Date	<u>\$ 458.08</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$3,458.08**

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

**\$4485.40**

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 128875  
2. Committee Name Committee To Elect Senita Lenear II

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 09/25/14

Name & Address:

Charles Secchia  
49 Monroe Center  
Grand Rapids, MI 49503

\$ 500.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address 49 Monroe Center NW Grand Rapids, MI 49503

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/25/14

Name & Address:

Stephen Van Andel  
PO Box 74  
Ada, MI 49301

\$ 500.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer Amway

[Click Here for Memo Itemization](#)

Business Address 7575 Fulton Street E. Ada, MI 49355

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 09/25/14

Name & Address:

Steven Heacock  
2560 Pebblebrook Dr. SE  
Grand Rapids, MI 49546

\$ 400.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer Spectrum Health

[Click Here for Memo Itemization](#)

Business Address 221 Michigan St. NE Grand Rapids, MI 49503

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 09/25/14

Name & Address:

Currie Holdings, LLC  
9000 Byron Commerce Dr. SW  
Byron Center, MI 49315

\$ 200.00

\$ \_\_\_\_\_

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

Page Subtotal \$1,600.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 128875  
2. Committee Name Committee To Elect Senita Lenear II

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 12/27/14  
Name & Address:

Ryan DeVos  
126 Ottawa Ave. NW Ste 500  
Grand Rapids, MI 49503

\$ 150.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address DeVos 126 Ottawa Ave. NW Ste 500 Grand Rapids, MI 49503

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 12/27/14  
Name & Address:

Doug & Maria DeVos  
126 Ottawa Ave. NW Ste 500  
Grand Rapids, MI 49503

\$ 300.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer Amway

Business Address 7575 Fulton Street E. Ada, MI 49355

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

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 12/27/14  
Name & Address:

Daniel & Pamela DeVos  
126 Ottawa Ave. NW Ste 500  
Grand Rapids, MI 49503

\$ 300.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address DeVos 126 Ottawa Ave. NW Ste 500 Grand Rapids, MI 49503

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

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 12/27/14  
Name & Address:

Elissa & Nate Lowery  
126 Ottawa Ave. NW Ste 500  
Grand Rapids, MI 49503

\$ 300.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address DeVos 126 Ottawa Ave. NW Ste 500 Grand Rapids, MI 49503

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

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Page Subtotal \$1,050.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 128875  
2. Committee Name Committee To Elect Senita Lenear II

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 12/27/14  
Name & Address:

Richard & Helen DeVos  
126 Ottawa Ave. NW Ste 500  
Grand Rapids, MI 49503

\$ 300.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address DeVos 126 Ottawa Ave. NW Ste 500 Grand Rapids, MI 49503

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 12/27/14  
Name & Address:

Richard & Elisabeth DeVos, Jr.  
126 Ottawa Ave. NW Ste 500  
Grand Rapids, MI 49503

\$ 300.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address DeVos 126 Ottawa Ave. NW Ste 500 Grand Rapids, MI 49503

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

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 12/27/14  
Name & Address:

Rick & Melissa DeVos  
126 Ottawa Ave. NW Ste 500  
Grand Rapids, MI 49503

\$ 300.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address DeVos 126 Ottawa Ave. NW Ste 500 Grand Rapids, MI 49503

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

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 12/27/14  
Name & Address:

Michael & Andrea Abraham  
126 Ottawa Ave. NW Ste 500  
Grand Rapids, MI 49503

\$ 300.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address DeVos 126 Ottawa Ave. NW Ste 500 Grand Rapids, MI 49503

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

[Click Here for Memo Itemization](#)

Page Subtotal \$1,200.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 128875  
2. Committee Name Committee To Elect Senita Lenear II

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 12/27/14  
Name & Address:

Cheri DeVos VanderWeide  
126 Ottawa Ave. NW Ste 500  
Grand Rapids, MI 49503

\$ 150.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address DeVos 126 Ottawa Ave. NW Ste 500 Grand Rapids, MI 49503

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 12/27/14  
Name & Address:

Micaela DeVos  
126 Ottawa Ave. NW Ste 500  
Grand Rapids, MI 49503

\$ 150.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address DeVos 126 Ottawa Ave. NW Ste 500 Grand Rapids, MI 49503

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

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 12/27/14  
Name & Address:

Dalton DeVos  
126 Ottawa Ave. NW Ste 500  
Grand Rapids, MI 49503

\$ 150.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address DeVos 126 Ottawa Ave. NW Ste 500 Grand Rapids, MI 49503

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

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 12/27/14  
Name & Address:

Monreau DeVos  
126 Ottawa Ave. NW Ste 500  
Grand Rapids, MI 49503

\$ 150.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address DeVos 126 Ottawa Ave. NW Ste 500 Grand Rapids, MI 49503

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

[Click Here for Memo Itemization](#)

Page Subtotal \$600.00

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

Enter this total on  
line 3a of Summary  
Page.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 128875  
2. Committee Name Committee To Elect Senita Lenear II

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 12/27/13  
Name & Address:

Blue Cross Blue Shield of Michigan  
232 S. Capitol Ave. MC L104  
Lansing, MI 48933

\$ 500.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

3. Contribution # 2 PAC Receipt? ☐ YES 4. Date of Receipt 09/26/13  
Name & Address:

Renee Williams  
4234 Stonebridge Dr SW Apt. 5  
Wyoming, MI 49519

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

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

[Click Here for Memo Itemization](#)

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

[Click Here for Memo Itemization](#)

Page Subtotal \$525.00

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

4975.00

Enter this total on  
line 3a of Summary  
Page.