



FILED

28 OCT 2022 PM 01:57

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.

<p>1. Committee I.D. Number 2021040</p> <p>2. Committee Name COMMITTEE TO ELECT LISA KNIGHT</p> <p>5. Committee's Mailing Address 3260 CHENEY AVE NE GRAND RAPIDS, MI 49525</p> <p>Area Code and Phone (616) 893-5968 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.</p> <p>7. Treasurer's Business Address 3260 CHENEY AVE NE GRAND RAPIDS, MI 49525</p> <p>Area Code and Phone (616) 890-3937</p>		<p>3. This Statement covers From: 01/01/2022 to 10/23/2022</p> <p>4. Candidate Last Name KNIGHT First Name LISA M.I. M</p> <p>4a. Office Sought Including District # or Community Served (If applicable) CITY COMMISSIONER, WARD 2, GRAND RAPIDS</p> <p>4b. County of Residence KENT COUNTY</p> <p>6. Treasurer's Name & Residential Address ANGIE HANKS 3260 CHENEY AVE NE GRAND RAPIDS, MI 49525</p> <p>Area Code & Phone (616) 890-3937</p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone () -</p>			
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus 11/08/2022</p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement () Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>		<p>9e. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> 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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>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.</p>					
<p>Current Treasurer or Designated Record keeper</p> <p>_____ Type or Print Name</p>		<p>Submitted electronically, signature on file</p> <p>_____ Signature</p>		<p>Date 10/28/2022</p>	
<p>Candidate</p> <p>_____ Type or Print Name</p>		<p>Submitted electronically, signature on file</p> <p>_____ Signature</p>		<p>Date 10/28/2022</p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2021040

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>10,061.07</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>10,061.07</u>	(18.) \$ <u>10,061.07</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>90.00</u>	(19.) \$ <u>90.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>10,151.07</u>	(20.) \$ <u>10,151.07</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</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>10,847.65</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>10,847.65</u>	(23.) \$ <u>10,847.65</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>350.00</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>2,180.05</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>10,151.07</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>12,331.12</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>10,847.65</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,483.47</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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? <input type="checkbox"/> YES	4. Date of Receipt <u>01/08/2022</u>	
Name & Address: MONICA SPARKS 4764 WOLF RUN AVE SE KENTWOOD, MI 49548		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>URBAN SPARKS</u> Business Address <u>2180 44TH ST SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/11/2022</u>	
Name & Address: EMILY SCHICHTEL 3523 BRIGGS BLVD NE GRAND RAPIDS, MI 49525		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/11/2022</u>	
Name & Address: KATIE BAKER 63 S MONROE ST NE ROCKFORD, MI 49341		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/11/2022</u>	
Name & Address: KATHY NEWTON 721 WINCHELL ST SE GRAND RAPIDS, MI 49507		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **175.00**

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 2021040
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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? <input type="checkbox"/> YES	4. Date of Receipt <u>01/17/2022</u>	
Name & Address: JULIE PARKS 1497 FERNDAL AVE SW GRAND RAPIDS, MI 49534		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>GRAND RAPIDS COMMUNITY COLLEGE</u> Business Address <u>143 BOSTWICK AVE NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/17/2022</u>	
Name & Address: DEB CLELAND 2252 MONROE AVE NW GRAND RAPIDS, MI 49505		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/17/2022</u>	
Name & Address: ANGELYN ROYCE 185 MARYLAND AVE NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SECRETARY</u> Employer <u>ADVENTURE MUSIC</u> Business Address <u>185 MARYLAND AVE NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/18/2022</u>	
Name & Address: TODD AVERY 2078 FERNWOOD DR GEORGETOWN TWP, MI 49428		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 725.00

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

Enter this total on
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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? <input type="checkbox"/> YES	4. Date of Receipt <u>01/18/2022</u>	
Name & Address: ADAM VANDREUMEL 10115 BOUNDARY POINT ST LAS VEGAS, NV 89178		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/19/2022</u>	
Name & Address: LYNN BROWN-TEPPER 5665 JUANITA DR SE KENTWOOD, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE & ARTISTIC DIRECTOR</u> Employer <u>COMMUNITY CIRCLE THEATRE</u> Business Address <u>1703 ROBINSON RD SE, EAST GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/19/2022</u>	
Name & Address: BRENDA MOORE 3722 EDINGTON LN SE GRAND RAPIDS, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>URBAN LEAGUE OF WEST MICHIGAN</u> Business Address <u>745 EASTERN AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/20/2022</u>	
Name & Address: BLYTHE KAZMIERCZAK 3169 THORNCREST DR SE GRAND RAPIDS, MI 49546		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>BLYTHETALENT</u> Business Address <u>ONLINE,</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 710.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/25/2022</u>	
Name & Address: JOHN VANELST 8347 FAIRWOOD DR GEORGETOWN TWP, MI 49428		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/30/2022</u>	
Name & Address: DEBORAH CLANTON 3135 E GATEHOUSE DR SE GRAND RAPIDS, MI 49546		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/15/2022</u>	
Name & Address: DEBRA HINES 9662 SCOTSMOOR CT CALEDONIA, MI 49316		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/11/2022</u>	
Name & Address: SUE MERRELL 2871 PORTER ST SW GRANDVILLE, MI 49418		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FREELANCE WRITER</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 300.00

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/11/2022</u>	
Name & Address: MALIQUE GREAR 3849 KENTRIDGE DR SE GRAND RAPIDS, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>POSITIVE IMPACT FOR LIFE</u> Business Address <u>6026 KALAMAZOO AVE SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/14/2022</u>	
Name & Address: RHAE-ANN BOOKER 3845 WILTON DR SE GRAND RAPIDS, MI 49508		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP OF EQUITY, DIVERSITY AND INCLUSION</u> Employer <u>UNIVERSITY OF MICHIGAN HEALTH-WEST</u> Business Address <u>5900 BYRON CENTER AVE SW, WYOMING, MI 49519</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/25/2022</u>	
Name & Address: LISA KNIGHT 3260 CHENEY AVE NE GRAND RAPIDS, MI 49525		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>GIRLS CHORAL ACADEMY</u> Business Address <u>2920 FULLER AVE NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/25/2022</u>	
Name & Address: VALISSA ARMSTEAD 5925 KIVERTON RIDGE DR SE KENTWOOD, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF DIVERSITY, EQUITY & INCLUSION</u> Employer <u>SPECTRUM HEALTH</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **410.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/26/2022</u>	
Name & Address: RACHEL HOOD 28 GUILD ST NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MICHIGAN STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/26/2022</u>	
Name & Address: JANAY BROWER 1405 BUCHANAN AVE SW GRAND RAPIDS, MI 49507		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PUBLIC THREAD</u> Business Address <u>1460 KALAMAZOO AVE SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/30/2022</u>	
Name & Address: ROBERT UPTON 1407 LAUREL AVE SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/20/2022</u>	
Name & Address: RICHARD BULKOWSKI 1213 WATSON ST SW GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 700.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/20/2022</u>	
Name & Address: KAREY HAMRICK 3004 OAKWOOD DR SE EAST GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/24/2022</u>	
Name & Address: MELISSA ANDERSON 1581 LARAWAY LAKE DR SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/30/2022</u>	
Name & Address: SANDRA UPTON 1407 LAUREL AVE SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/09/2022</u>	
Name & Address: MARTA JOHNSON 1343 LOGAN ST SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **175.00**

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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? <input type="checkbox"/> YES 4. Date of Receipt <u>05/23/2022</u> Name & Address: DEBORAH PRYOR-BAYARD 4805 CURWOOD AVE SE KENTWOOD, MI 49508		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EDUCATION COORDINATOR</u> Employer <u>GRAND RAPIDS AFRICAN AMERICAN MUSEUM & ARCHIVES</u> Business Address <u>87 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/05/2022</u> Name & Address: SALLIE BACON 3056 WOODWARD AVE SW WYOMING, MI 49509		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/2022</u> Name & Address: STUART POLTROCK 6806 OLD 28TH ST SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SOUND POST STUDIOS</u> Business Address <u>6806 OLD 28TH ST SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/2022</u> Name & Address: SCOTT LANCASTER 55 IONIA AVE NW APT 1204 GRAND RAPIDS, MI 49503		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RADIOLOGIST</u> Employer <u>ADVANCED RADIOLOGY</u> Business Address <u>3264 EVERGREEN DR NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 525.00

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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? <input type="checkbox"/> YES	4. Date of Receipt <u>06/21/2022</u>	
Name & Address: JOSHUA USADEL 8238 WOODSTONE DR SE BYRON CENTER, MI 49315		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/21/2022</u>	
Name & Address: KATHERINE WILLIAMS 879 BEECHWOOD ST NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/07/2022</u>	
Name & Address: GRACI HARKEMA 55 OTTAWA AVE SW GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/08/2022</u>	
Name & Address: HILLARY SCHOLTEN 1027 BENJAMIN AVE SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR COUNSEL</u> Employer <u>MILLER JOHNSON</u> Business Address <u>45 OTTAWA AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 200.00

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 2021040
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/08/2022</u>	
Name & Address: STUART POLTROCK 6806 OLD 28TH ST SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SOUND POST STUDIOS</u> Business Address <u>6806 OLD 28TH ST SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/11/2022</u>	
Name & Address: ANDRE DIAZ 6500 BARNUM RD MIDDLEVILLE, MI 49333		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC IMPROVEMENT COORDINATOR</u> Employer <u>DTE ENERGY INC</u> Business Address <u>444 WEALTHY ST SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2022</u>	
Name & Address: STACIE SOTO 1638 HUTCHINSON AVE SE APT E GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANALYST</u> Employer <u>SPECTRUM HEALTH</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: TAMARA VANDENBERG 1450 MILTON ST SE GRAND RAPIDS, MI 49506		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO-OWNER</u> Employer <u>THE MEANWHILE BAR INC</u> Business Address <u>1005 WEALTHY ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

1,300.00

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: CAROLYN FERRARI 120 PROSPECT AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: JANAY BROWER 1405 BUCHANAN AVE SW GRAND RAPIDS, MI 49507		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PUBLIC THREAD</u> Business Address <u>1460 KALAMAZOO AVE SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: CASSANDRA KOBLER 862 MAYHEW WOOD DR SE GRAND RAPIDS, MI 49507		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: AMANDA STERLING 1419 MILTON ST SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 200.00

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

1. Committee I.D. Number 2021040
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: JOSHUA USADEL 8238 WOODSTONE DR SE BYRON CENTER, MI 49315		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: LYNN HEEMSTRA 13925 THOMPSON DR NE LOWELL, MI 49331		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: MEREDITH GREMEL PO BOX 417 BELMONT, MI 49306		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/2022</u>	
Name & Address: JD CHAPMAN JR 918 PRINCE ST SE GRAND RAPIDS, MI 49507		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 525.00

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 2021040
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/15/2022</u>	
Name & Address: KAREY HAMRICK 3004 OAKWOOD DR SE EAST GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/2022</u>	
Name & Address: STUART POLTROCK 6806 OLD 28TH ST SE GRAND RAPIDS, MI 49546		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SOUND POST STUDIOS</u> Business Address <u>6806 OLD 28TH ST SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/20/2022</u>	
Name & Address: DAN SCHOONMAKER 53 ALTEN AVE NE GRAND RAPIDS, MI 49503		\$ <u>23.79</u>	\$ <u>23.79</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>07/25/2022</u>	
Name & Address: EQUITY PAC 325 GLENHAVEN AVE NW GRAND RAPIDS, MI 49504		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,113.79**

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 2021040
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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? <input type="checkbox"/> YES	4. Date of Receipt <u>07/26/2022</u>	
Name & Address: TAMMY DUBAY 2257 HEATH RD HASTINGS, MI 49058		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/26/2022</u>	
Name & Address: BONNIE NAWARA 1801 TAHOE PINE DR SW WYOMING, MI 49519		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/26/2022</u>	
Name & Address: JORIM WHITLEY 3260 CHENEY AVE NE GRAND RAPIDS, MI 49525		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/26/2022</u>	
Name & Address: EVA SWITEK 509 CHESHIRE DR NE GRAND RAPIDS, MI 49505		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 90.00

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

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

1. Committee I.D. Number 2021040
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2022</u> Name & Address: BLYTHE KAZMIERCZAK 3169 THORNCREST DR SE GRAND RAPIDS, MI 49546		\$ <u>38.35</u>	\$ <u>38.35</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BLYTHE TALENT</u> Business Address <u>ONLINE,</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2022</u> Name & Address: NICHOLLE APPLEWHITE 3260 CHENEY AVE NE GRAND RAPIDS, MI 49525		\$ <u>18.93</u>	\$ <u>18.93</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/28/2022</u> Name & Address: JACQUELINE BRAYMAN 585 CARNOUSTIE AVE SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>NORTH END WELLNESS COALITION</u> Business Address <u>223 SPENCER ST NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/29/2022</u> Name & Address: SULARI WHITE 6386 CASCADE RD SE GRAND RAPIDS, MI 49546		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **182.28**

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
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/31/2022</u>	
Name & Address: DANIELLE WILLIAMS 2082 CRANBROOK DR NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF ECONOMIC OPPORTUNITIES</u> Employer <u>AMPLIFY GR</u> Business Address <u>1480 KALAMAZOO AVE SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/01/2022</u>	
Name & Address: GLORIA KOCH 314 LAWNDAL AVE NE GRAND RAPIDS, MI 49503		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/08/2022</u>	
Name & Address: HERB SEAMONS 139 LANGDON AVE NE GRAND RAPIDS, MI 49503		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/14/2022</u>	
Name & Address: BONNIE BURKE 643 SLIGH BLVD NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 300.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021040
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/16/2022</u>	
Name & Address: KYMIE SPRING 1118 DIAMOND AVE NE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2022</u>	
Name & Address: RICHARD LIVINGSTON 927 LEONARD ST NE GRAND RAPIDS, MI 49503		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SEMI RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/23/2022</u>	
Name & Address: SUSAN JONES 9550 RICHMOND RD BELDING, MI 48809		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/23/2022</u>	
Name & Address: JACQUELINE BRAYMAN 585 CARNOUSTIE AVE SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>NORTH END WELLNESS COALITION</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 300.00

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/23/2022</u>	
Name & Address: DANI SOTO 6017 TWIN OAKS DR LAINGSBURG, MI 48848		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/24/2022</u>	
Name & Address: BONNIE NAWARA 1801 TAHOE PINE DR SW WYOMING, MI 49519		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/24/2022</u>	
Name & Address: EVA SWITEK 509 CHESHIRE DR NE GRAND RAPIDS, MI 49505		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/24/2022</u>	
Name & Address: TRACI RICHMOND 630 LAFAYETTE AVE SE GRAND RAPIDS, MI 49503		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 270.00

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/24/2022</u>	
Name & Address: LYNN BROWN-TEPPER 5665 JUANITA DR SE KENTWOOD, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE & ARTISTIC DIRECTOR</u> Employer <u>COMMUNITY CIRCLE THEATRE</u> Business Address <u>1703 ROBINSON RD SE, EAST GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/27/2022</u>	
Name & Address: CHARSIE SAWYER 5933 MILL POINT CT SE KENTWOOD, MI 49512		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR EMERITUS</u> Employer <u>CALVIN UNIVERSITY</u> Business Address <u>3201 BURTON ST SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/28/2022</u>	
Name & Address: EUPHEMIA FRANKLIN 8070 WARREN BLVD CENTER LINE, MI 48015		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>SOUTH EASTERN MICHIGAN INDIANS INC</u> Business Address <u>26641 LAWRENCE AVE, CENTER LINE, MI 48015</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/29/2022</u>	
Name & Address: DEBORAH CLANTON 3135 E GATEHOUSE DR SE GRAND RAPIDS, MI 49546		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **310.00**

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/29/2022</u>	
Name & Address: GWENDOLYN WALLS 26 HIGHLAND ST SE GRAND RAPIDS, MI 49507		\$ <u>140.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/03/2022</u>	
Name & Address: JEFF WINSTON 1525 FORREST AVE NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/03/2022</u>	
Name & Address: ENID GADDIS 1113 LYON ST NE GRAND RAPIDS, MI 49503		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/03/2022</u>	
Name & Address: CASSANDRA KOBLER 862 MAYHEW WOOD DR SE GRAND RAPIDS, MI 49507		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 295.00

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 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2022</u>	
Name & Address: DEBRA PERRY 1342 BURTON ST SE GRAND RAPIDS, MI 49507		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2022</u>	
Name & Address: ANDREA BLUE 56 HARAS CT SW GRAND RAPIDS, MI 49548		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2022</u>	
Name & Address: DENISE EVANS 5984 EAST LYN HAVEN DR SE KENTWOOD, MI 49512		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2022</u>	
Name & Address: BRANDON HARRIS 4792 BURLINGAME AVE SW WYOMING, MI 49509		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 165.00

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

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

1. Committee I.D. Number 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2022</u>	
Name & Address: NICHOLLE APPLEWHITE 3260 CHENEY AVE NE GRAND RAPIDS, MI 49525		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2022</u>	
Name & Address: JOSHUA USADEL 8238 WOODSTONE DR SE BYRON CENTER, MI 49315		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/2022</u>	
Name & Address: ADAM WILLIAMS 537 SHIRLEY ST NE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/13/2022</u>	
Name & Address: MARK WEYMOUTH 4362 FOREST PARK DR SW WYOMING, MI 49519		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 90.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2022</u>	
Name & Address: BARBARA HAWKINS-PALMER HAPPY HOLLOW ST SW JAMESTOWN, MI 49418		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/17/2022</u>	
Name & Address: PEG TERKEURST 1730 SCOTT CREEK DR NE PLAINFIELD TWP, MI 49306		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT CURRENTLY EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2022</u>	
Name & Address: YOLANDA BROWN 59 BENJAMIN AVE SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/18/2022</u>	
Name & Address: EQUITY PAC 325 GLENHAVEN AVE NW GRAND RAPIDS, MI 49504		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 650.00

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

1. Committee I.D. Number 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/23/2022</u>	
Name & Address: CHRIS GUIS 3035 WATERFORD AVE NE GRAND RAPIDS, MI 49505		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGIONAL MANAGER</u> Employer <u>EP CONSTRUCTION STAFFING INC.</u> Business Address <u>LAKE EASTBROOK BLVD SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/23/2022</u>	
Name & Address: DAWN BAKER 2012 N TERRACE LN NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SHOW MANAGER</u> Employer <u>SHOWSPAN INC</u> Business Address <u>2121 CELEBRATION DR NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **350.00**

Grand Total of All Schedules 1A
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10,061.07

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line 3a of Summary
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**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 2021040

2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: ANONYMOUS	Date of Receipt <u>04/01/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/> Other (Specify) <u>CASH DONATION</u>	\$ <u>15.00</u>
Receipt #2 Name & Address: ANONYMOUS	Date of Receipt <u>08/08/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/> Other (Specify) <u>CASH DONATION</u>	\$ <u>15.00</u>
Receipt #3 Name & Address: ANONYMOUS	Date of Receipt <u>09/03/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/> Other (Specify) <u>CASH DONATION</u>	\$ <u>15.00</u>
Receipt #4 Name & Address: ANONYMOUS	Date of Receipt <u>09/03/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/> Other (Specify) <u>CASH DONATION</u>	\$ <u>10.00</u>
Receipt #5 Name & Address: ANONYMOUS	Date of Receipt <u>09/19/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/> Other (Specify) <u>CASH DONATION</u>	\$ <u>10.00</u>
Receipt #6 Name & Address: ANONYMOUS	Date of Receipt <u>09/24/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/> Other (Specify) <u>ANONYMOUS EVENT DONAT</u>	\$ <u>15.00</u>
Receipt #7 Name & Address: ANONYMOUS	Date of Receipt <u>09/24/2022</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/> Other (Specify) <u>ANONYMOUS EVENT DONAT</u>	\$ <u>10.00</u>

Page Subtotal **90.00**

Grand Total of All Schedules 1A -1
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90.00

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line 4 of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/03/2022</u> Date	\$ <u>145.32</u>
Expenditure #2 Name SWIFT PRINTING Address 404 BRIDGE ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/05/2022</u> Date	\$ <u>218.09</u>
Expenditure #3 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/11/2022</u> Date	\$ <u>21.04</u>
Expenditure #4 Name SHANNON COHEN Address 1418 COLORADO AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: <u>PERSONALIZED THANK YOU CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/20/2022</u> Date	\$ <u>275.60</u>
Expenditure #5 Name SENDINBLUE Address 1402 3RD AVE #301 SEATTLE, WA 98101 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE MARKETING AND NEWSLETTERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/20/2022</u> Date	\$ <u>25.00</u>

Subtotal this page

685.05

Grand Total of all Schedules 1B
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on line 8a of
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 14 ARROW ST CAMBRIDGE, MA 02138 <input type="checkbox"/> Fund Raiser	Purpose: <u>VAN APP ACCESS FOR CANVASSING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/25/2022</u> Date	\$ <u>150.00</u>
Expenditure #2 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING OPTIONS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/03/2022</u> Date	\$ <u>56.68</u>
Expenditure #3 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/09/2022</u> Date	\$ <u>23.14</u>
Expenditure #4 Name SENDINBLUE Address 1402 3RD AVE #301 SEATTLE, WA 98101 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE MARKETING AND NEWSLETTERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/22/2022</u> Date	\$ <u>25.00</u>
Expenditure #5 Name STORR PRINTING Address 938 CHERRY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/27/2022</u> Date	\$ <u>61.85</u>

Subtotal this page

316.67

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KENT COUNTY Address 300 MONROE AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: <u>KENT COUNTY FILING FEE(S)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/02/2022</u> Date	\$ <u>150.00</u>
Expenditure #2 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/03/2022</u> Date	\$ <u>4.58</u>
Expenditure #3 Name SEWINGSEEDS Address ONLINE PURCHASE GRAND RAPIDS, <input type="checkbox"/> Fund Raiser	Purpose: <u>VOLUNTEER AND CAMPAIGN TSHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/07/2022</u> Date	\$ <u>450.50</u>
Expenditure #4 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/09/2022</u> Date	\$ <u>12.65</u>
Expenditure #5 Name SENDINBLUE Address 1402 3RD AVE #301 SEATTLE, WA 98101 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE MARKETING AND NEWSLETTERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/21/2022</u> Date	\$ <u>25.00</u>

Subtotal this page

642.73

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 **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/04/2022</u> Date	\$ <u>41.40</u>
Expenditure #2 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/07/2022</u> Date	\$ <u>24.25</u>
Expenditure #3 Name SENDINBLUE Address 1402 3RD AVE #301 SEATTLE, WA 98101 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE MARKETING AND NEWSLETTERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/2022</u> Date	\$ <u>25.00</u>
Expenditure #4 Name WOO COMMERCE Address 60 29TH ST #343 SF, CA 94110 <input type="checkbox"/> Fund Raiser	Purpose: <u>RECURRING ONLINE DONATION FUNCTION FOR WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/2022</u> Date	\$ <u>199.00</u>
Expenditure #5 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/2022</u> Date	\$ <u>5.55</u>

Subtotal this page **295.20**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2022</u> Date	\$ <u>19.00</u>
Expenditure #2 Name STORR PRINTING Address 938 CHERRY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/18/2022</u> Date	\$ <u>104.60</u>
Expenditure #3 Name SENDINBLUE Address 1402 3RD AVE #301 SEATTLE, WA 98101 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE MARKETING AND NEWSLETTERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/20/2022</u> Date	\$ <u>25.00</u>
Expenditure #4 Name STORR PRINTING Address 938 CHERRY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/25/2022</u> Date	\$ <u>58.72</u>
Expenditure #5 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2022</u> Date	\$ <u>6.33</u>

Subtotal this page

213.65

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

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HANDICAP SIGN INC Address 1142 WEALTHY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS AND PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/07/2022</u> Date	\$ <u>1,362.63</u>
Expenditure #2 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/10/2022</u> Date	\$ <u>17.95</u>
Expenditure #3 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>FACEBOOK PAID ADVERTISEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/2022</u> Date	\$ <u>12.51</u>
Expenditure #4 Name HANDICAP SIGN INC Address 1142 WEALTHY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGN STANDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/2022</u> Date	\$ <u>197.16</u>
Expenditure #5 Name SENDINBLUE Address 1402 3RD AVE #301 SEATTLE, WA 98101 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE MARKETING AND NEWSLETTERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/21/2022</u> Date	\$ <u>25.00</u>

Subtotal this page **1,615.25**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/2022</u> Date	\$ <u>22.80</u>
Expenditure #2 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>FACEBOOK PAID ADVERTISEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2022</u> Date	\$ <u>64.56</u>
Expenditure #3 Name SENDINBLUE Address 1402 3RD AVE #301 SEATTLE, WA 98101 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE MARKETING AND NEWSLETTERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/2022</u> Date	\$ <u>25.00</u>
Expenditure #4 Name CELEBRATION CINEMA Address 2121 CELEBRATION DR NE GRAND RAPIDS, MI 49525 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>MOVIE SCREENING EVENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/28/2022</u> Date	\$ <u>220.00</u>
Expenditure #5 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/03/2022</u> Date	\$ <u>75.03</u>

Subtotal this page

407.39

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 **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/2022</u> Date	\$ <u>33.69</u>
Expenditure #2 Name STORR PRINTING Address 938 CHERRY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/2022</u> Date	\$ <u>78.61</u>
Expenditure #3 Name SENDINBLUE Address 1402 3RD AVE #301 SEATTLE, WA 98101 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE MARKETING AND NEWSLETTERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/2022</u> Date	\$ <u>25.00</u>
Expenditure #4 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/2022</u> Date	\$ <u>2.73</u>
Expenditure #5 Name EVENTBRITE Address 155 5TH ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>EVENT TICKET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/07/2022</u> Date	\$ <u>150.00</u>

Subtotal this page

290.03

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

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/09/2022</u> Date	\$ <u>16.90</u>
Expenditure #2 Name SENDINBLUE Address 1402 3RD AVE #301 SEATTLE, WA 98101 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE MARKETING AND NEWSLETTERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/20/2022</u> Date	\$ <u>25.00</u>
Expenditure #3 Name CRESTON NEIGHBORHOOD ASSOCIATION Address 205 CARRIER ST NE GRAND RAPIDS, MI 49505 <input type="checkbox"/> Fund Raiser	Purpose: <u>ARTBASH EVENT COMMUNITY SPONSORSHIP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/21/2022</u> Date	\$ <u>300.00</u>
Expenditure #4 Name SAM'S CLUB Address 3901 ALPINE AVE NW COMSTOCK PARK, MI 49321 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD FOR FUNDRAISER EVENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/2022</u> Date	\$ <u>47.88</u>
Expenditure #5 Name STORR PRINTING Address 938 CHERRY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/2022</u> Date	\$ <u>2,575.10</u>

Subtotal this page **2,964.88**

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

Enter this total
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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAM'S CLUB Address 3901 ALPINE AVE NW COMSTOCK PARK, MI 49321 <input type="checkbox"/> Fund Raiser	Purpose: <u>WATERS FOR VOLUNTEERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/26/2022</u> Date	\$ <u>15.98</u>
Expenditure #2 Name MEIJER Address 3757 PLAINFIELD AVE NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser	Purpose: <u>VOLUNTEER NAMETAGS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/26/2022</u> Date	\$ <u>11.15</u>
Expenditure #3 Name FOUR BROTHERS PARTY STORE Address 1975 MADISON AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD FOR VOLUNTEERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/26/2022</u> Date	\$ <u>59.27</u>
Expenditure #4 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2022</u> Date	\$ <u>15.13</u>
Expenditure #5 Name CLOVER APP Address 1455 MARKET ST SF, CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/2022</u> Date	\$ <u>22.15</u>

Subtotal this page

123.68

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CELEBRATION CINEMA Address 2121 CELEBRATION DR NE GRAND RAPIDS, MI 49525 <input checked="" type="checkbox"/> Fund Raiser	Purpose: MOVIE FUNDRAISER EVENT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/2022 Date	\$ 340.00
Expenditure #2 Name STORR PRINTING Address 938 CHERRY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: MAILERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/2022 Date	\$ 2,928.12
Expenditure #3 Name SENDINBLUE Address 1402 3RD AVE #301 SEATTLE, WA 98101 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE MARKETING AND NEWSLETTERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/2022 Date	\$ 25.00
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 Click Here for Memo Itemization Type	_____ 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 Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **3,293.12**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **10,847.65**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2021040
2. Committee Name COMMITTEE TO ELECT LISA KNIGHT

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: LISA KNIGHT 3260 CHENEY AVE NE GRAND RAPIDS, MI 49525	4. Type: <u>MONETARY FOR PURCHASE REIM</u> 5. <u>Date Debt Was Incurred:</u> <u>09/24/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 350.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>350.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

350.00

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

350.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 03/26/2022	4. Number of Individuals Attending or Participating (whichever is greater) 15	5. Type of Fund Raising Activity READING MONTH EVENT	6. Address and Name (If any) of the place where the activity was held. BOOKS & MORTAR 966 CHERRY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Private Residence
---	---	--	---

7. Total Contributions **600.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **600.00**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 04/19/2022	4. Number of Individuals Attending or Participating (whichever is greater) 10	5. Type of Fund Raising Activity MEET AND GREET EVENT	6. Address and Name (If any) of the place where the activity was held. CITY BUILT BREWING 820 MONROE AVE NW #155 GRAND RAPIDS, MI 49503 <input type="checkbox"/> Private Residence
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7. Total Contributions **0.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **0.00**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/14/2022	4. Number of Individuals Attending or Participating (whichever is greater) 45	5. Type of Fund Raising Activity CELEBRATE SMALL BUSINESS EVENT	6. Address and Name (If any) of the place where the activity was held. THE MEANWHILE BAR, INC. 1005 WEALTHY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Private Residence
---	---	--	---

7. Total Contributions **2,000.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **2,000.00**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/26/2022	4. Number of Individuals Attending or Participating (whichever is greater) 30	5. Type of Fund Raising Activity MOVIE THEATER FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. CELEBRATION CINEMA 2121 CELEBRATION DR NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Private Residence
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7. Total Contributions **386.07**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **386.07**
10. Total Cost of Event **220.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/24/2022	4. Number of Individuals Attending or Participating (whichever is greater) 35	5. Type of Fund Raising Activity BACKYARD BASH EVENT	6. Address and Name (If any) of the place where the activity was held. PRIVATE RESIDENCE 3260 CHENEY AVE NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Private Residence
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7. Total Contributions **395.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **395.00**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2021040**
2. Committee Name **COMMITTEE TO ELECT LISA KNIGHT**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/04/2022	4. Number of Individuals Attending or Participating (whichever is greater) 35	5. Type of Fund Raising Activity MOVIE THEATER EVENT	6. Address and Name (If any) of the place where the activity was held. CELEBRATION CINEMA 2121 CELEBRATION DR NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Private Residence
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7. Total Contributions **675.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **675.00**
10. Total Cost of Event **340.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.