



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 129360		3. This Statement covers From: <u>08/27/19</u> to <u>10/20/19</u>	
2. Committee Name CTE Wendy V Falb		4. Candidate Last Name Falb First Name Wendy M.I. V 4a. Office Sought Including District # or Community Served (If applicable) Grand Rapids City Commission, 2nd Ward <input checked="" type="checkbox"/> 4b. County of Residence KENT <input checked="" type="checkbox"/>	
5. Committee's Mailing Address CTE WVF 350 Cherry St. SE Grand Rapids, MI 49503 Area Code and Phone <u>(616) 818-8873</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address Wendy Falb 350 Cherry St. SE Grand Rapids, MI 49503 Area Code & Phone <u>(616) 818-8873</u>	
7. Treasurer's Business Address Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11/05/19</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <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. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Wendy V Falb Type or Print Name		Signature <u>Wendy V Falb</u> Date <u>10/24/19</u>	
Candidate Wendy V Falb Type or Print Name		Signature <u>Wendy V Falb</u> Date <u>10/24/19</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 129360

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Wendy V Falb

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>27,362.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$27,362.00</u>	(18.) \$ <u>\$68,907.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u></u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$27,362.00</u>	(20.) \$ <u>\$68,907.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$601.11</u>	(21.) \$ <u>\$3,342.81</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>\$27,291.66</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$27,291.66</u>	(23.) \$ <u>\$67,966.04</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u></u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$7,600.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$871.12</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$27,362.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$28,233.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$27,291.66</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$942.00</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129360
2. Committee Name CTE Wendy V Falb

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>09/14/20</u>	
Name & Address: Josh Rowhorst 363 Crescent NE Grand Rapids, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/14/20</u>	
Name & Address: Laurie Zarzecki Emelander 1089 Meadowlane SE Kentwood, MI 49508		\$ <u>100.00</u>	\$ <u>430.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Finance Director</u> Employer <u>Literacy Center of WM</u> Business Address <u>1120 Monroe NE Grand Rapids, 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/18/20</u>	
Name & Address: Grand Rapids Police Officers Association PAC 2300 Byron Shores Dr.SW Byron Center, MI 49315		\$ <u>5000.00</u>	\$ <u>10000.00</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/05/20</u>	
Name & Address: Jaclynn Tellier 9886 Peaceful Pines Drive Zeeland, MI 49464		\$ <u>100.00</u>	\$ <u>150.00</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 5300.00

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 129360

2. Committee Name Wendy V Falb

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1

PAC Receipt? ☐ YES

4. Date of Receipt 09/09/20

Name & Address:

Jeff Winston
1525 Forrest Ave. NE
Grand Rapids, MI 49505

\$ 100.00

\$ 200.00

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

Occupation Organizer Employer Michigan Democratic Party

[Click Here for Memo Itemization](#)

Business Address 606 Townsend St. Lansing, MI 48933

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

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt 09/26/20

Name & Address

Paul Moore
217 Hampton Ave. SE
Grand Rapids, MI 49506

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution # 3

PAC Receipt? ☐ YES

4. Date of Receipt 09/28/20

Name & Address:

John D. Brann
7779 Timber Canyon Drive, SE
Ada, MI 49301

\$ 1000.00

\$ 1000.00

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

Occupation Owner Employer Brann's Resturant

[Click Here for Memo Itemization](#)

Business Address 401 Leonard St. NW Grand Rapids, MI 49504

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

3. Contribution # 4

PAC Receipt? ☐ YES

4. Date of Receipt 09/26/20

Name & Address

Michael Dorney
111 Lafayette, Ave.
Grand Rapids, MI 49503

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

Page Subtotal

\$ 1,300.00

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 129360
2. Committee Name CTE Wendy V. Falb

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>10/10/19</u> Name & Address: <u>Scott Bowen</u> <u>2235 Shawnee Drive SE</u> <u>Grand Rapids, MI 49506</u>		\$ <u>500</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>WinMatt Group</u> Business Address <u>107 N Washington</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/30/10</u> Name & Address: <u>Grand Rapids Fire Fighters Union</u> <u>1930 Fuller Ave NE</u> <u>Grand Rapids, MI 49505</u>		\$ <u>1500</u>	\$ <u>4500</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/10/19</u> Name & Address: <u>Hoort Nikki</u> <u>2062 Anderson Drive SE</u> <u>Grand Rapids, MI 49506</u>		\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/10/19</u> Name & Address: <u>Robert Israels</u> <u>1311 Alger St. SE</u> <u>Grand Rapids, MI 49507</u>		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Elder's Helpers</u> Business Address <u>500 Cherry St., Grand Rapids MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$2,200.00

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 129360
2. Committee Name CTE Wendy V Falb

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address:

Rick Adamy
50 Louis St. NE STE 450
Grand Rapids, MI 49503

\$ 100

\$ 200

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

Occupation Director Employer Adamy Valuation

[Click Here for Memo Itemization](#)

Business Address 50 Louis St. NE STE 450, Grand Rapids, MI 49503

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address

Tom Appel
7327 Davies Drive NE
Rockford, MI 49431

\$ 50

\$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address:

Paula Brown
3826 Kirkshire Dr. SE
Grand Rapids, MI 49508

\$ 100

\$ 175

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

Occupation Director Employer Great Start Collaborative

[Click Here for Memo Itemization](#)

Business Address 118 Commerce Ave SE, Grand Rapids 49503

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address

Robert Connors
71 Lafayette NE
Grand Rapids, MI 49503

\$ 200

\$ 350

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

Occupation President Employer Helen DeVos Children's Hospital

[Click Here for Memo Itemization](#)

Business Address 100 Michigan St. NE Grand Rapids MI 49503

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

Page Subtotal \$450.00

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 129360

2. Committee Name CTE Wendy V Falb

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address:

Steven De Polo
942 Fairmount St SE
Grand Rapids, MI 49506

\$ 20

\$ 20

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address

Dennis DeLano-Taylor
2153 Wealthy St. STE 332
Grand Rapids MI 49506

\$ 100

\$ 300

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

Occupation VP Sales Employer Cigna

Business Address 900 Cottage Grove Road, Bloomfield, CT 06002

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

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address:

Brandon Dillon
1455 Ball Ave. NE
Grand Rapids, MI 49505

\$ 500

\$ 600

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

Occupation partner Employer WinMatt Group

Business Address 107 N. Washington Square, Lansing MI 48933

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

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address

Jason Duncan
1741 Lyon Street NE
Grand Rapids, MI 49503

\$ 50

\$ 100

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

Page Subtotal \$670.00

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 129360
2. Committee Name CTE Wendy V Falb

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>10/01/19</u> Name & Address: <u>Jan Earl</u> <u>525 Morris SE</u> <u>Grand Rapids, MI 49503</u>		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Exec Director</u> Employer <u>Heritage Hill Association</u> Business Address <u>126 College Ave, Grand Rapids 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/19</u> Name & Address: <u>Judy Freeman</u> <u>425 Cambridge Blvd. SE</u> <u>Grand Rapids, MI 49506</u>		\$ <u>200</u>	\$ <u>375</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Education Consultant</u> Employer <u>Self-employed</u> Business Address <u>425 Cambridge Blvd. SE Grand Rapids 49506</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/19</u> Name & Address: <u>Dave Green</u> <u>60 Lafayette SE</u> <u>Grand Rapids, MI 49503</u>		\$ <u>200</u>	\$ <u>400</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Sandford House</u> Business Address <u>74 Lafayette SE Grand Rapids MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/19</u> Name & Address: <u>George Heartwell</u> <u>8928 S. Parson</u> <u>Newaygo, MI 49337</u>		\$ <u>200</u>	\$ <u>600</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		Click Here for Memo Itemization	

Page Subtotal **\$700.00**

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 129360
2. Committee Name CTE Wendy V Falb

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>10/01/19</u> Name & Address: Carolyn Heines 1428 Byron SE Grand Rapids, MI 49506		\$ <u>25</u>	\$ <u>75</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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/12/19</u> Name & Address: John Hunting 60 Monroe Center 6A Grand Rapids, MI 49503		\$ <u>500</u>	\$ <u>750</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/19</u> Name & Address: John Kershek 218 College Ave SE Grand Rapids, MI 49503		\$ <u>100</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>supply chain</u> Employer <u>GE Aviation</u> Business Address <u>3290 Patterson Ave. SE Grand Rapids, 49512</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/19</u> Name & Address: Anne Kreselewski 1424 Edith Ave. NE Grand Rapids, MI 49505		\$ <u>100</u>	\$ <u>150</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		Click Here for Memo Itemization	

Page Subtotal **\$725.00**

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 129360

2. Committee Name Wendy V Falb

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address:

Thomas Logan
222 Prospect SE
Grand Rapids, MI 49503

\$ 100

\$ 225

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

Occupation retured Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address

Kevin McCurren
245 Madison Ave SE
Grand Rapids, MI 49503

\$ 100

\$ 400

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

Occupation Manager Employer MSU

[Click Here for Memo Itemization](#)

Business Address 325 East Grand River, E. Lansing MI 48823

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address:

Faite Mack
466 Fountain St. NE
Grand Rapids, MI 49503

\$ 150

\$ 275

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

Occupation retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address

Georgina Paul
721 Cambridge Blvd
E. Grand Rapids, MI 49506

\$ 100

\$ 100

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

Page Subtotal

\$450.00

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

1. Committee I.D. Number 129360
2. Committee Name CTE Wendy V Falb

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>10/01/19</u> Name & Address: Tom Robinson 155 Campau Circle NW Grand Rapids, MI 49503		\$ <u>100</u>	\$ <u>350</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>engineer</u> Employer <u>GHSP</u> Business Address <u>1250 S. Beechtree St.</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/19</u> Name & Address: Zoraida Sanchez 1771 52nd SE Kentwood, MI 49508		\$ <u>50</u>	\$ <u>50</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/19</u> Name & Address: Bill Saxton 1637 Pontiac Rd SE E. Grand Rapids, MI 49506		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Software dev</u> Employer <u>Self-employed</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/19</u> Name & Address: William Starkey 40 Monroe Center NW Apt. 306 Grand Rapids, MI 49503		\$ <u>100</u>	\$ <u>100</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$350.00**

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 129360
2. Committee Name CTE Wendy V Falb

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address:

Maria Starkey
40 Monroe Center NW Apt 306

\$ 50

\$ 50

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address

David Swets
326 Madison SE
Grand Rapids, MI 49503

\$ 100

\$ 200

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

Occupation retired Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address:

Doug Thompson
715 Cambridge SE
Grand Rapids, MI 49506

\$ 100

\$ 600

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

Occupation retired Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/19

Name & Address

Laurie Zarzecki Emelander
1089 Meadowlane SE
Kentwood, MI 49508

\$ 100

\$ 580

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

Occupation Finance Dir Employer Literacy Center of WM

Business Address 1120 Monroe Ave. Grand Rapids, 49503

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

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Page Subtotal **\$350.00**

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 129360
2. Committee Name CTE Wendy V Falb

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>10/01/19</u>	
Name & Address: Barbara Holt 3343 Peach Ridge Ave. NW Grand Rapids, MI 49544		\$ <u>100.</u>	\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/19</u>	
Name & Address: Holly Windram 2101 Jefferson Ave. SE Grand Rapids, MI 49507		\$ <u>20</u>	\$ <u>120</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>Hope Network</u> Business Address <u>3075 Orchard Vista Drive SE Grand Rapids, 49546</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/19</u>	
Name & Address: Kevin Little 217 Madison Ave SE Grand Rapids, MI 49503		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Finance</u> Employer <u>Bissell Inc.</u> Business Address <u>2320 Walker Ave NW, Grand Rapids MI 49544</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/19</u>	
Name & Address: Bill Farr 617 Lakeside Drive SE Apt A Grand Rapids, MI 49506		\$ <u>100</u>	\$ <u>350</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$320.00**

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 129360
2. Committee Name CTE Wendy V Falb

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/07/19

Name & Address:

Mira Krishnan
2626 Brooklyn Ave. SE
Grand Rapids, MI 49507

\$ 100

\$ 200

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

Occupation Consultant Employer Mira Krishnan LLC

[Click Here for Memo Itemization](#)

Business Address 2626 Brooklyn Ave. SE GR 49507

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/07/19

Name & Address

Dale Robertson
3370 Brookpoint Dr. SE
Grand Rapids, MI 49546

\$ 50

\$ 350

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

Occupation President Employer Grand rapids Public Museum

[Click Here for Memo Itemization](#)

Business Address 272 Pearl St Grand Rapids, 49504

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/09/19

Name & Address:

Ron DeWaard
4522 Whitewood Farms Dr. NE
Grand Rapids, MI 49525

\$ 300

\$ 800

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

Occupation attorney Employer Varnum Law

[Click Here for Memo Itemization](#)

Business Address 333 Bridge St. Grand Rapids, 49501

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/10/19

Name & Address

Kim Gates
7135 McCards Ave. SE
Alto, MI 49302

\$ 25

\$ 55

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

Page Subtotal **\$475.00**

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 129360
2. Committee Name CTE Wendy V Falb

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/09/19

Name & Address:

Rebecca Gates
264 Greentree Lane NE
Ada, MI 49301

\$ 50

\$ 50

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/10/19

Name & Address

Marla Ehlers
1903 Plymouth Terrace SE
Grand Rapids, MI 49506

\$ 100

\$ 150

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

Occupation Director Employer Grand Rapid Public Library

Business Address 111 Library St. NE Grand Rapids, 49503

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

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/10/19

Name & Address:

Donna Farris
2731 Littlefield Drive NE
Grand Rapids, MI 49506

\$ 50

\$ 50

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/10/19

Name & Address

Paul Flynn
600 Broadway Ave NW # 602
Grand Rapids, MI 49503

\$ 500

\$ 1000

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

Occupation VP Employer Gentex Corp

Business Address 600 N Centennial St. Zeeland MI 49464

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

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Page Subtotal \$750.00

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 129360
2. Committee Name CTE Wendy V Falb

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>10/10/19</u>	
Name & Address: <u>Dale Hovenkamp</u> <u>2841 Reeds Lake Blvd. SE</u> <u>Grand Rapids, MI 49506</u>		\$ <u>40</u>	\$ <u>140</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>director</u> Employer <u>Grand Rapids Symphony</u> Business Address <u>300 Ottawa Ave NW Grand Rapids, 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/19</u>	
Name & Address: <u>Amy Knappe</u> <u>2530 Maplewood Dr. SE</u> <u>Grand Rapids, MI 49506</u>		\$ <u>25</u>	\$ <u>25</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		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/19</u>	
Name & Address: <u>Carrie Kolehous</u> <u>1507 Fremont Ave NW</u> <u>Grand Rapids, MI 49504</u>		\$ <u>100</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>Mom's Bloom</u> Business Address <u>1507 Fremont Ave NW, GR 49504</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/19</u>	
Name & Address: <u>Donald Kolehous</u> <u>1507 Fremont Ave NW</u> <u>Grand Rapids, MI 49504</u>		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>K2K Consulting LLC</u> Business Address <u>1507 Fremont Ave NW Grand Rapids, 49504</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$415.00

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 129360
2. Committee Name CTE Wendy V Falb

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>10/10/19</u>	
Name & Address: Frank Lynn 3446 Devon Drive NE Grand Rapids, MI 49546		\$ <u>27</u>	\$ <u>172</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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/19</u>	
Name & Address: Maggie Malone 744 Pine Ave NW Grand Rapids, MI 49504		\$ <u>25</u>	\$ <u>25</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		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/19</u>	
Name & Address: John Matias 141 Auburn SE Grand Rapids, MI 49506		\$ <u>10</u>	\$ <u>35</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		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: Sarah Matias 141 Auburn SE Grand Rapids, MI 49506		\$ <u>20</u>	\$ <u>20</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		Click Here for Memo Itemization	

Page Subtotal **\$82.00**

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 129360
2. Committee Name CTE Wendy V Falb

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>10/10/19</u>	
Name & Address: Blake Mazurek 3458 Olderidge NE Grand Rapids, MI 49525		\$ <u>25</u>	\$ <u>25</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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/19</u>	
Name & Address: Nathaniel Moody 2222 Rolling Hills Dr. SE Grand Rapids, MI 49546		\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/19</u>	
Name & Address: Raynard Ross 3810 Kingsway Court SE Grand Rapids, MI 49508		\$ <u>100</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>Grand Rapids Community College</u> Business Address <u>143 Bostwick Ave, Grand Rapids 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/19</u>	
Name & Address: Bill Saxton 1637 Pontiac Rd SE East Grand Rapids, MI 49506		\$ <u>25</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>softward dev.</u> Employer <u>self-employed</u> Business Address <u>1637 Pontiac Rd SE, EGR 49506</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$250.00**

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 129360
2. Committee Name CTE Wendy V Falb

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/10/20
Name & Address:
Mary VanKuiken
567 Russwood St. NE
Grand Rapids, MI 49505

\$ 50

\$ 75

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/10/20
Name & Address:
Daniel VanderMolen
2124 Forest Hill Ave. SE
Kentwood, MI 49546

\$ 100

\$ 100

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

Occupation _____ Employer _____

Business Address _____

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/10/19
Name & Address:
Patrick Walsh
2841 Reeds Lake Blvd
E Grand Rapids, MI 49506

\$ 25

\$ 25

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/10/19
Name & Address:
Virginia Welch
648 Manhattan Rd. SE
E. Grand Rapids, MI 49506

\$ 250

\$ 250

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

Occupation _____ Employer _____

Business Address _____

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

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Page Subtotal \$325.00

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

1. Committee I.D. Number 129360
2. Committee Name Wendy V Falb

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)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/10/19</u></p> <p>Name & Address: <u>Jeff Winston</u> <u>1525 Forrest Ave NE</u> <u>Grand Rapids, MI 49505</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Political Organizer</u> Employer <u>MI Democratic Party</u> Business Address <u>606 Townsend Street, Lansing MI 48933</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100</u>	\$ <u>300</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/12/19</u></p> <p>Name & Address: <u>Lynn Heemstra Van Vugt</u> <u>13925 Thompson Dr.</u> <u>Lowell, MI 49331</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>City of Grand Rapids</u> Business Address <u>300 Monroe Ave 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</p>		\$ <u>150</u>	\$ <u>150</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/13/19</u></p> <p>Name & Address: <u>Katherine Downes Lewis</u> <u>2534 Summit Ridge NE</u> <u>Grand Rapids, MI 49505</u></p> <p>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</p>		\$ <u>100</u>	\$ <u>420</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/13/19</u></p> <p>Name & Address: <u>Win Irwin</u> <u>1860 Lake Drive SE</u> <u>E. Grand Rapids, MI 49506</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Chair of Board</u> Employer <u>Irwin Seating</u> Business Address <u>3251 Fruit Ridge NW, Grand Rapids MI 49544</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>250</u>	\$ <u>500</u>

Page Subtotal \$600.00

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

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129360

2. Committee Name CTE Wendy V Falb

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/10/19

Name & Address:

Carol Glanville
1878 Stratford Ln NW
Walker, MI 49543

\$ 50

\$ 50

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt 10/15/19

Name & Address

West Michigan Plumbers and Pipe Fitters
1008 O'Malley Dr.
Coopersville, MI 49404

\$ 500

\$ 600

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt 10/16/19

Name & Address:

Grand Rapids Fire Fighters Union PAC
1930 Fuller Ave. NE
Grand Rapids, MI 49505

\$ 3500

\$ 8000

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/07/19

Name & Address

Wendy Falb
350 Cherry St. SE
Grand Rapids, MI

\$ 7600

\$ 7600

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

Page Subtotal \$11,650.00

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

\$27,362.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 129360

CANDIDATE COMMITTEE

2. Committee Name CTE Wendy V Falb

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Judy Freeman 425 Cambridge Blvd. SE Grand Rapids, MI 49506 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Self-employed	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food and Drink</u> 5. Date Of Receipt: <u>10/01/19</u> 6. Vendor Name & Address:	\$ <u>100</u>	\$ <u>475</u>
Click Here for Memo Itemization			
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Julie Connors 71 Lafayette NE Grand Rapids, MI 49503 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: retired	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food and Drink</u> 5. Date Of Receipt: <u>10/01/19</u> 6. Vendor Name & Address:	\$ <u>175</u>	\$ <u>175</u>
Click Here for Memo Itemization			
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Jaye Beeler 311 Union SE Grand Rapids, MI 49503 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food and Drink</u> 5. Date Of Receipt: <u>10/01/19</u> 6. Vendor Name & Address:	\$ <u>75</u>	\$ <u>75</u>
Click Here for Memo Itemization			
<input checked="" type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$250.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 129360

2. Committee Name CTE Wendy V Falb

CANDIDATE COMMITTEE

3. Name and Address from whom received
If contribution is from an individual, enter last
name first. Check box to indicate if contribution
is from a Political Committee or an Independent
Committee (Both are commonly called PACs).
Report all in-kind contributions.

4. Type of In-Kind Contribution (Check applicable box)
5. Date of Receipt
6. Name & Address of Vendor from whom goods or services were
purchased

7. Amount or
Fair Market
Value

8. Cumulative
for Election
Cycle (Through
date in Item 5)

Contribution # 1 PAC Receipt? ☐ Yes

Name & Address:

Brian Schwartz
2515 Indian Trail SE
E. Grand Rapids, MI 49506

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

Self-Employed

4. ☐ Endorsement or Guarantee of Bank Loan
☐ Goods Donated or Loaned ☐ Services Donated
☐ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others- **LOAN**

Description food and drink

5. Date Of Receipt: 10/10/19

6. Vendor Name & Address:

\$ 110.77 \$ 451.11

[Click Here for Memo Itemization](#)

☒ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan
☐ Goods Donated or Loaned ☐ Services Donated
☐ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others- **LOAN**

Description _____

5. Date Of Receipt: _____

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan
☐ Goods Donated or Loaned ☐ Services Donated
☐ Goods or Services Purchased by Candidate or Others
☐ Goods or Services Purchased by Candidate or Others- **LOAN**

Description _____

5. Date Of Receipt: _____

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Page Subtotal **\$451.11**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$601.11**

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 129360
2. Committee Name CTE Wendy V Falb

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Lawson Printers Address 685 West Columbia Ave Battle Creek Michigan 49015 <input type="checkbox"/> Fund Raiser	Purpose: <u>printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/19</u> Date	\$ <u>1163.88</u> Click Here for Memo Itemization Type
Expenditure #2 Name Change Research Address 1510 Walnut Street Ste E Berkley, CA 94709 <input type="checkbox"/> Fund Raiser	Purpose: <u>poll</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/19</u> Date	\$ <u>3900.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Five Feet Tall Address Danny Lynn 2134 Monroe Ave. NW Grand Rapids, MI 49505 <input type="checkbox"/> Fund Raiser	Purpose: <u>graphic design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/20</u> Date	\$ <u>272.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Sawicki & Sons Address 1521 W. Lafayette Detroit, MI 448216 <input type="checkbox"/> Fund Raiser	Purpose: <u>yard signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/20</u> Date	\$ <u>1391.25</u> Click Here for Memo Itemization Type
Expenditure #5 Name Bright Format Address 5300 Corporate Grove Dr. SE #200 Grand Rapids, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: <u>printing/mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/20</u> Date	\$ <u>5466.98</u> Click Here for Memo Itemization Type

Subtotal this page **\$12,194.11**

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 129360
2. Committee Name CTE Wendy V Falb

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Grand Rapids City Clerk Address 300 Monroe Ave NW Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: <u>voter lists</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/20</u> Date	\$ <u>30</u>
Expenditure #2 Name Apollo Artistry Address 1165 N Clark St. #700 Chicago, IL 60610 <input type="checkbox"/> Fund Raiser	Purpose: <u>consultant</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/26/20</u> Date	\$ <u>400.00</u>
Expenditure #3 Name Square Space Address 225 Varick St. 12th Floor New York NY 10014 <input type="checkbox"/> Fund Raiser	Purpose: <u>website</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/20</u> Date	\$ <u>26</u>
Expenditure #4 Name Mail Chimp Address 675 Ponce De Leon Ave NE STE 5000 Atlanta, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>email</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/20</u> Date	\$ <u>15</u>
Expenditure #5 Name Facebook Address <input type="checkbox"/> Fund Raiser	Purpose: <u>digital ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/20</u> Date	\$ <u>99.11</u>

Subtotal this page

\$570.11

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 129360
2. Committee Name CTE Wendy V Falb

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Brad Langerak Address 1123 Logan SE Grand Rapids, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign work</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/20</u> Date	\$ <u>1500</u>
Expenditure #2 Name Michigan 3rd Congressional Dem Address 301 Fuller Ave NE Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: <u>rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/20</u> Date	\$ <u>50.00</u>
Expenditure #3 Name Mission Control, Inc. Address 624 Hebron Ave STE 200 Glastonbury, CT. 06033 <input type="checkbox"/> Fund Raiser	Purpose: <u>mail piece/postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/20</u> Date	\$ <u>5412.43</u>
Expenditure #4 Name Heritage Hill Assoc. Address 126 College SE Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: <u>ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/20</u> Date	\$ <u>280.00</u>
Expenditure #5 Name Mission Control, Inc. Address 624 Hebron Ave STE 200 Glastonbury, CT. 06033 <input type="checkbox"/> Fund Raiser	Purpose: <u>mail piece/postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/20</u> Date	\$ <u>5079.37</u>

Subtotal this page

\$12,321.80

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 129360
2. Committee Name CTE Wendy V Falb

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>digital ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/19</u> Date	\$ <u>250.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>digital ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/19</u> Date	\$ <u>250.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>digital ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/19</u> Date	\$ <u>173.04</u> Click Here for Memo Itemization Type
Expenditure #4 Name Brad Langerak Address 1123 Logan SE Grand Rapids, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: <u>campaign work</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/19</u> Date	\$ <u>1500.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name Bridge Street Market Address 405 Seward Ave NW Grand Rapids, MI 49504 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>event food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/09</u> Date	\$ <u>32.60</u> Click Here for Memo Itemization Type

Subtotal this page **\$2,205.64**
Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$27,291.66**

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 129360
2. Committee Name CTE Wendy V Falb

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: Wendy Falb 350 Cherry St. SE Grand Rapids, MI 49503	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	10/07/19 \$ 7,600.00 _____ \$ _____ _____ \$ _____ _____	\$ 0.00	\$ 7,600.00 <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)

\$7,600.00

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

\$7,600.00

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129360

2. Committee Name CTE Wendy V Falb

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10/01/19</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>45</u>	5. Type of Fund Raising Activity <u>house party</u>	6. Address and Name (If any) of the place where the activity was held. <u>Julie and Bob Connors</u> <input checked="" type="checkbox"/> Private Residence
---	---	--	--

7. Total Contributions \$3,045.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$3,045.00

10. Total Cost of Event \$350.00

(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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129360
2. Committee Name Wendy V Falb

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10/10/19</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>35</u>	5. Type of Fund Raising Activity <u>house party</u>	6. Address and Name (If any) of the place where the activity was held. <u>Virginia Welch</u> <u>648 Manhattan Rd.</u> <u>Grand Rapids, MI</u> <input checked="" type="checkbox"/> Private Residence
---	---	--	--

7. Total Contributions \$5,047.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$5,047.00

10. Total Cost of Event \$143.37
(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.