10/25/2019

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## REC'D, KENT ELECTIONS OCT 25 2019 PM4:53

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS CANDIDATE COMMITTEE FOR OFFICIAL USE ONLY **COVER PAGE** Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: 1. Commilles I.D. Number 4. Candidate Last Name First Name 129355 しけて Allison 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name Friends of Allison 4b. County of Residence 5. Committee's Mailing Address 1058 Breadway Ave Mu Apt 2 Grand Repids MI 49504 Area Code and Phone 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 Justin Barr 1058 Broadway Ave NW Apt 2 Grand Rapids m1 49504 Area Code & Phone 616 255 4589 7. Treasurer's Business Address 8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone Area Code and Phone 9. TYPE OF STATEMENT 9e. Dissolution of Candidate Committee Required ONLY if candidate 9a. Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debit 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 ouslanding assets, is not on the ballot for the current year. Pre-Election or Post-Election Statement relates to: July Quarterly owes no lates fees or has any oustanding debt. Primary October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver. Convention Special BC. Annual Statement (\_\_\_\_\_ Effective date of dissolution Coverage Year School 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being Caucus Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 11/05/19 10. Verification: NWs certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of myneur knowledge and belief the contants are true, accurate and complete. Chineni Treasurer or Designated Record Reaper \_\_\_\_\_UShin - Date 10/24/14 Bate 10/24/19 bon Type or Point Name lison hav Type or Print Name bothering memory oncise P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE	-
BUREAU OF ELECTIONS	

	1. Committee I.D. Number 129355	7
SUMMARY PAGE CANDIDATE COMMITTEE	2. Committee Name <u>Friends</u> OF 1	Allison Lutz
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		· ·
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>\$1,952.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,952.00</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 1,249.00	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 3, 201	(20.) \$
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,048,77</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>Z, 092,43</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2,092.43</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.)\$ <u>1088.27</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
<ol> <li>Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> <li>Amount received during reporting period (Line 5, Total Contributions &amp; Other Receipts)</li> <li>SUBTOTAL Add lines 13 and 14</li> <li>Amount expended during reporting period (Add lines 9 and 11)</li> <li>ENDING BALANCE (Subtract line 16 from line 15)</li> </ol>	BALANCE STATEMENT         (13.) \$ $\bigcirc$ (14.) + \$ $\bigcirc$ (15.) = \$ $\bigcirc$ (16.) - \$ $\bigcirc$ (17.) \$ $\bigcirc$	

3	MICHIGAN DEPARTMENT OF STATE
3	MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	129355	
	ends of Alliso	on Lutz
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/17/19 Name & Address: Allison Lutz 1058 Broadway Ave NW Apt 2 Grand Rapids MI 49404	- <sub>s</sub> 10	<u>ي</u> 10
5. If over \$100.00 cumulative, please provide:         Occupation       Inside Sales Representative         Business Address       1001 28th St SW Grand Rapids MI 49509         Type of Contribution:       Image Direct	<b>V</b>	s Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/19/19 Name & Address Anthony Holewisnki 521 Academy Kalamazoo MI 49007	<sub>\$</sub> 10	<sub>\$</sub> 10
<ul> <li>5. If over \$100.00 cumulative, please provide:</li> <li>Occupation Employer</li> <li>Business Address</li> <li>Type of Contribution:  Direct Loan from a person Fund Raiser</li> </ul>	Click Here fo	or Memo Itemization
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/19/19 Name & Address: Matthew Miller 5950 Plum Hollow Drive 11 Ypsilanti MI 48197 5. If over \$100.00 cumulative, please provide:	<mark>₅ 10</mark> Click Here fo	\$ 10 r Memo Itemization
Occupation       Employer         Business Address       Type of Contribution:         Image: Contribution:       Image: Contribution in the provided and the provid		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/19/19 Name & Address Dennis Murphy 551 Burton St SE Grand Rapids MI 49507	<sub>\$</sub> 25	<sub>\$</sub> _25
5. If over \$100.00 cumulative, please provide:         Occupation       Employer         Business Address         Type of Contribution:       Image: Direct in the person in	Click Here fo	r Memo Itemization
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MICHIGAN DEPARTMENT O BUREAU OF ELECTIONS	F STATE			
	ONTRIBUTIONS		. 129355	
	DULE 1A	1. Committee I.D. Numb F	riends of Alli	son Lutz
Enter contributor's name and addres middle initial. Check box to indicate Committee (PAC) Report <u>all</u> contribu	if contribution is from a Political		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Rec Name & Address: Catherine Albro		f Receipt 02/19/19		
3862 Jose Lane Middlevi	lle MI 49333		<u>_</u> 25	<sub>\$</sub> 25
5. If over \$100.00 cumulative, pleas	se provide:			e for Memo Itemization
Occupation	Employer			e for memo itemization
Business Address				
Type of Contribution: 🖌 Direct	Loan from a person	Fund Raiser		
Contribution #2 PAC Rece lame & Address	eipt? YES 4. Date o	f Receipt 02/19/19		
Duncan MacLeod 2678 Woodmeadow Dr S	E Unit D Grand Rapi	ds MI 49546	<u>\$50</u>	<u></u> ₅50
5. If over \$100.00 cumulative, pleas	e provide: <sub>Employer_</sub> Gilmore I	Eurniture Inc	Click Here	e for Memo Itemization
Decupation Engineer	······			
Business Address <u>321 Terminal</u>	Street SW 49548 Grand	Rapids, MI 49548		
Type of Contribution:	Loan from a person	Fund Raiser		L
3. Contribution # 3 PAC Received PAC Receive	eipt? YES 4. Date of	of Receipt 02/19/19		
Laura Lutz 10152 Hiawatha Dr West	: Olive, MI 49460		<sub>\$</sub> 25	<u>\$</u> 25
5. If over \$100.00 cumulative, pleas	se provide:		Click Here	for Memo Itemization
Occupation	Employer			
Business Address Type of Contribution: 🖌 Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Rec Name & Address	eipt? YES 4, Date	of Receipt 02/19/19	_	
Lynda Hoving 602 Bradford Place NE G	arand Rapids, MI 495	25	<sub>\$</sub> 50	<u>,</u> 50
5. If over \$100.00 cumulative, plea	se provide:		Click Here	for Memo Itemization
Occupation	Employer		_	
Business Address				
Type of Contribution: 🖌 Direct	Loan from a person	Fund Raiser		
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MICHIGAN DEP BUREAU OF I	ARTMENT OF ST	ATE					
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C					2. Committee Name	nds of Allis	on Lutz
Enter contributor's nam middle initial. Check bo Committee (PAC) Repo	ox to indicate if con	tributi	on is from a Political Cor	ial, e mmit	nter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Jon Hoadley 2720 Parkview #	PAC Receipt? Ave Kalamaz			eceip	ot 02/20/19	<sub>s</sub> 10	<u>،</u> 10
5. If over \$100.00 cum	ulativa nlassa nr	ovide				▼	_ & <u>.</u>
Occupation			mployer			Click Here	for Memo Itemization
Business Address							
Type of Contribution:	✔ Direct		Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?			eceip	ot 02/20/19		
Sharon Depcins 1748 Tamarack		and	Rapids, Mi 4950	)4		<u>\$</u> 20	<u>\$</u> 20
5. If over \$100.00 cum	ulative, please pr	ovide:				Click Here f	or Memo Itemization
Occupation		_ Em	ployer				
Business Address							
Type of Contribution:	Direct		oan from a person		Fund Raiser		······
3. Contribution # 3 Name & Address: Chandler Verslu	PAC Receipt?		YES 4. Date of R	Recei	<sup>pt</sup> 02/20/19		
212 Antisdel Pla		d Ra	apids MI 49503			<u>\$25</u>	_ <sub>\$</sub> 25
			-			Olish Liswa (	or Memo Itemization
5. If over \$100.00 cum	ulative, please pr	ovide	:				or werto iternization
Occupation		E	mployer				
Business Address							
Type of Contribution:	<u> </u>		Loan from a person		Fund Raiser	<b></b>	
<ol> <li>Contribution # 4</li> <li>Name &amp; Address</li> </ol>	PAC Receipt?		YES 4, Date of	Rece	bipt 02/23/19		
Jordan Vanderham 4950 Christy Lane		424				<sub>\$</sub> 10	<u></u> 10
5. If over \$100.00 cun	nulative, please p	rovide	::			Click Here f	or Memo Itemization
Occupation			Employer		And Andrew Market and Andrew		
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
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K.	BUREAU OF ELECTIONS

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middle initial. Check	box to indicate if con	contribution is from an individ tribution is from a Political C regardless of amount.	dual, er Committe	iter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date of I	Receipt	02/25/19		
Jacqueline Car						
4469 Marshall	Ave SE Kentv	vood Mi 49508			<u>,</u> 25	<u></u> 25
					<u>ş</u> <u>- U</u>	§
5. If over \$100.00 cu					Click Here f	or Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	✓ Direct	Loan from a person		Fund Raiser	<b>1</b>	
3. Contribution #2	PAC Receipt?	YES 4. Date of F	Receipt	03/04/19		
Chris Guis						
3038 Waterford	d Ave NE Gra	nd Rapids, MI 4950	)5		<sub>\$</sub> 50	<sub>\$</sub> 50
						546.7 <u>.                                   </u>
5. If over \$100.00 cur					Click Here fo	or Memo Itemization
		_ Employer				
Business Address	·····					
Type of Contribution:	Direct	Loan from a person		Fund Raiser		4
3. Contribution # 3 Name & Address;	PAC Receipt?	YES 4. Date of	Receipt	t <u>03/11/19</u>		
Gregory Kwiatk	kowski				05	~ -
5492 Osborne	Avenue SE K	entwood MI 49548			<sub>\$</sub> 25	<u>\$25</u>
E 16 augus (1400-00 aug	aulativa ulassa uu				Click Here fo	r Memo Itemization
5. If over \$100.00 cur						
		_ Employer				
Business Address Type of Contribution:	V Direct	Loan from a person		Fund Raiser		
3. Contribution # 4	PAC Receipt?	YES 4. Date of	f Receip	ot 04/09/19		
Name & Address Anthony Holew	inski					
521 Academy k	Kalamazoo MI	49007			<sub>\$</sub> 25	<u>\$</u> 35
5. If over \$100.00 cu	mulative, please pro	ovide:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution	: 🖌 Direct	Loan from a person		Fund Raiser		
				Page Subtotal	\$125.00	
				nd Total of All Schedules 1A		
4		()	Comple	te on last page of Schedule)	Enter this total on	
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MICHIGAN DEPARTMENT OF STATE			
ITEMIZED CONTRIBUTIONS		29355	
SOMEDSEE IA	Frion	ds of Allison	Lutz
Enter contributor's name and address. If contribution is from an individual, enter la middle initial. Check box to indicate if contribution is from a Political Committee or Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04	/09/19		
Lynn Mason			
11637 W Ellis Belding MI 48809		<sub>\$</sub> 25	<sub>25</sub>
	٤	<u>\$</u>	<u>\$</u>
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			
Business Address			
	Raiser	n an	21 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/	<u>J9/19</u>		
Duncan MacLeod			
2678 Woodmeadow Dr SE Unit D Grand Rapids MI 495	46 💡	<u>\$50</u>	<sub>\$</sub> 100
5. If over \$100.00 cumulative, please provide:	20	Click Here for	Memo Itemization
Occupation Engineer Employer Gilmore Furniture			
Business Address 321 Terminal Street SW 49548 Grand Rapids, MI 4	9548		
Type of Contribution: 🖌 Direct 📃 Loan from a person 🗌 Fur	d Raiser	-	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04.	/10/19		
Karen Krostbade		05	05
7757 Kirkwall Dr Ada MI 49301	\$	\$20	<u>\$</u> 25
5. If over \$100.00 cumulative, please provide:		Click Here for I	Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution: 🖌 Direct 🛛 Loan from a person 🔹 Fu	nd Raiser		· · · · · · · · · · · · · · · · · ·
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04	/15/19		
Jean Hudson			
11358 W Baker Road Greenville MI 48838	ş	<sub>\$</sub> 25	<sub>s</sub> 25
5. If over \$100.00 cumulative, please provide:		Click Here for f	Memo Itemization
Occupation Employer			
Business Address			
	d Raiser		
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MICHIGAN DEPARTMENT OF STATE		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	129355	
	ends of Allisor	n Lutz
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/07/19 Name & Address: Chandler Versluis 212 Antisdel Place NE Grand Rapids MI 49503	<sub>\$</sub> 25	<sub>\$</sub> 50
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	Olicit Here for	Memo Remizzaon
Business Address         Type of Contribution:         Image: Direct         Loan from a person         Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/04/19		
Justin Barr 1058 Broadway Avenue NW Apt 2 Grand Rapids MI 49504	<u>_182</u>	<sub>\$</sub> 182
5. If over \$100.00 cumulative, please provide: Occupation Retail Clerk Employer_Meljer	Click Here for	Memo Itemization
Business Address 315 Wilson Ave NW Walker MI 49534		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/01/19		
Joe Lutz 10152 Hiawatha Dr West Olive MI 49460	<u>\$</u> 50	<u>\$</u> 50
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address Type of Contribution: 🖌 Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/04/19 Name & Address		
Aaron Carbaugh 6144 Viewpoint Dr NE Belmont MI 49306	<sub>\$</sub> 25	<sub>\$</sub> _25
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
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ITE		TRIBUTIONS			129355	
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C		COMMITTEE	_	2. Committee Name		
	oox to indicate if cor	contribution is from an indiv ntribution is from a Political ( regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Andrew Irons	PAC Receipt?		f Receipt	07/04/19		· · · · · · · · · · · · · · · · · · ·
1068 Skyview C	Court Roches	ter MI 48307			<u>\$</u> 5	<u>\$</u> 5
5. If over \$100.00 cun	nulative, please pr	ovide:			Click Horo	for Memo Itemization
Occupation		Employer			Olick Here	tor memo nemization
Business Address						
Type of Contribution:	✓ Direct	Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of	í Receipt	07/04/19		
lan Dean 192 W Wheeler	<sup>r</sup> Ave Apt A T	erre Haute IN 478	02		<u>\$</u> 5	<u></u> \$5
5. If over \$100.00 cun					Click Here	for Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	✔ Direct	Loan from a person		Fund Raiser		
<ol> <li>Contribution # 3</li> <li>Name &amp; Address:</li> </ol>	PAC Receipt?	YES 4. Date o	of Receip	t 07/05/19		
Duncan MacLe 2678 Woodmea		Jnit D Grand Rapio	ds Ml	49546	<u>\$</u> 50	<u>_</u> <u>150</u>
					Click Here I	for Memo Itemization
5. If over \$100.00 cur			<b>F</b>	tura las		
Occupation Engine	er	<u>Employer</u> Gilmore				
Business Address <u>32</u> Type of Contribution:		et SW 49548 Grand R	apias,	Fund Raiser		
3. Contribution # 4	PAC Receipt?		of Recei	pt 07/07/19	<b></b>	· · · · · · · · · · · · · · · · · · ·
Name & Address		—		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Dennis Murphy 551 Burton St S		pids MI 49507			<sub>\$</sub> 25	<u>\$</u> _50
5. If over \$100.00 cu	mulative, please p	rovide:			Click Here	for Memo Itemization
Occupation		Employer				
Business Address				<u></u>		
Type of Contribution	Direct	Loan from a person		Fund Raiser		
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Page 7 of 10					line 3a of Summa Page.	ary

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS SCHEDULE 1A	1. Committee I.D. Number	129355	
	2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Commit Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receip Name & Address: Cynthia Smeyers	t 07/07/19		
11015 Osborn St Grand Haven MI 49417		<sub>\$</sub> 25	<sub>\$</sub> 25
5. If over \$100.00 cumulative, please provide:		Click Here fo	r Memo Itemization
Occupation Employer			
Business Address	- March - Alfan (1997)		
Type of Contribution: V Direct Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receip Name & Address	t_08/21/09		
Laura Lutz 10152 Hiawatha Dr West Olive, MI 49460		<u>\$</u> 25	<u>\$</u> 50
5. If over \$100.00 cumulative, please provide:		Click Here for	r Memo Itemization
Occupation Employer			
Business Address	·····		
Type of Contribution:	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Received Address:	<sup>pt</sup> 08/22/19		
Barry Doty 854 McReynolds Ave NW Grand Rapids MI 49504		<u>\$</u> 5	<sub>\$</sub> 5
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution: 🖌 Direct Loan from a person	Fund Raiser	1	
Name & Address	ipt 09/07/19		
Mauricio Jimenez 2117 Richmond St Grand Rapids MI 49504		<u>\$</u> 50	<u>\$</u> 50
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer	100 <b>-</b>		
Business Address	Fund Raiser		
Type of Contribution: 🖌 Direct Loan from a person		#105 00	
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	129355	
	ends of Allis	on Lutz
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/12/19		
Mauricio Jimenez 2117 Richmond St Grand Rapids MI 49504	<sub>\$</sub> 50	<sub>\$</sub> 100
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Not Employed Employer	Onoix Here	
Business Address 2117 Richmond St Grand Rapids MI 49504		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/19 Name & Address		
Cristendra Singh-Suwal 554 Lane Ave NW Apt 2 Grand Rapids MI 49504	<u>_</u> 100	<u></u> 100
5. If over \$100.00 cumulative, please provide: <sub>Occupation</sub> <u>Pharmacy Technician</u> <sub>Employer</sub> <u>Spectrum Health</u>	Click Here	for Memo Itemization
Business Address 100 Michigan St NE Grand Rapids MI 49503		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/01/19		
Name & Address:		
333 SUNSET AVE NW 2 GRAND RAPIDS, MI 49504	<sub>\$</sub> 250	<u>\$</u> 250
	Click Here	for Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address		
Type of Contribution: 🖌 Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/09/19		
Mauricio Jimenez 2117 Richmond St Grand Rapids MI 49504	<sub>\$</sub> 50	<u></u> 150
5. If over \$100.00 cumulative, please provide:	Click Love	for Memo Itemization
Occupation Not Employed Employer		
Business Address 2117 Richmond St Grand Rapids MI 49504		
Type of Contribution: 🔽 Direct Loan from a person Fund Raiser		
Page Subtota Grand Total of All Schedules 1A (Complete on last page of Schedule Page 9of 10		

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	129355	
	ends of Alliso	n Lutz
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/14/19 Name & Address: Allison Lutz 1058 Broadway Ave NW Apt 2 Grand Rapids MI 49504	<u>،</u> 500	<u>510</u>
5. If over \$100.00 cumulative, please provide:         Occupation       Inside Sales Representative         Business Address       1001 28th St SW Grand Rapids MI 49509         Type of Contribution:       Direct    Loan from a person Fund Raiser	ψ	v r Memo Itemization 🔽
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization 👻
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization 👻
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4       PAC Receipt?       YES       4. Date of Receipt         Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of	\$1.952.00	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED IN-KIND CONTR	RIBUTIONS		
SCHEDULE 1-IF	1. Committee I. D. Number 129355		
CANDIDATE COMM	AITTEE 2. Committee Name Friends of Allison	n Lutz	<u></u>
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.	<ul> <li>4. Type of In-Kind Contribution (Check applicable box)</li> <li>5. Date of Receipt</li> <li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li> </ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Allison Lutz 1059 Broadway Ave NW Apt 2 Grand Rapids MI 49504 If over \$100.00 cumulative, please provide: Occupation: Sales Representative Employer Name & Business Address: Advantage Solutions	<ul> <li>4. ☐ Endorsement or Guarantee of Bank Loan</li> <li>Goods Donated or Loaned ☐ Services Donated</li> <li>Goods or Services Purchased by Candidate or Others</li> <li>✓ Goods or Services Purchased by Candidate or Others- LOAN</li> <li>Description Voter Database Access</li> <li>5. Date Of Receipt: 01/07/19</li> <li>6. Vendor Name &amp; Address:</li> </ul>	<u>50</u> \$	160
Fund Raiser Contribution		k Here for Memo Ite	omization
Contribution # 2 PAC Receipt? Yes Name & Address Allison Lutz 1059 Broadway Ave NW Apt 2 Grand Rapids MI 49504 If over \$100.00 cumulative, please provide: Occupation: Sales Representative Employer Name & Address: Advantage Solutions 1001 28th St SW Grand Rapids MI 49509	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description Website and Email 5. Date Of Receipt: 02/01/19 6. Vendor Name & Address:	94.40 \$	354.40
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes Name & Address: Allison Lutz 1059 Broadway Ave NW Apt 2	<ul> <li>4. Endorsement or Guarantee of Bank Loan</li> <li>Goods Donated or Loaned Services Donated</li> <li>Goods or Services Purchased by Candidate or Others</li> <li>Goods or Services Purchased by Candidate or Others</li> </ul>	.43\$	405.83
Grand Rapids MI 49504 If over \$100.00 cumulative, please provide: Occupation: Sales Representative Employer Name & Address: Advantage Solutions 1001 28th St SW Grand Rapids MI 49509 Fund Raiser Contribution	Description Event Space 5. Date Of Receipt: 02/27/19 6. Vendor Name & Address:	k Here for Memo It	emization
, <u> </u>	Page Subtotal	\$395.83	\$405.83
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	Enter this total	
Page 1 of 2		on line 6 of Sum Page	mary

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED IN-KIND CONTR	RIBUTIONS		
SCHEDULE 1-I			
CANDIDATE COMM	IITTEE 2. Committee Name Friends of Allisc	n Lutz	
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.	<ul> <li>4. Type of In-Kind Contribution (Check applicable box)</li> <li>5. Date of Receipt</li> <li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li> </ul>	7. Amount or Fair Market Value	8, Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Allison Lutz 1058 Broadway Ave NW Apt 2 Grand Rapids MI 49504 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Advantage Solutions 1001 28th St SW Grand Rapids MI 49509	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description Event Space 5. Date Of Receipt: 06/15/19 6. Vendor Name & Address:	30 \$	435.83
Fund Raiser Contribution			
Contribution # 2 PAC Receipt? Yes Name & Address Allison Lutz 1058 Broadway Ave NW Apt 2 Grand Rapids MI 49504	Goods or Services Purchased by Candidate or Others	\$62.44 \$	1098.27
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Advantage Solutions 1001 28th St SW Grand Rapids MI 49509	Description Campaign Literature 5. Date Of Receipt: 08/13/19 6. Vendor Name & Address: Digital Print Essentials 6161 Kalamazoo Ave SE, Grand Rapids, MI 49508	ck Here for Memo Ite	emization
Contribution #3 PAC Receipt? Yes Name & Address:	Endorsement or Guarantee of Bank Loan     Goods Donated or Loaned Services Donated     Services Purchased by Candidate or Others     Goods or Services Purchased by Candidate or Others- LOAN	\$_	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address: Cl	ick Here for Memo It	emization
Fund Raiser Contribution			
	Page Subtota	' \$692.44	\$1,098.27
	Grand Total of all Schedules 1-I (Complete on last page of Schedule	Enter this total on line 6 of Sum Page	mary

<sub>Page</sub> 2	<sub>of</sub> 2
raye	_ 0;

MICHIGAN DEPARTMENT OF STAT BUREAU OF ELECTIONS
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## ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

## CANDIDATE COMMITTEE

1. Committee I.D. Number 129355

	2. Committee Name Friends of Allison Lutz
3. Name & Address From Whom Received 4. Date of Receipt	5. Type of Receipt 6. Amount
Receipt #1 Date of Receipt 05/23/19 Name & Address:	Loan from a Lending Institution
Justin Barr	Interest \$ <u>\$732.74</u>
1058 Broadway Ave NW	Refund \Rebate Click for Memo Itemization Type
Apt 2 Grand Rapids MI	
49504 Fund Raiser	Other (Specify)
Receipt #2 Date of Receipt 05/23/19 Name & Address:	Loan from a Lending Institution
Independent Bank	Interest \$274
77 Monroe Center St NW	Refund \Rebate Click for Memo Itemization Type
Suite 101, Grand Rapids, MI 49503	
Fund Raiser	Other (Specify)
Receipt #3 Date of Receipt <u>06/04/19</u> Name & Address:	Loan from a Lending Institution
Justin Barr	Interest \$_242.26
1058 Broadway Ave NW	Refund \Rebate Click for Memo Itemization Type
Apt 2 Grand Rapids MI 49504 —	
Fund Raiser	Other (Specify)
Receipt #4 Date of Receipt	Loan from a Lending Institution
	Interest
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #5 Date of Receipt	Loan from a Lending Institution
	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #6         Date of Receipt           Name & Address:	Loan from a Lending Institution
	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #7 Date of Receipt	
Name & Address:	Loan from a Lending Institution
	Interest
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
	Page Subtotal \$1,249.00
	Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) \$1,249.00
	Enter this total on line 4 of Summary

Page\_\_\_\_\_ of \_\_\_\_\_

line 4 of Summary Page

	Committee I. D. Number 129355		
	Committee Name Friends of Allison	Lutz	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ActBlue Address PO Box 441146 Somerville, MA 02144-0031	Purpose: Processing Donations	03/01/19 	\$ <u>\$4.30</u>
Fund Raiser	Click Check box if this expenditure is payment of debt or obligation reported on previous statement		Itemization Type
Expenditure #2 <sup>Name</sup> Facebook Address 1 Hacker Way in Menlo Park, CA 94025	Purpose: Ads	03/21/19 Date	\$ <u>25</u>
Fund Raiser	Click Check box if this expenditure is payment o debt or obligation reported on previous statement		Itemization Type
<sup>Expenditure #3</sup> <sup>Name</sup> ActBlue <sup>Address</sup> PO Box 441146 Somerville, MA 02144-0031	Purpose: Processing Donations	04/01/19 Date	\$ <u>1.13</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Independent Bank Address	Purpose: Overdraft Fee	04/08/19 Date	\$ <u>34</u>
77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503	Check box if this expenditure is payment of debt or obligation reported on previous		Itemization Type
Expenditure #5 Name Independent Bank Address 77 Monroe Center St NW Suite 101, Grand	statement Purpose: Overdraft Fee	04/09/19 Date	\$ 34
Rapids, MI 49503	Check box if this expenditure is payment of debt or obligation reported on previous statement	of	
	Sub Grand Total of a (Complete on last pa		\$98.43

Enter this total on line 8a of Summary Page

Page 1 of 13

	Committee I. D. Number 129355		
	Committee Name Friends of Allison I	_utz	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Independent Bank		04/10/19	s <u>34</u>
Address 77 Monroe Center St NW Suite 101, Grand	Purpose: Overdraft Fee	Date	
Rapids, MI 49503	Ciick	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Independent Bank		04/11/19	\$6
Address	Purpose: Overdraft Fee	Date	
77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Independent Bank		04/11/19	\$6
Address 77 Monroe Center St NW Suite 101, Grand	Purpose: Overdraft Fee	Date	
Rapids, MI 49503			Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
<sup>Name</sup> Facebook		04/13/19	\$ 25
Address 1 Hacker Way in Menlo Park, CA 94025	Purpose: Ads	Date	· <u> </u>
	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name Independent Bank		04/15/09	
Address	Purpose: Overdraft Fees	Date	\$ <u>6</u>
77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		_
	Subt	otal this page	\$77.00
	Grand Total of all (Complete on last pag		

Enter this total on line 8a of Summary Page

ITEMIZED EXPENDITURES	129355		
SCHEDULE ID			
	Committee Name Friends of Allison L	utz	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Independent Bank		04/16/19	\$ <b>3</b> 4
Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503	Purpose: Overdraft Fees Click H	Date lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2	· · · · · · · · · · · · · · · · · · ·		
<sup>Name</sup> Facebook		04/16/19  Date	\$ <u>20.89</u>
Address 1 Hacker Way in Menlo Park, CA 94025	Purpose: Ads	ove for blome	he minetion Ture
		ere for Menio	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
<sup>Name</sup> Independent Bank		04/16/19	\$6
Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI	Purpose: Overdraft Fee	Date	
49503	Click H	ere for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
<sup>Name</sup> Independent Bank		04/17/19	s 34
Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI	Purpose: Overdraft Fee	Date	
49503	Click He	ere for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name Independent Bank		04/17/19	<b>د</b> ۵
Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503	Purpose: Overdraft Fee	Date ere for Memo	\$ 6
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtot	al this page	\$100.89
	Grand Total of all S (Complete on last page		
0 <b>20</b> 12			Enter this total on line 8a of Summary Page



	Committee I. D. Number 129355		
	committee Name Friends of Allison L	_utz	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Independent Bank		04/18/19	\$ 6
Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI	Purpose: Overdraft Fee	Date	Itemization Type
49503	Check box if this expenditure is payment of debt or obligation reported on previous statement		nemization Type
Expenditure #2			
Name Independent Bank		04/19/19	\$ <del>6</del>
Address	Purpose: Overdraft Fee	Date	
77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3	otatoment		
<sup>Name</sup> Independent Bank		04/22/19	\$34
Address	Purpose: Overdraft Fee	Date	· · · · · · · · · · · · · · · · · · ·
77 Monroe Center St NW Suite 101, Grand	Click	Here for Memo	Itemization Type
Rapids, MI 49503	Check box if this expenditure is payment of debt or obligation reported on previous statement		Nonnization 1790
Expenditure #4			
Name Independent Bank		04/22/19	\$ <b>6</b>
Address 77 Monroe Center St NW Suite 101, Grand	Purpose: Overdraft Fee	Date	*
Rapids, MI 49503	Click I	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			· · · · · · · · · · · · · · · · · · ·
Name Independent Bank		04/23/09	_
Address 77 Maproe Center St NW Suite 101 Grand	Purpose: Overdraft Fee	Date	\$ <u>6</u>
77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503		Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	otal this page	\$58.00
	Grand Total of all (Complete on last pag		



ITEMIZED EXPENDITURES SCHEDULE 1B	Committee I. D. Number 129355		
	<sub>committee Name</sub> Friends of Allison	Lutz	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Independent Bank		04/24/19	\$ <del>6</del>
Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503	Purpose: Overdraft Fee	Date k Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Independent Bank		04/25/19	\$ <b>6</b>
Address	Purpose: Overdraft Fee	Date	
77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503		k Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	>f	
Expenditure #3			
<sup>Name</sup> Independent Bank		04/26/19	\$6
Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503		Date < Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	)f	
Expenditure #4			
Name Independent Bank	Overdraft Eee	04/29/19 	\$ <u>6</u>
Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503	Purpose: Overdraft Fee	< Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name Independent Bank	Our set of t	04/30/19	\$34
Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503	Purpose: Overdraft Fee	Date k Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Sub	ototal this page	\$58.00
	Grand Total of a (Complete on last pa		



Page 6 of 213

ITEMIZED EXPENDITURES	committee I. D. Number		
	ommittee Name Friends of Allison I	Lutz	a a a a a a dhùth da a gu a a shu a a a dù a a a
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Independent Bank		04/30/19	\$ 6
Address	Purpose: Overdraft Fee	Date	
77 Monroe Center St NW Suite 101, Grand	Click	Here for Memo	Itemization Type
Rapids, MI 49503	Check box if this expenditure is payment of	f	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name ActBlue		05/01/19	\$ 2.27
Address	Purpose: Processing Donation	Date	Y Emmi & Know &
PO Box 441146 Somerville, MA 02144-0031	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	f	
Expenditure #3			
Name Independent Bank		05/01/19	۰C
Address	Purpose: Overdraft Fee	Date	\$ <u>6</u>
77 Monroe Center St NW Suite 101, Grand		Hore for Memo	Itemization Type
Rapids, MI 49503	Check box if this expenditure is payment o		
Fund Raiser	debt or obligation reported on previous statement	1	
Expenditure #4			
<sup>Name</sup> Independent Bank		05/02/19	0
	Overdraft Fee	Date	\$ 6
Address 77 Monroe Center St NW Suite 101, Grand	Purpose: Overdraft Fee		
Rapids, MI 49503	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment o	f	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			· · · ·
Name Independent Bank		05/03/19	_
Address	Purpose: Overdraft Fee	Date	\$ <u>6</u>
77 Monroe Center St NW Suite 101, Grand			n
Rapids, MI 49503	Click Click Click Click Click		Itemization Type
Fund Raiser	debt or obligation reported on previous statement		
	Sub	total this page	\$26.27
	Grand Total of a (Complete on last pa		
	(compare an last pa	J	Enter this total

ITEMIZED EXPENDITURES	129355		
	Criced of Allicon		
	<sub>Committee Name</sub> Friends of Allison I		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Independent Bank		05/06/19	\$ <b>3</b> 4
Address	Purpose: Overdraft Fee	Date	
77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503	Click	Here for Memo	Itemization Type
hapids, MI 49505	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Independent Bank		05/06/19	s 34
	Purpose: Overdraft Fee	Date	* <u>0+</u>
Address 77 Monroe Center St NW Suite 101, Grand			
Rapids, MI 49503	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	i	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
<sup>Name</sup> Independent Bank		05/06/19	\$6
Address	Purpose: Overdraft Fee	Date	* 0
77 Monroe Center St NW Suite 101, Grand		Horo for Momo	Itemization Type
Rapids, MI 49503	Check box if this expenditure is payment of		termization Type
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name Independent Bank		05/07/19	
	Overdreft Fee	Date	\$ <u>6</u>
Address 77 Monroe Center St NW Suite 101, Grand	Purpose: Overdraft Fee		
Rapids, MI 49503	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	f	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Independent Bank		05/08/19	
Address	Purpose: Overdraft Fee	Date	\$ <u>6</u>
77 Monroe Center St NW Suite 101, Grand		Flore to 14	h t
Rapids, MI 49503	Click Click Click Click Click		Itemization Type
Fund Raiser	debt or obligation reported on previous statement		
		total this page	\$86.00
			φ00.00
	Grand Total of al (Complete on last pag		
			Enter this total

Page 7 of 213

Enter this total on line 8a of Summary Page

	Committee I. D. Number 129355		
	Committee Name Friends of Allison I	_utz	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Independent Bank		05/09/19	\$ 6
Address	Purpose: Overdraft Fee	Date	<u></u>
77 Monroe Center St NW Suite 101, Grand	Click	Here for Memo	Itemization Type
Rapids, MI 49503	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Independent Bank		05/10/19	\$ <b>6</b>
Address	Purpose: Overdraft Fee	Date	
77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503		Here for Memo I	temization Type
1 apids, m +0000	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
<sup>Name</sup> Independent Bank		05/13/19	<b>\$6</b>
Address	Purpose: Overdraft Fee	Date	· <u>·</u>
77 Monroe Center St NW Suite 101, Grand		Here for Merno I	temization Type
Rapids, MI 49503	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
<sup>Name</sup> ActBlue		06/01/19	\$ <b>1.2</b> 1
Address	Purpose: Processing Donation	Date	۹ <u>۱.۲</u>
PO Box 441146 Somerville, MA 02144-0031			
		Here for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	ſ	
Expenditure #5			
Name Hess Printing		07/11/19	a 1 1 1 0 1
Address	Purpose: Printing Literature	Date	\$ <u>114.94</u>
201 Elm St, Wyandotte, MI 48192	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	f	
		total this page	\$134.15
	Grand Total of al (Complete on last pag		
		50 01 001100000)	Enter this total

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ITEMIZED EXPENDITURES	129355			
	. Committee I. D. Number			
CANDIDATE COMMITTEE 2. C	committee Name Friends of Allison Lut	.∠		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount	
Expenditure #1				
Name Independent Bank	1	/11/19	\$ 5	
Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503	Purpose: Dariting rec	Date e for Memo I	emization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #2				
Name Independent Bank	07	7/31/19	\$2	
Address	Purpose: Banking Fee	Date	» <u>۲                                    </u>	
77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503	Click Here	e for Memo II	emization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #3				
<sup>Name</sup> ActBlue	0	8/01/19	\$2.80	
Address PO Box 441146 Somerville, MA 02144-0031	Purpose: Donation Processing	Date	÷ <u><u> </u></u>	
Fund Raiser	Click Here Check box if this expenditure is payment of debt or obligation reported on previous statement	e for Memo It	emization Type	
Expenditure #4				
Name Vantiv E Commerce		/09/19	\$ 7.40	
Address 900 Chelmsford St, Lowell, MA 01851	Purpose: Donation Processing	Date		
	Click Here	e for Memo It	emization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #5				
Name One Michigan Alliance	08	3/12/19		
Address 551 KALAMAZOO AVE SE SUITE G	Purpose: Event Registration Fee	Date	\$ <u>50</u>	
GRAND RAPIDS, MI 49507	Click Here Check box if this expenditure is payment of debt or obligation reported on previous statement	e for Memo I	temization Type	
	Subtotal	this page	\$67.20	
	Grand Total of all Sch (Complete on last page of	1		
		L	Enter this total on line 8a of	

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Summary Page

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ITEMIZED EXPENDITURES SCHEDULE 1B	committee I. D. Number 129355	
	Committee Name Friends of Allison Lutz	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date	6. Amount
Expenditure #1	0.1/0.1/10	
<sup>Name</sup> Allison Lutz	Erropeous Expenditure Date	\$ <u>400</u>
Address 1058 Broadway Ave NW Apt 2 Grand Rapids MI 49504	Click Here for Memo	ltemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2	0.100110	
Name Nick Barr	Purpose: Erroneous Expenditure	\$ <u>15                                   </u>
Address 247 Crawford St Belding MI 48809	Click Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
<sup>Name</sup> Kayden Barr	04/19/19	\$150
Address 7103 West Carson City Road Greenvile MI	Purpose: Erroneous Expenditure Date	liemization Tupe
48838	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #4		
Name Allison Lutz Address	Purpose: Erroneous Expenditure	\$ <u>400</u>
1058 Broadway Ave NW Apt 2 Grand Rapids MI 49504	Click Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5		
Name Nick Barr	05/03/19	<b>\$10</b>
Address 247 Crawford St Belding MI 48809	Purpose: Erroneous Expenditure Date	. <u> </u>
Fund Raiser	Click Here for Memo Check box if this expenditure is payment of debt or obligation reported on previous statement	Itemization Type
	Subtotal this page	\$975.00
	Grand Total of all Schedules 1B	

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

ITEMIZED EXPENDITURES	129355			
SCHEDULE 1B	. Committee I. D. Numper			
CANDIDATE COMMITTEE 2. C	Committee Name Friends of Allison Lutz			
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)         5.	Date	6. Amount	
Expenditure #1				
Name Independent Bank		14/19	s 5	
Address 77 Monroe Center St NW Sulte 101, Grand Rapids, MI 49503	Purpose: Darming r cc	ate for Memo It	emization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #2				
<sup>Name</sup> Independent Bank	08/3	30/19	\$ <b>2</b>	
Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI	Purpose: Banking Fee	Date	Ψ	
49503	Click Here f	ior Memo It	emization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #3				
Name Vantiv E Commerce	1 —	)/10/11 Date	\$ <u>3.76</u>	
Address 900 Chelmsford St, Lowell, MA 01851	Purpose: Donation roccoscing			
	Click Here fo	or Memo Ite	emization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #4				
<sup>Name</sup> Independent Bank	09/1	16/19	۰ F	
Address	Purpose: Banking Fee	Date	\$ 5	
77 Monroe Center St NW Suite 101, Grand Rapids, MI				
49503	Click Here fo	or Memo It	emization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #5				
<sup>Name</sup> Facebook	09/2	29/19		
Address	Purpose: Ads	Date	\$ <u>25</u>	
1 Hacker Way in Menlo Park, CA 94025		for Memo It	emization Type	
Fund Raiser	statement			
	Subtotal thi	is page	\$40.76	
	Grand Total of all Scheo (Complete on last page of S	1		
			Enter this total	

	ommittee I. D. Number		
	ommittee Name Friends of Allison L	_utz	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
<sup>Name</sup> ActBlue		10/01/19	\$ 3
	Purpose: Processing Donations	Date	
PO Box 441146 Somerville, MA 02144-0031	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Vantiv E Commerce		10/09/19	\$ 7.52
Address	Purpose: Processing Donations	Date	
900 Chelmsford St, Lowell, MA 01851	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
<sup>Name</sup> Facebook		10/09/19	\$24.70
Address	Purpose: Ads	Date	* <u>L-1.10</u>
1 Hacker Way in Menlo Park, CA 94025		Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	r.	
Expenditure #4			
<sup>Name</sup> Facebook		10/09/19	\$ <b>3</b> 5
Address	Purpose: Ads	Date	
1 Hacker Way in Menlo Park, CA 94025	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
<sup>Name</sup> Facebook		10/11/19	\$50
Address	Purpose: Ads	Date	* <u>50</u>
1 Hacker Way in Menlo Park, CA 94025	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	f	
	Subt	otal this page	\$120.22
	Grand Total of all (Complete on last pag		
		,,	Enter this total



ITEMIZED EXPENDITURES SCHEDULE 1B	Committee I. D. Number 129355		
	<sub>Committee Name</sub> Friends of Allison I	_utz	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1	· · · · · · · · · · · · · · · · · · ·		
<sup>Name</sup> Facebook		10/12/19	\$ 75
Address	Purpose: Ads	Date	
1 Hacker Way in Menlo Park, CA 94025	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Facebook		10/15/19	s 40
Address	Purpose: Ads	Date	
1 Hacker Way in Menlo Park, CA 94025		Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
<sup>Name</sup> Independent Bank		10/16/19	\$5
Address	Purpose: Banking Fee	Date	* <u>0</u>
77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503		Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
<sup>Name</sup> Facebook		10/16/19	ر سر سر
Address	Purpose: Ads	Date	\$ <u>5.51</u>
1 Hacker Way in Menlo Park, CA 94025	Purpose:		
	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
<sup>Name</sup> Facebook		10/19/19	
Address	Purpose: Ads	Date	\$ <u>125</u>
1 Hacker Way in Menlo Park, CA 94025		Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
<b>-</b>	Subt	otal this page	\$250.51
	Grand Total of all (Complete on last pag		\$2,092.43
			Enter this total

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SCHEDULE 1E	ommittee I.D. Number	of Allisor	n Lotz	
This Schedule itemizes:		·····		
a Debts and obligations owed by or forgiven the common (Check	mittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the cor	nmittee,
<ol> <li>Name and Malling Address of person, vendor or financial institution to whom debt is owed.</li> <li>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.</li> </ol>	<ol> <li>Type of Obligation (Description)</li> <li>Indicate date debt was incurred</li> <li>Indicate original amount of debt</li> </ol>	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? Yes Owed to or by:	4. Type: Credit Card	\$		
Allison Lutz	5. <u>Date Debt Was Incurred</u> :	\$		
1058 Broadway Are NW Apt 2 Grand Rapids MI 49504	01/07/19	<u> </u>	J	\$ 150
Apt 2 Grand Rapids MI 49504	6. Original Amount of Debt:	\$	\$	\$_730
	\$ 150	······		FORGIVEN
If bank loan, name of endorser or guarantor:		<u>هــــــــــــــــــــــــــــــــــــ</u>	ount Endorsed: \$	
Debt #2 Corp? Yes	Cultured			
Owed to or by:	4. Type: Credit Card	\$		
Allison Lutz	5. Date Debt Was Incurred:	\$		
1058 Broadevery Ave her	07/01/19 6. <u>Original Amount of Debt</u> :	\$	• 0	\$194.40
Apt 2 Grand Rapids MI	· 194.40	\$	I\$ <u> </u>	\$ <u>117.40</u>
49504	Φ	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	nount Endorsed: \$	
Debt #3 Corp? Yes	4. Type: Credit Cord	\$		
Owed to or by:	5. Date Debt Was Incurred:	<u> </u>		
Allison Lutz	02/27/19	φ	<b>.</b>	
1658 Broadway Ave MUApt	6. Original Amount of Debt:	<u>\$</u>		\$ 51.43
1658 Broadway Ave MW Apt Z Grand Rapids M142504	\$ 51.43	\$	+	
		\$		
If bank loan, name of endorser or guarantor:	· · · · · · · · · · · · · · · · · · ·	An	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	395.83
(Cc	omplete on last page of Schedule s	Grand Total howing amounts owed by o	of all Schedules 1E r to the committee)	
		·		Enter this total on line 12a "owed by"" or line 12b

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.

"owed to" of the Summary Page

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS				
	ommittee I.D. Number	9355		
SCHEDULE 1E	In I Frida	ds of Allis		-7
	ommittee Name <u> かん</u>	05 01 mile	son 207	<u> </u>
This Schedule itemizes:	_			
	ck either a or b. Use only for the pu	· · · · · · · · · · · · · · · · · · ·		
<ul> <li>3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.</li> <li>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please</li> </ul>	<ol> <li>4. Type of Obligation (Description)</li> <li>5. Indicate date debt was Incurred</li> <li>6. Indicate original amount</li> </ol>	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)
provide information regarding the endorsers or guarantors, if any.	of debt			
Debt #1 Corp? Yes Owed to or by:	4. Type: Credit Cord	\$		
Allison Lutz	5. Date Debt Was Incurred:	\$		
INSOR Reactions Are NW	06/15/19	\$		. 20
1058 Broaderby Ave ULU Apt Z Grand Rapids MI	6. Original Amount of Debt	\$	\$	\$
49504	\$_30		l	
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: Credit Cord	\$		
Allison Lutz	5. Date Debt Was Incurred:	\$		
1058 Broadcary Ave NW Apt 2 Grand Rapids MI	6. <u>Original Amount of Debt</u> :	\$	0	· 10/02.44
Apt 2 Grows Bapiels MI	\$ 662.44	۱ \$	15	<u>↓</u> /
-49304	T	\$		FORGIVEN
If bank loan, name of endorser or guarantor:	· · · · · · · · · · · · · · · · · · ·	An	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	· \$		
		\$		
	6. Original Amount of Debt:	\$	l <sub>\$</sub>	\$
	\$	\$		
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	692.44
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				1088.27
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 Campalgn Statement or it was forgiven during the period covered by this Campaign Statement.				Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page
Page of				

\_ or \_ age