

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSCANDIDATE 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 129355 | | 3. This Statement covers From: _____ to 10/20/19 | |
| 2. Committee Name Friends of Allison Lutz | | 4. Candidate Last Name Lutz First Name Allison M.I. H 4a. Office Sought Including District # or Community Served (if applicable) _____ 4b. County of Residence _____ | |
| 5. Committee's Mailing Address 1058 Broadway Ave NW Apt 2 Grand Rapids MI 49504 Area Code and Phone 616 215 0238 <small>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.</small> | | 6. Treasurer's Name & Residential Address Justin Barr 1058 Broadway Ave NW Apt 2 Grand Rapids MI 49504 Area Code & Phone 616 255 4589 | |
| 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 10/05/19 | | 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 hereby 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: Justin Barr Type or Print Name _____ Signature _____ Date 10/24/19 | | Candidate: Allison Kay Lutz Type or Print Name _____ Signature _____ Date 10/24/19 | |

Authorized under P.A. 388 of 1978



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 129355
2. Committee Name Friends of Allison Lutz

**SUMMARY PAGE
CANDIDATE COMMITTEE**

| 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.) \$ | <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ | <u>1,952.00</u> | (18.) \$ _____ |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | <u>1,249.00</u> | (19.) \$ _____ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ | <u>3,201</u> | (20.) \$ _____ |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ | <u>1,098.27</u> | (21.) \$ _____ |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ | <u>0</u> | (22.) \$ _____ |
| EXPENDITURES | | | |
| 8. Expenditures | | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ | <u>2,092.43</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>1,088.27</u> | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ | _____ | |
| BALANCE STATEMENT | | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ | <u>0</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ | <u>3,201</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ | <u>3,201</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ | <u>2,092.42</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ | <u>1,108.57</u> | |



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129355
2. Committee Name Friends of Allison 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) |
|---|--|---|---|
| <p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/17/19</u></p> <p>Name & Address: <u>Allison Lutz</u> <u>1058 Broadway Ave NW Apt 2 Grand Rapids MI 49404</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Inside Sales Representative</u> Employer <u>Advantage Solutions</u> Business Address <u>1001 28th St SW Grand Rapids MI 49509</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>10</u> | \$ <u>10</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/19/19</u></p> <p>Name & Address: <u>Anthony Holewinski</u> <u>521 Academy Kalamazoo MI 49007</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>10</u> | \$ <u>10</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/19/19</u></p> <p>Name & Address: <u>Matthew Miller</u> <u>5950 Plum Hollow Drive 11 Ypsilanti MI 48197</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>10</u> | \$ <u>10</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/19/19</u></p> <p>Name & Address: <u>Dennis Murphy</u> <u>551 Burton St SE Grand Rapids MI 49507</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>25</u> | \$ <u>25</u> |
| | | Click Here for Memo Itemization | |

Page Subtotal **\$55.00**

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 129355
2. Committee Name Friends of Allison 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? <input type="checkbox"/> YES 4. Date of Receipt <u>02/19/19</u> Name & Address: Catherine Albro 3862 Jose Lane Middleville MI 49333 | | \$ <u>25</u> | \$ <u>25</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/19/19</u> Name & Address: Duncan MacLeod 2678 Woodmeadow Dr SE Unit D Grand Rapids MI 49546 | | \$ <u>50</u> | \$ <u>50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Gilmore Furniture Inc.</u> Business Address <u>321 Terminal Street SW 49548 Grand Rapids, MI 49548</u> Type of Contribution: <input checked="" 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>02/19/19</u> Name & Address: Laura Lutz 10152 Hiawatha Dr West Olive, MI 49460 | | \$ <u>25</u> | \$ <u>25</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/19/19</u> Name & Address: Lynda Hoving 602 Bradford Place NE Grand Rapids, MI 49525 | | \$ <u>50</u> | \$ <u>50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$150.00

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 129355
2. Committee Name Friends of Allison 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? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/19</u> Name & Address: <u>Jon Hoadley</u> <u>2720 Parkview Ave Kalamazoo, MI 49008</u> | | \$ <u>10</u> | \$ <u>10</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/19</u> Name & Address: <u>Sharon Depcinski</u> <u>1748 Tamarack Ave NW Grand Rapids, MI 49504</u> | | \$ <u>20</u> | \$ <u>20</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/19</u> Name & Address: <u>Chandler Versluis</u> <u>212 Antisdell Place NE Grand Rapids MI 49503</u> | | \$ <u>25</u> | \$ <u>25</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/19</u> Name & Address: <u>Jordan Vanderham</u> <u>4950 Christy Lane Holland, MI 49424</u> | | \$ <u>10</u> | \$ <u>10</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal **\$65.00**

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 129355
2. Committee Name Friends of Allison 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>02/25/19</u> | |
| Name & Address: Jacqueline Carpenter 4469 Marshall Ave SE Kentwood Mi 49508 | | \$ <u>25</u> | \$ <u>25</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/04/19</u> | |
| Name & Address: Chris Guis 3038 Waterford Ave NE Grand Rapids, MI 49505 | | \$ <u>50</u> | \$ <u>50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/11/19</u> | |
| Name & Address: Gregory Kwiatkowski 5492 Osborne Avenue SE Kentwood MI 49548 | | \$ <u>25</u> | \$ <u>25</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>04/09/19</u> | |
| Name & Address: Anthony Holewinski 521 Academy Kalamazoo MI 49007 | | \$ <u>25</u> | \$ <u>35</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$125.00

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 129355
2. Committee Name Friends of Allison 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? <input type="checkbox"/> YES 4. Date of Receipt <u>04/09/19</u> Name & Address: <u>Lynn Mason</u> <u>11637 W Ellis Belding MI 48809</u> | | \$ <u>25</u> | \$ <u>25</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/09/19</u> Name & Address: <u>Duncan MacLeod</u> <u>2678 Woodmeadow Dr SE Unit D Grand Rapids MI 49546</u> | | \$ <u>50</u> | \$ <u>100</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Gilmore Furniture Inc.</u> Business Address <u>321 Terminal Street SW 49548 Grand Rapids, MI 49548</u> Type of Contribution: <input checked="" 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>04/10/19</u> Name & Address: <u>Karen Krostbade</u> <u>7757 Kirkwall Dr Ada MI 49301</u> | | \$ <u>25</u> | \$ <u>25</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/15/19</u> Name & Address: <u>Jean Hudson</u> <u>11358 W Baker Road Greenville MI 48838</u> | | \$ <u>25</u> | \$ <u>25</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal **\$125.00**

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 129355
2. Committee Name Friends of Allison 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? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/19</u> Name & Address: <u>Chandler Versluis</u> <u>212 Antisdel Place NE Grand Rapids MI 49503</u> | | \$ <u>25</u> | \$ <u>50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/19</u> Name & Address: <u>Justin Barr</u> <u>1058 Broadway Avenue NW Apt 2 Grand Rapids MI 49504</u> | | \$ <u>182</u> | \$ <u>182</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Retail Clerk</u> Employer <u>Meijer</u> Business Address <u>315 Wilson Ave NW Walker MI 49534</u> Type of Contribution: <input checked="" 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>07/01/19</u> Name & Address: <u>Joe Lutz</u> <u>10152 Hiawatha Dr West Olive MI 49460</u> | | \$ <u>50</u> | \$ <u>50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/04/19</u> Name & Address: <u>Aaron Carbaugh</u> <u>6144 Viewpoint Dr NE Belmont MI 49306</u> | | \$ <u>25</u> | \$ <u>25</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal **\$282.00**

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 129355
2. Committee Name Friends of Allison 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? <input type="checkbox"/> YES 4. Date of Receipt <u>07/04/19</u> Name & Address: <u>Andrew Irons</u> <u>1068 Skyview Court Rochester MI 48307</u> | | \$ <u>5</u> | \$ <u>5</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/04/19</u> Name & Address: <u>Ian Dean</u> <u>192 W Wheeler Ave Apt A Terre Haute IN 47802</u> | | \$ <u>5</u> | \$ <u>5</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/05/19</u> Name & Address: <u>Duncan MacLeod</u> <u>2678 Woodmeadow Dr SE Unit D Grand Rapids MI 49546</u> | | \$ <u>50</u> | \$ <u>150</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Gilmore Furniture Inc.</u> Business Address <u>321 Terminal Street SW 49548 Grand Rapids, MI 49548</u> Type of Contribution: <input checked="" 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>07/07/19</u> Name & Address: <u>Dennis Murphy</u> <u>551 Burton St SE Grand Rapids MI 49507</u> | | \$ <u>25</u> | \$ <u>50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal **\$85.00**

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 129355
2. Committee Name _____

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

6. Amount

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

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

Name & Address:

Cynthia Smeyers
11015 Osborn St Grand Haven MI 49417

\$ 25

\$ 25

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/21/09

Name & Address

Laura Lutz
10152 Hiawatha Dr West Olive, MI 49460

\$ 25

\$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/22/19

Name & Address:

Barry Doty
854 McReynolds Ave NW Grand Rapids MI 49504

\$ 5

\$ 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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/07/19

Name & Address

Mauricio Jimenez
2117 Richmond St Grand Rapids MI 49504

\$ 50

\$ 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

Page Subtotal **\$105.00**

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 129355
2. Committee Name Friends of Allison 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? <input type="checkbox"/> YES 4. Date of Receipt <u>07/12/19</u> Name & Address: <u>Mauricio Jimenez</u> <u>2117 Richmond St Grand Rapids MI 49504</u> | | \$ <u>50</u> | \$ <u>100</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer _____ Business Address <u>2117 Richmond St Grand Rapids MI 49504</u> Type of Contribution: <input checked="" 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>07/27/19</u> Name & Address: <u>Cristendra Singh-Suwal</u> <u>554 Lane Ave NW Apt 2 Grand Rapids MI 49504</u> | | \$ <u>100</u> | \$ <u>100</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Pharmacy Technician</u> Employer <u>Spectrum Health</u> Business Address <u>100 Michigan St NE Grand Rapids MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/01/19</u> Name & Address: <u>Equity PAC</u> <u>333 SUNSET AVE NW 2 GRAND RAPIDS, MI 49504</u> | | \$ <u>250</u> | \$ <u>250</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/09/19</u> Name & Address: <u>Mauricio Jimenez</u> <u>2117 Richmond St Grand Rapids MI 49504</u> | | \$ <u>50</u> | \$ <u>150</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer _____ Business Address <u>2117 Richmond St Grand Rapids MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

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 129355
2. Committee Name Friends of Allison 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? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/19</u> Name & Address: <u>Allison Lutz</u> <u>1058 Broadway Ave NW Apt 2 Grand Rapids MI 49504</u> | | \$ <u>500</u> | \$ <u>510</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Inside Sales Representative</u> Employer <u>Advantage Solutions</u> Business Address <u>1001 28th St SW Grand Rapids MI 49509</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization <input type="button" value="▼"/> | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization <input type="button" value="▼"/> | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization <input type="button" value="▼"/> | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization <input type="button" value="▼"/> | |

Page Subtotal **\$510.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$1,952.00**

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 129355

2. Committee Name Friends of Allison Lutz

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? <input type="checkbox"/> 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 1001 28th St SW Grand Rapids MI 49509 | 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Voter Database Access</u> 5. Date Of Receipt: <u>01/07/19</u> 6. Vendor Name & Address: Michigan Democratic Party 606 Townsend, Lansing, MI 48933 | \$ 150 | \$ 160 |
| <input type="checkbox"/> Fund Raiser Contribution | | | |
| Contribution # 2 PAC Receipt? <input type="checkbox"/> 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 | 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Website and Email</u> 5. Date Of Receipt: <u>02/01/19</u> 6. Vendor Name & Address: Squarespace 8 Clarkson St New York, NY 10014 | \$ 194.40 | \$ 354.40 |
| <input type="checkbox"/> Fund Raiser Contribution | | | |
| Contribution #3 PAC Receipt? <input type="checkbox"/> 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 | 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Event Space</u> 5. Date Of Receipt: <u>02/27/19</u> 6. Vendor Name & Address: West Grand Neighborhood Association 666 Leonard St NW Suite b, Grand Rapids, MI 49504 | \$ 51.43 | \$ 405.83 |
| <input type="checkbox"/> Fund Raiser Contribution | | | |

Page Subtotal \$395.83 \$405.83

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 129355

CANDIDATE COMMITTEE

2. Committee Name Friends of Allison 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 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? <input type="checkbox"/> 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 <input type="checkbox"/> Fund Raiser Contribution | 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Event Space</u> 5. Date Of Receipt: <u>06/15/19</u> 6. Vendor Name & Address: Garfield Park Neighborhood Association 334 Burton St SE, Grand Rapids, MI 49507 Click Here for Memo Itemization | \$ 30 | \$ 435.83 |
| Contribution # 2 PAC Receipt? <input type="checkbox"/> 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 & Address: Advantage Solutions 1001 28th St SW Grand Rapids MI 49509 <input type="checkbox"/> Fund Raiser Contribution | 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Campaign Literature</u> 5. Date Of Receipt: <u>08/13/19</u> 6. Vendor Name & Address: Digital Print Essentials 6161 Kalamazoo Ave SE, Grand Rapids, MI 49508 Click Here for Memo Itemization | \$ 662.44 | \$ 1098.27 |
| Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution | 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 _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization | \$ _____ | \$ _____ |

Page Subtotal \$692.44 \$1,098.27

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$1,098.27

Enter this total
on line 6 of Summary
Page



**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 Name & Address: Justin Barr 1058 Broadway Ave NW Apt 2 Grand Rapids MI 49504 | Date of Receipt <u>05/23/19</u> | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser | \$ <u>\$732.74</u> |
| Receipt #2 Name & Address: Independent Bank 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 | Date of Receipt <u>05/23/19</u> | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser | \$ <u>274</u> |
| Receipt #3 Name & Address: Justin Barr 1058 Broadway Ave NW Apt 2 Grand Rapids MI 49504 | Date of Receipt <u>06/04/19</u> | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser | \$ <u>242.26</u> |
| Receipt #4 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser | \$ _____ |
| Receipt #5 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser | \$ _____ |
| Receipt #6 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser | \$ _____ |
| Receipt #7 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser | \$ _____ |

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



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 129355
2. 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 <input type="checkbox"/> Fund Raiser | Purpose: <u>Processing Donations</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>03/01/19</u> Date | \$ <u>\$4.30</u> |
| Expenditure #2 Name Facebook Address 1 Hacker Way in Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser | Purpose: <u>Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>03/21/19</u> Date | \$ <u>25</u> |
| Expenditure #3 Name ActBlue Address PO Box 441146 Somerville, MA 02144-0031 <input type="checkbox"/> Fund Raiser | Purpose: <u>Processing Donations</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/01/19</u> Date | \$ <u>1.13</u> |
| Expenditure #4 Name Independent Bank Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/08/19</u> Date | \$ <u>34</u> |
| Expenditure #5 Name Independent Bank Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/09/19</u> Date | \$ <u>34</u> |

Subtotal this page **\$98.43**

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 129355
2. 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 <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/10/19</u> Date | \$ <u>34</u> |
| Expenditure #2 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/11/19</u> Date | \$ <u>6</u> |
| Expenditure #3 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/11/19</u> Date | \$ <u>6</u> |
| Expenditure #4 Name <u>Facebook</u> Address <u>1 Hacker Way in Menlo Park, CA 94025</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/13/19</u> Date | \$ <u>25</u> |
| Expenditure #5 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/15/09</u> Date | \$ <u>6</u> |

Subtotal this page **\$77.00**
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 129355
2. 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 Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/16/19</u> Date | \$ <u>34</u> |
| Expenditure #2 Name Facebook Address 1 Hacker Way in Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser | Purpose: <u>Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/16/19</u> Date | \$ <u>20.89</u> |
| Expenditure #3 Name Independent Bank Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/16/19</u> Date | \$ <u>6</u> |
| Expenditure #4 Name Independent Bank Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/17/19</u> Date | \$ <u>34</u> |
| Expenditure #5 Name Independent Bank Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/17/19</u> Date | \$ <u>6</u> |

Subtotal this page **\$100.89**

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 129355
2. 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 Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/18/19</u> Date | \$ <u>6</u> |
| Expenditure #2 Name Independent Bank Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/19/19</u> Date | \$ <u>6</u> |
| Expenditure #3 Name Independent Bank Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/22/19</u> Date | \$ <u>34</u> |
| Expenditure #4 Name Independent Bank Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/22/19</u> Date | \$ <u>6</u> |
| Expenditure #5 Name Independent Bank Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/23/09</u> Date | \$ <u>6</u> |

Subtotal this page

\$58.00

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 129355
2. 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 Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/24/19</u> Date | \$ <u>6</u> |
| Expenditure #2 Name Independent Bank Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/25/19</u> Date | \$ <u>6</u> |
| Expenditure #3 Name Independent Bank Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/26/19</u> Date | \$ <u>6</u> |
| Expenditure #4 Name Independent Bank Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/29/19</u> Date | \$ <u>6</u> |
| Expenditure #5 Name Independent Bank Address 77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/30/19</u> Date | \$ <u>34</u> |

Subtotal this page

\$58.00

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 129355
2. 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 <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/30/19</u> Date | \$ <u>6</u> |
| Expenditure #2 Name <u>ActBlue</u> Address <u>PO Box 441146 Somerville, MA 02144-0031</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Processing Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/01/19</u> Date | \$ <u>2.27</u> |
| Expenditure #3 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/01/19</u> Date | \$ <u>6</u> |
| Expenditure #4 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/02/19</u> Date | \$ <u>6</u> |
| Expenditure #5 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/03/19</u> Date | \$ <u>6</u> |

Subtotal this page

\$26.27

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

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on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 129355
2. 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 <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/06/19</u> Date | \$ <u>34</u> |
| Expenditure #2 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/06/19</u> Date | \$ <u>34</u> |
| Expenditure #3 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/06/19</u> Date | \$ <u>6</u> |
| Expenditure #4 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/07/19</u> Date | \$ <u>6</u> |
| Expenditure #5 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/08/19</u> Date | \$ <u>6</u> |

Subtotal this page **\$86.00**

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 129355
2. 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 <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/09/19</u> Date | \$ <u>6</u> |
| Expenditure #2 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/10/19</u> Date | \$ <u>6</u> |
| Expenditure #3 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/13/19</u> Date | \$ <u>6</u> |
| Expenditure #4 Name <u>ActBlue</u> Address <u>PO Box 441146 Somerville, MA 02144-0031</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Processing Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>06/01/19</u> Date | \$ <u>1.21</u> |
| Expenditure #5 Name <u>Hess Printing</u> Address <u>201 Elm St, Wyandotte, MI 48192</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Printing Literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>07/11/19</u> Date | \$ <u>114.94</u> |

Subtotal this page **\$134.15**

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 129355
2. 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 <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Banking Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>07/11/19</u> Date | \$ <u>5</u> |
| Expenditure #2 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Banking Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>07/31/19</u> Date | \$ <u>2</u> |
| Expenditure #3 Name <u>ActBlue</u> Address <u>PO Box 441146 Somerville, MA 02144-0031</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Donation Processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/01/19</u> Date | \$ <u>2.80</u> |
| Expenditure #4 Name <u>Vantiv E Commerce</u> Address <u>900 Chelmsford St, Lowell, MA 01851</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Donation Processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/09/19</u> Date | \$ <u>7.40</u> |
| Expenditure #5 Name <u>One Michigan Alliance</u> Address <u>551 KALAMAZOO AVE SE SUITE G GRAND RAPIDS, MI 49507</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Event Registration Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/12/19</u> Date | \$ <u>50</u> |

Subtotal this page **\$67.20**

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 129355
2. 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 <u>Allison Lutz</u> Address <u>1058 Broadway Ave NW Apt 2 Grand Rapids MI 49504</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Erroneous Expenditure</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/04/19</u> Date | <u>\$ 400</u> |
| Expenditure #2 Name <u>Nick Barr</u> Address <u>247 Crawford St Belding MI 48809</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Erroneous Expenditure</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/08/19</u> Date | <u>\$ 15</u> |
| Expenditure #3 Name <u>Kayden Barr</u> Address <u>7103 West Carson City Road Greenville MI 48838</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Erroneous Expenditure</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/19/19</u> Date | <u>\$ 150</u> |
| Expenditure #4 Name <u>Allison Lutz</u> Address <u>1058 Broadway Ave NW Apt 2 Grand Rapids MI 49504</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Erroneous Expenditure</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/29/19</u> Date | <u>\$ 400</u> |
| Expenditure #5 Name <u>Nick Barr</u> Address <u>247 Crawford St Belding MI 48809</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Erroneous Expenditure</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/03/19</u> Date | <u>\$ 10</u> |

Subtotal this page **\$975.00**
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 129355
2. 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 <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Banking Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/14/19</u> Date | <u>\$ 5</u> |
| Expenditure #2 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Banking Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/30/19</u> Date | <u>\$ 2</u> |
| Expenditure #3 Name <u>Vantiv E Commerce</u> Address <u>900 Chelmsford St, Lowell, MA 01851</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Donation Processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/10/11</u> Date | <u>\$ 3.76</u> |
| Expenditure #4 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Banking Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/16/19</u> Date | <u>\$ 5</u> |
| Expenditure #5 Name <u>Facebook</u> Address <u>1 Hacker Way in Menlo Park, CA 94025</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/29/19</u> Date | <u>\$ 25</u> |

Subtotal this page

\$40.76

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 129355
2. 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 <u>ActBlue</u> Address <u>PO Box 441146 Somerville, MA 02144-0031</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Processing Donations</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/01/19</u> Date | \$ <u>3</u> |
| Expenditure #2 Name <u>Vantiv E Commerce</u> Address <u>900 Chelmsford St, Lowell, MA 01851</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Processing Donations</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/09/19</u> Date | \$ <u>7.52</u> |
| Expenditure #3 Name <u>Facebook</u> Address <u>1 Hacker Way in Menlo Park, CA 94025</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/09/19</u> Date | \$ <u>24.70</u> |
| Expenditure #4 Name <u>Facebook</u> Address <u>1 Hacker Way in Menlo Park, CA 94025</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/09/19</u> Date | \$ <u>35</u> |
| Expenditure #5 Name <u>Facebook</u> Address <u>1 Hacker Way in Menlo Park, CA 94025</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/11/19</u> Date | \$ <u>50</u> |

Subtotal this page

\$120.22

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 129355
2. 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 <u>Facebook</u> Address <u>1 Hacker Way in Menlo Park, CA 94025</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/12/19</u> Date | \$ <u>75</u> |
| Expenditure #2 Name <u>Facebook</u> Address <u>1 Hacker Way in Menlo Park, CA 94025</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/15/19</u> Date | \$ <u>40</u> |
| Expenditure #3 Name <u>Independent Bank</u> Address <u>77 Monroe Center St NW Suite 101, Grand Rapids, MI 49503</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Banking Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/16/19</u> Date | \$ <u>5</u> |
| Expenditure #4 Name <u>Facebook</u> Address <u>1 Hacker Way in Menlo Park, CA 94025</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/16/19</u> Date | \$ <u>5.51</u> |
| Expenditure #5 Name <u>Facebook</u> Address <u>1 Hacker Way in Menlo Park, CA 94025</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/19/19</u> Date | \$ <u>125</u> |

Subtotal this page **\$250.51**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$2,092.43**

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 129355
2. Committee Name Friends of Allison Lutz

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 endorsers 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: <u>Allison Lutz</u> <u>1058 Broadway Ave NW</u> <u>Apt 2 Grand Rapids MI 49504</u> | 4. Type: <u>Credit Card</u> 5. <u>Date Debt Was Incurred:</u> <u>01/07/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 150</u> | \$ \$ \$ \$ \$ | \$ <u>0</u> | \$ <u>150</u> <input type="checkbox"/> FORGIVEN |

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

| | | | | |
|--|---|----------------------------|-------------|---|
| Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Allison Lutz</u> <u>1058 Broadway Ave NW</u> <u>Apt 2 Grand Rapids MI 49504</u> | 4. Type: <u>Credit Card</u> 5. <u>Date Debt Was Incurred:</u> <u>02/01/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 194.40</u> | \$ \$ \$ \$ \$ | \$ <u>0</u> | \$ <u>194.40</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: <u>Allison Lutz</u> <u>1058 Broadway Ave NW Apt 2</u> <u>Grand Rapids MI 49504</u> | 4. Type: <u>Credit Card</u> 5. <u>Date Debt Was Incurred:</u> <u>02/27/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 51.43</u> | \$ \$ \$ \$ \$ | \$ <u>0</u> | \$ <u>51.43</u> <input type="checkbox"/> FORGIVEN |
|--|--|----------------------------|-------------|--|

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

395.83

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

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

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 129355
2. Committee Name Friends of Allison Lutz

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 endorsers 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: <u>Allison Lutz</u> <u>1058 Broadway Ave NW</u> <u>Apt 2 Grand Rapids MI</u> <u>49504</u> | 4. Type: <u>Credit Card</u> 5. <u>Date Debt Was Incurred:</u> <u>06/15/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>30</u> | \$ \$ \$ \$ \$ | \$ <u>0</u> | \$ <u>30</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Allison Lutz</u> <u>1058 Broadway Ave NW</u> <u>Apt 2 Grand Rapids MI</u> <u>49304</u> | 4. Type: <u>Credit Card</u> 5. <u>Date Debt Was Incurred:</u> <u>08/13/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>662.44</u> | \$ \$ \$ \$ \$ | \$ <u>0</u> | \$ <u>662.44</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) 692.44

Grand Total of all Schedules 1E 1088.27
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.