



**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

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

<p>1. Committee I.D. Number <b>2021005</b></p> <p>2. Committee Name <b>COMMITTEE TO ELECT KENNETH W. HOSKINS</b></p>		<p>3. This Statement covers From: <u>01/01/2022</u> to <u>10/23/2022</u></p> <p>4. Candidate Last Name <b>HOSKINS</b> First Name <b>KENNETH</b> M.I. <b>W</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>CITY COMMISSIONER, WARD 3, GRAND RAPIDS</b></p> <p>4b. County of Residence <b>KENT COUNTY</b></p>	
<p>5. Committee's Mailing Address <b>PO BOX 7212 GRAND RAPIDS, MI 49510</b></p> <p>Area Code and Phone <u>(616) 291-5631</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>		<p>6. Treasurer's Name &amp; Residential Address <b>KATHY L HOSKINS 1758 BLAINE AVE SE GRAND RAPIDS, MI 49507</b></p> <p>Area Code &amp; Phone <u>(616) 308-8606</u></p>	
<p>7. Treasurer's Business Address <b>1758 BLAINE AVE SE GRAND RAPIDS, MI 49507</b></p> <p>Area Code and Phone <u>(616) 308-8606</u></p>		<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone _____</p>	
<p><b>9. TYPE OF STATEMENT</b></p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/08/2022</u></p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement ( _____ ) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	
		<p><b>9e. Dissolution of Candidate Committee</b></p> <p><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p>			
<p>Current Treasurer or Designated Record keeper <u>Kathy L. Hoskins</u> Type or Print Name</p>		<p>Submitted electronically, signature on file _____ Date <u>10/28/2022</u></p>	
<p>Candidate <u>Kenneth W. Hoskins</u> Type or Print Name</p>		<p>Submitted electronically, signature on file _____ Date <u>10/28/2022</u></p>	



1. Committee I.D. Number 2021005

2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

**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>49,305.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>49,305.00</u>	(18.) \$ <u>53,380.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>49,305.00</u>	(20.) \$ <u>53,380.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>125.00</u>	(21.) \$ <u>379.12</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>17,372.11</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>17,372.11</u>	(23.) \$ <u>18,927.50</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2,519.61</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>49,305.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>51,824.61</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>17,372.11</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>34,452.50</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

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>12/30/2021</u> Name & Address: <b>OLIVIA ANDERSON</b> 2264 SAGINAW RD SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/18/2022</u> Name & Address: <b>SHIRLEY A FOX</b> 6941 S WENTWORTH AVE CHICAGO, IL 60621  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/18/2022</u> Name & Address: <b>LEE ROACH</b> 882 BELFIELD ST SW WYOMING, MI 49509  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/18/2022</u> Name & Address: <b>JESSIE WALKER</b> 1908 KREISER ST SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal **375.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021005  
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/18/2022</u> Name & Address: JOYCE WALKER 1908 KREISER ST SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/18/2022</u> Name & Address: CARMELITA N YOUNG 410 60TH ST SE KENTWOOD, MI 49548		\$ <u>100.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNSELOR</u> Employer <u>COUNSELING CENTER OF WEST MICHIGAN</u> Business Address <u>360 E BELTLINE AVE NE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/19/2022</u> Name & Address: OSBE HOSKINS, SR 1330 BALLARD ST SE GRAND RAPIDS, MI 49507		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/22/2022</u> Name & Address: ANTHONY BAKER 455 MADISON AVE SE GRAND RAPIDS, MI 49503		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR OF SOCIOLOGY</u> Employer <u>FERRIS STATE UNIVERSITY</u> Business Address <u>1201 S STATE ST, BIG RAPIDS, MI 49307</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 400.00

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

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>02/22/2022</u> Name & Address: <u>KATHY L HOSKINS</u> <u>1758 BLAINE AVE SE</u> <u>GRAND RAPIDS, MI 49507</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>250.00</u>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/05/2022</u> Name & Address: <u>TERRENCE DUDLEY</u> <u>3462 COPPER RIVER AVE SW</u> <u>WYOMING, MI 49418</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR FEDERAL PROJECT MANAGER</u> Employer <u>CERNER CORPORATION</u> Business Address <u>2800 ROCK CREEK PKWY, KCMO, MO 64117</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/19/2022</u> Name & Address: <u>SHAQUANDA GORDON</u> <u>6437 VANTAGE DR SE</u> <u>CALEDONIA, MI 49316</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>VP HUMAN RESOURCES TALENT &amp; DIVERSITY</u> Employer <u>SPARTANNASH</u> Business Address <u>850 76TH ST SW, BYRON CENTER, MI 49315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/19/2022</u> Name & Address: <u>BRIAN CLOYD</u> <u>1413 SIGSBEE ST SE</u> <u>GRAND RAPIDS, MI 49506</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u>

Page Subtotal **950.00**

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

1. Committee I.D. Number 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

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>05/02/2022</u> Name & Address: <b>SAM CUMMINGS</b> 605 ABERDEEN ST NE GRAND RAPIDS, MI 49505  5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>CWD REAL ESTATE INVESTMENT</u> Business Address <u>50 LOUIS ST NW, STE 400, 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	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/05/2022</u> Name & Address: <b>ELLEN M JAMES</b> 1244 TRAVIS ST NE GRAND RAPIDS, MI 49505  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/08/2022</u> Name & Address: <b>THOMAS M BRANN</b> 4157 DIVISION AVE S GRAND RAPIDS, MI 49548  5. If over \$100.00 cumulative, please provide: Occupation <u>RESTRURANT OWNER</u> Employer <u>BRANNS STEAKHOUSE AND GRILL</u> Business Address <u>4157 DIVISION AVE S, 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	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/12/2022</u> Name & Address: <b>VERUNYCA WILLIAMS</b> 4864 32ND ST SE KENTWOOD, MI 49512  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal **1,400.00**

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3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/30/2022</u> Name & Address: <b>JOHNNY BRANN, JR</b> <b>5057 GRAND RIVER DR NE</b> <b>GRAND RAPIDS, MI 49525</b>  5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT/OWNER</u> Employer <u>INTERPHASE INTERIORS</u> Business Address <u>415 LEONARD ST NW, SUITE 110, 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	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/31/2022</u> Name & Address: <b>DAN MEYERING</b> <b>4823 SPRING RIDGE DR NE</b> <b>ADA, MI 49301</b>  5. If over \$100.00 cumulative, please provide: Occupation <u>CEO TRILLIUM INVESTMENTS</u> Employer <u>TRILLIUM INVESTMENTS</u> Business Address <u>25 COMMERCE AVE SW, SUITE 100, 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	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/31/2022</u> Name & Address: <b>HERMAN FACESON</b> <b>1905 DAWSON AVE NE</b> <b>GRAND RAPIDS, MI 49505</b>  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/04/2022</u> Name & Address: <b>VENESSA JONES</b> <b>425 GILBERT ST SE</b> <b>GRAND RAPIDS, MI 49507</b>  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>60.00</u>	\$ <u>60.00</u>

Page Subtotal **2,135.00**

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/2022</u> Name & Address: <u>VITO P LOMONACO</u> <u>6152 W FIELDSTONE HILLS DR APT 12</u> <u>CALEDONIA, MI 49316</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/13/2022</u> Name & Address: <u>MARK A MURRAY</u> <u>649 CAMBRIDGE BLVD SE</u> <u>GRAND RAPIDS, MI 49506</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>VICE CHAIRMAN</u> Employer <u>MEIJER INC</u> Business Address <u>2929 WALKER AVE NW, GRAND RAPIDS, MI 49544</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/2022</u> Name & Address: <u>JOHN KENNEDY</u> <u>4152 E PARIS AVE SE</u> <u>KENTWOOD, MI 49512</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>AUTOCAM MEDICAL</u> Business Address <u>4152 E PARIS AVE SE, KENTWOOD, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/20/2022</u> Name & Address: <u>RICK BAKER</u> <u>335 BRIDGE ST NW</u> <u>SUITE 1600</u> <u>GRAND RAPIDS, MI 49504</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PRESDENT</u> Employer <u>GRAND RAPIDS AREA CHAMBER OF COMMERCE</u> Business Address <u>250 MONROE AVE NW, STE 150, 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	\$ <u>500.00</u>	\$ <u>500.00</u>

Page Subtotal 2,100.00

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/22/2022</u> Name & Address: <b>CHARLIE SECCHIA</b> 5101 SPRING RIDGE DR NE ADA, MI 49301  5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ATTICO VENTURES, LLC</u> Business Address <u>220 LYON ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/23/2022</u> Name & Address: <b>DAVID G FREY</b> 2011 SAN LU RAE DR SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>BANK PRESIDENT</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/28/2022</u> Name & Address: <b>MICHAEL J JANDERNOA TRUST</b> 171 MONROE AVE NW STE 410 GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDING PARTNER</u> Employer <u>42 NORTH PARTNERS</u> Business Address <u>171 MONROE AVE NW STE 410, 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	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/28/2022</u> Name & Address: <b>SUSAN M JANDERNOA TRUST</b> 171 MONROE AVE NW STE 410 GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDING PARTNER</u> Employer <u>42 NORTH PARTNERS</u> Business Address <u>171 MONROE AVE NW STE 410, 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	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>

Page Subtotal 2,750.00

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>06/29/2022</u> Name & Address: GRAND RAPIDS CHAMBER PAC 250 MONROE AVE NW STE 150 GRAND RAPIDS, MI 49503  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	\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2022</u> Name & Address: LYDIA R LEAK 3607 MCCUISTON RD UNIT 4 GREENSBORO, NC 27407  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED - COLLEGE ADMINISTRATOR</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/07/2022</u> Name & Address: NICHOLAS S AYOUB 1251 M.L.K. JR ST SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide: Occupation <u>DISTRICT JUDGE</u> Employer <u>KENT COUNTY MICHIGAN 61ST DISTRICT</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/2022</u> Name & Address: MARK D MEIJER P.O. BOX 25284 GRAND RAPIDS, MI 49501  5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT &amp; CEO</u> Employer <u>LIFE EMS</u> Business Address <u>1275 CEDAR 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	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>

Page Subtotal 6,200.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

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>07/18/2022</u> Name & Address: <b>DANIEL HIBMA</b> 1701 PORTER ST SW WYOMING, MI 49519		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LAND &amp; COMPANY</u> Business Address <u>1701 PORTER ST SW, WYOMING, MI 49519</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2022</u> Name & Address: <b>JAMES CUTTS</b> 7277 MISTY MORNING DR SE CALEDONIA, MI 49316		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNSELOR</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>7277 MISTY MORNING DR SE, CALEDONIA, MI 49316</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/22/2022</u> Name & Address: <b>ROBERT HUGHES</b> 635 PINE MEADOW LN NE ADA, MI 49301		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER / PRESIDENT</u> Employer <u>ADVANTAGE BENEFITS GROUP</u> Business Address <u>1 IONIA AVE SW, SUITE 300, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/22/2022</u> Name & Address: <b>RICHARD A WINN</b> P.O. BOX 230036 GRAND RAPIDS, MI 49523		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>AHC HOSPITALITY</u> Business Address <u>187 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 1,075.00

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

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>07/25/2022</u> Name & Address: <b>THOMAS BYLENGA</b> 1537 HAWTHORNE HILLS DR SE ADA, MI 49301  5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>STAR TRUCK RENTALS</u> Business Address <u>3940 EASTERN AVE SE, WYOMING, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2022</u> Name & Address: <b>KENNETH JAMES</b> 6472 GRENELEFE DR SE GRAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF DIVERSITY OFFICER</u> Employer <u>MUSKEGON COMMUNITY COLLEGE</u> Business Address <u>221 QUARTERLINE RD, MUSKEGON, MI 49442</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2022</u> Name & Address: <b>JOHNNY BRANN, SR.</b> 7779 TIMBER CANYON DR SE ADA, MI 49301  5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT OWNER</u> Employer <u>BRANN'S RESTAURANT &amp; GRILL LEONARD ST</u> Business Address <u>401 LEONARD ST NW, 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	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: <b>JANIECE DANCE</b> 1025 TOREN ST SE GRAND RAPIDS, MI 49507  5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER/PARTNER</u> Employer <u>WILL N' ENTERPRISES</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal **1,350.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

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>08/08/2022</u> Name & Address: <u>BERNITA K FRIERSON</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>UNKNOWN</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<u>\$ 20.00</u>	<u>\$ 20.00</u>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/08/2022</u> Name & Address: <u>JAMES P HACKETT</u> <u>1547 BRIARCLIFF DR SE</u> <u>GRAND RAPIDS, MI 49546</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<u>\$ 750.00</u>	<u>\$ 750.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/10/2022</u> Name & Address: <u>DOUGLAS A DOZEMAN</u> <u>1313 TRILLIUM TRAIL NE</u> <u>GRAND RAPIDS TWP, MI 49525</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER-NORCROSS &amp; JUDD</u> Business Address <u>150 OTTAWA AVE NW, 1500 WARNER BLDG, 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	<u>\$ 500.00</u>	<u>\$ 500.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/12/2022</u> Name & Address: <u>MATT MISSAD</u> <u>4182 BAY BEACH LN</u> <u>FORT MYERS BEACH, FL 33931</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CEO UNIVERSAL FOREST PRODUCTS</u> Business Address <u>2801 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<u>\$ 500.00</u>	<u>\$ 500.00</u>

Page Subtotal 1,770.00

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

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>08/24/2022</u> Name & Address: <b>DENIS BENNETT</b> 3887 CRYSTAL WATERS LN NE GRAND RAPIDS, MI 49525  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED POLICE OFFICER</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/24/2022</u> Name & Address: <b>TERRI L LAND</b> 7955 BYRON STATION CT SW BYRON CENTER, MI 49315  5. If over \$100.00 cumulative, please provide: Occupation <u>PROPERTY MANAGEMENT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>7955 BYRON STATION CT SW, BYRON CENTER, MI 49315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/31/2022</u> Name & Address: <b>TIMOTHY R SCHOWALTER</b> 220 TAOS AVE NE ADA, MI 49301  5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT AND CEO</u> Employer <u>PIONEER CONSTRUCTION</u> Business Address <u>550 KIRTLAND ST SW, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/31/2022</u> Name & Address: <b>MIKE VANGESSEL</b> 7740 CARY ST NE ROCKFORD, MI 49341  5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER/CEO</u> Employer <u>ROCKFORD CONSTRUCTION</u> Business Address <u>601 FIRST ST NW, 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	\$ <u>500.00</u>	\$ <u>500.00</u>

Page Subtotal **2,150.00**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

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>08/31/2022</u> Name & Address: <b>GAYLE VANGESSEL</b> 7740 CARY ST NE ROCKFORD, MI 49341  5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>1,000.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/06/2022</u> Name & Address: <b>WILLIAM J BRENNAN</b> 4120 E GABLES CT NE GRAND RAPIDS, MI 49525  5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BRENNAN LEGAL CONSULTING</u> Business Address <u>29 PEARL ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/08/2022</u> Name & Address: <b>DAVID ECHELBARGER</b> 2382 OTTAWA TRAIL HASTINGS, MI 49058  5. If over \$100.00 cumulative, please provide: Occupation <u>CPA/CGMA/MANAGING PARTNER</u> Employer <u>ECHELBARGER-HIMEBAUGH-TAMM CO</u> Business Address <u>2301 E PARIS AVE SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/12/2022</u> Name & Address: <b>LAURA HUGHES</b> 635 PINE MEADOW LN NE ADA, MI 49301  5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR/FOUNDING CEO</u> Employer <u>FLEUR DIS LIS DEVELOPMENT GROUP</u> Business Address <u>1519 TOWER GROVE AVE, ST. LOUIS, MO 63110</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u>

Page Subtotal 900.00

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>DANNY E HICKS</b> <b>561 HICKORY LANE</b> <b>HOWARD CITY, MI 49329</b>  5. If over \$100.00 cumulative, please provide: Occupation <u>HI-LO DRIVER</u> Employer <u>BLUE TRITON BRANDS</u> Business Address <u>19275 8 MILE RD, STANWOOD, MI 49346</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>150.00</u>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>BRADFORD MATHIS</b> <b>65 WHITE HILLS AVE NE</b> <b>GRAND RAPIDS, MI 49546</b>  5. If over \$100.00 cumulative, please provide: Occupation <u>VP HUMAN DEVELOPMENT &amp; INCLUSION</u> Employer <u>ROCKFORD CONSTRUCTION</u> Business Address <u>601 FIRST ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>AARON PHELPS</b> <b>12700 MYERS LAKE AVE NE</b> <b>CEDAR SPRINGS, MI 49319</b>  5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY / LITIGATION</u> Employer <u>VARNUM LAW, LLP</u> Business Address <u>333 BRIDGE ST NW, STE 1700, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>CHARLES M FRANTZ</b> <b>645 BATES ST SE</b> <b>GRAND RAPIDS, MI 49503</b>  5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF FINANCIAL OFFICER/COMPTROLLER</u> Employer <u>CITY OF GRAND RAPIDS, MICHIGAN</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **350.00**

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

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>JAMES BYL</b> 1965 WALDORF ST NW WALKER, MI 49544  5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER/OWNER</u> Employer <u>MULTI-AUTOMATIC TOOL &amp; SUPPLY</u> Business Address <u>1965 WALDORF ST NW, WALKER, MI 49544</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>MONICA STEIMLE-APP</b> 344 MADISON AVE SE GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR VP PROPERTY MANAGEMENT</u> Employer <u>ROCKFORD CONSTRUCTION</u> Business Address <u>601 FIRST ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>RICHARD APP</b> 344 MADISON AVE SE GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide: Occupation <u>RETENTION AND ATTRACTION SPECIALIST</u> Employer <u>GRAND RAPIDS CHAMBER OF COMMERCE</u> Business Address <u>250 MONROE AVE NW, STE 150, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>MICHAEL HOUSEMAN</b> 3045 RIDGE PORT DR NW GRAND RAPIDS, MI 49544  5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT WOLVERINE NA</u> Employer <u>WOLVERINE BUILDING GROUP NA</u> Business Address <u>9341 COURTLAND DR NE, ROCKFORD, MI 49351</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>

Page Subtotal **950.00**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>TIMOTHY STREIT</b> 11160 ANCHOR COVE DR SHELBYVILLE, MI 49344  5. If over \$100.00 cumulative, please provide: Occupation <u>CO-FOUNDER/MANAGING PARTNER</u> Employer <u>GRAND VENTURES, LLC</u> Business Address <u>99 MONROE AVE NW, STE 502, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>M D BUTLER</b> 2999 OVERLOOK SUMMIT DR GRAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>75.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>PRIORITY HEALTH PAC - 519252</b> 201 TOWNSEND ST, STE 900 LANSING, MI 48933  5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>NICHOLAS S AYOUB</b> 1251 M.L.K. JR ST SE GRAND RAPIDS, MI 49506  5. If over \$100.00 cumulative, please provide: Occupation <u>DISTRICT JUDGE</u> Employer <u>KENT COUNTY MICHIGAN 61ST DISTRICT</u> Business Address <u>180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>200.00</u>

Page Subtotal 750.00

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>GEORGE K HEARTWELL</b> <b>8928 S PARSONS AVE</b> <b>NEWAYGO, MI 49337</b>  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>300.00</u>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>VITO P LOMONACO</b> <b>6152 W FIELDSTONE HILLS DR APT 12</b> <b>CALEDONIA, MI 49316</b>  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>250.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>JAMES B WHITE</b> <b>2115 MAUMEE DR SE</b> <b>GRAND RAPIDS, MI 49506</b>  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED - CITY COMMISSIONER</u> Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/2022</u> Name & Address: <b>CHARLES A BASSETT II</b> <b>2609 N SOUTHPORT AVE</b> <b>CHICAGO, IL 60614</b>  5. If over \$100.00 cumulative, please provide: Occupation <u>CFO</u> Employer <u>BAMF HEALTH</u>  Business Address <u>109 MICHIGAN ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/2022</u> Name & Address: TERESA NEAL 4766 CHALET LN SW WYOMING, MI 49519  5. If over \$100.00 cumulative, please provide: Occupation <u>EDUCATION CONSULTANT</u> Employer <u>TERESA WEATHERALL NEAL EDUCATION CONSULTING,</u> Business Address <u>4766 CHALET LN SW, WYOMING, MI 49519</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>09/14/2022</u> Name & Address: GRAND RAPIDS CHAMBER PAC 250 MONROE AVE NW STE 150 GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>5,500.00</u>	\$ <u>10,500.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/2022</u> Name & Address: CARRIE C O'CONNOR 743 COLLINDALE AVE NW GRAND RAPIDS, MI 49504  5. If over \$100.00 cumulative, please provide: Occupation <u>EDUCATOR</u> Employer <u>ALLENDALE PUBLIC SCHOOLS</u> Business Address <u>10505 LEARNING LN, ALLENDALE TWP, MI 49401</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/16/2022</u> Name & Address: JAMES WILLIAMS 3706 BUTTRICK AVE SE ADA, MI 49301  5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>WILLIAMS DISTRIBUTING</u> Business Address <u>658 RICHMOND ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>

Page Subtotal 5,950.00

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/19/2022</u> Name & Address: <b>DANIEL HIBMA</b> 1701 PORTER ST SW WYOMING, MI 49519  5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LAND &amp; COMPANY</u> Business Address <u>1701 PORTER ST SW, WYOMING, MI 49519</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>550.00</u>	\$ <u>1,050.00</u>
3. Contribution #2      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>09/19/2022</u> Name & Address: <b>GRAND RAPIDS FIOREFIGHTERS UNION LOCAL 366</b> 1930 FULLER AVE NE GRAND RAPIDS, MI 49505  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	\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/27/2022</u> Name & Address: <b>RUSSEL RICHTER</b> 4035 CHICAGO DR SW GRANDVILLE, MI 49418  5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL REAL ESTATE BROKER</u> Employer <u>RICHTER REALTY</u> Business Address <u>4035 CHICAGO DR SW, GRANDVILLE, MI 49418</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/28/2022</u> Name & Address: <b>ROBERT SCHERMER</b> 45 OTTAWA AVE SW STE 600 GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN OF THE BOARD</u> Employer <u>MERITAGE HOSPITALITY GROUP</u> Business Address <u>45 OTTAWA AVE SW STE 600, 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	\$ <u>500.00</u>	\$ <u>500.00</u>

Page Subtotal **4,100.00**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/28/2022</u> Name & Address: <b>MARIA DEVOS</b> 200 MONROE AVE NW GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide: Occupation <u>BOARDMEMBER</u> Employer <u>RDV CORP</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/28/2022</u> Name & Address: <b>DOUGLAS L DEVOS</b> 200 MONROE AVE NW GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide: Occupation <u>BOARDMEMBER</u> Employer <u>RDV CORP</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/28/2022</u> Name & Address: <b>STEVE EHMANN</b> 200 MONROE AVE NW GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide: Occupation <u>BOARDMEMBER</u> Employer <u>RDV CORP</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/28/2022</u> Name & Address: <b>SUZANNE C DEVOS</b> 200 MONROE AVE NW GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide: Occupation <u>BOARDMEMBER</u> Employer <u>RDV CORP</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>

Page Subtotal **4,200.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/28/2022</u> Name & Address: DANIEL DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOARDMEMBER</u> Employer <u>RDV CORP</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/28/2022</u> Name & Address: PAMELLA DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOARDMEMBER</u> Employer <u>RDV CORP</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/28/2022</u> Name & Address: BETSY DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOARDMEMBER</u> Employer <u>RDV CORP</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/28/2022</u> Name & Address: RICHARD M DEVOS, JR 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOARDMEMBER</u> Employer <u>RDV CORP</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 4,200.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/28/2022</u> Name & Address: <u>WILLIAM J BRENNAN</u> <u>4120 E GABLES CT NE</u> <u>GRAND RAPIDS, MI 49525</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL COUNSEL &amp; VP</u> Employer <u>BRENNAN LEGAL CONSULTING, PLC</u> Business Address <u>4120 E GABLES CT NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>350.00</u>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/30/2022</u> Name & Address: <u>ROBERT HUGHES</u> <u>635 PINE MEADOW LN NE</u> <u>ADA, MI 49301</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER/PRESIDENT</u> Employer <u>ADVANTAGE BENEFITS GROUP</u> Business Address <u>1 IONIA AVE SW STE 300, 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	\$ <u>250.00</u>	\$ <u>550.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/01/2022</u> Name & Address: <u>VERNITA M PERRY</u> <u>1312 FULLER AVE SE</u> <u>GRAND RAPIDS, MI 49506</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR DINING &amp; RESIDENTIAL CARE</u> Employer <u>CLARK RETIREMENT COMMUNITY</u> Business Address <u>1551 M.L.K. JR ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/01/2022</u> Name & Address: <u>GARY A ROSE</u> <u>16611 LAKEVIEW ST</u> <u>SPRING LAKE, MI 49456</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT &amp; COO</u> Employer <u>MERITAGE HOSPITALITY GROUP</u> Business Address <u>45 OTTAWA AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u>

Page Subtotal **800.00**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

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>10/05/2022</u> Name & Address: <b>ANDREW ROBBINS</b> 64 JOHN BALL PARK DR NW GRAND RAPIDS, MI 49504  5. If over \$100.00 cumulative, please provide: Occupation <u>HRIS ANALYST</u> Employer <u>GORDON FOOD SERVICE</u> Business Address <u>4990 CLAY AVE SW, 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	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2022</u> Name & Address: <b>JAMES BOSSENBROEK</b> 38 COMMERCE AVE SW, STE 200 GRAND RAPIDS, MI 49503  5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN INVESTMENT DEVELOPMENT</u> Employer <u>NORTHGATE HOLDINGS, LLC</u> Business Address <u>38 COMMERCE AVE SW, STE 200, 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	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2022</u> Name & Address: <b>DAVID O LYNGKLIP</b> 5300 KIES ST NE ROCKFORD, MI 49341  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED - SALES</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/13/2022</u> Name & Address: <b>RICK BAKER</b> 335 BRIDGE ST NW, STE 1600 GRAND RAPIDS, MI 49504  5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>GRAND RAPIDS CHAMBER OF COMMERCE</u> Business Address <u>250 MONROE AVE NW, STE, STE 150, 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	\$ <u>500.00</u>	\$ <u>1,000.00</u>

Page Subtotal **2,650.00**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/14/2022</u> Name & Address: <u>THOMAS E CAMPBELL</u> <u>7237 MOUNTAIN ASH DR SE</u> <u>GRAND RAPIDS, MI 49546</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>SR. STERILIZATION ENGINEER</u> Employer <u>VIAN-T-MEDPLAST, INC.</u> Business Address <u>520 WATSON ST SW, 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	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>10/17/2022</u> Name & Address: <u>REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN I</u> <u>720 N WASHINGTON AVE</u> <u>LANSING, MI 48906</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	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 3      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>10/19/2022</u> Name & Address: <u>OPERATING ENGINEERS LOCAL 324 STATE OF MICHIGAN PAC</u> <u>500 HULET DR</u> <u>BLOOMFIELD TWP, MI 48302</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	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: _____  5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____

Page Subtotal **1,350.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) **49,305.00**

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line 3a of Summary  
Page.

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**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number 2021005

**CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
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Contribution # 1 PAC Receipt?  Yes

Name & Address:  
**KENNETH W HOSKINS**  
1051 EVERGREEN ST SE  
GRAND RAPIDS, MI 49507

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

Employer Name & Business Address:  
**OAKDALE NEIGHBORS**  
1260 KALAMAZOO AVE SE,  
GRAND RAPIDS, MI 49507

Fund Raiser Contribution

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

Description CAMPAIGN T-SHIRTS

5. Date Of Receipt: 07/25/2022

6. Vendor Name & Address:  
**THROUGH THE TREES CRAFTS & DESIGN**  
1930 ENGLEWOOD DR SE,  
GRAND RAPIDS, MI 49506

\$ 125.00 \$ 125.00

Contribution # 2 PAC Receipt?  Yes  
Name & Address

If over \$100.00 cumulative, please provide:  
Occupation:  
Employer Name & Address:

Fund Raiser Contribution

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

Description \_\_\_\_\_

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address:

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Contribution #3 PAC Receipt?  Yes  
Name & Address:

If over \$100.00 cumulative, please provide:  
Occupation:  
Employer Name & Address:

Fund Raiser Contribution

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

Description \_\_\_\_\_

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address:

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Page Subtotal **125.00** **125.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **125.00**

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Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>THE GRAND RAPIDS TIMES NEWSPAPER</b>  Address 2016 EASTERN AVE SE GRAND RAPIDS, MI 49507  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN ADVERTISEMENT - INV #</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/12/2022</u> Date	\$ <u>372.00</u>
Expenditure #2 Name <b>LINC UP COMMUNITY REVITALIZATION INC</b>  Address 1167 MADISON AVE SE GRAND RAPIDS, MI 49507  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN FUNDRAISER VENUE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/03/2022</u> Date	\$ <u>250.00</u>
Expenditure #3 Name <b>TWO A'S &amp; A POD</b>  Address 501 NETHERFIELD ST NW COMSTOCK PARK, MI 49321  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN VIDEO DEPOSIT</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/08/2022</u> Date	\$ <u>168.75</u>
Expenditure #4 Name <b>COSTCO</b>  Address 5100 28TH ST SE GRAND RAPIDS, MI 49512  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER - FOOD PURCHASE FOR 2/18/2022</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/16/2022</u> Date	\$ <u>168.62</u>
Expenditure #5 Name <b>PRICE CUTTER</b>  Address 730 28TH ST SE GRAND RAPIDS, MI 49548  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER - FOOD PURCHASE FOR 2/18/2022</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/16/2022</u> Date	\$ <u>139.20</u>

Subtotal this page **1,098.57**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>RJ PRINTING, INC</b>  Address 1001 2ND ST KALAMAZOO, MI 49001  <input type="checkbox"/> Fund Raiser	Purpose: <u>RACK CARDS, NOTE PADS, YARD SIGNS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/17/2022</u> Date	\$ <u>1,327.12</u>
Expenditure #2 Name <b>GORDON FOOD SERVICE</b>  Address 4322 ALPINE AVE NW COMSTOCK PARK, MI 49321  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD AND CONTAINERS FOR 2/18 FUNDRAISER</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/18/2022</u> Date	\$ <u>93.13</u>
Expenditure #3 Name <b>DOLLAR GENERAL</b>  Address 1226 MADISON AVE SE GRAND RAPIDS, MI 49507  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>BALLOONS FOR 2/18 FUNDRAISER</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/18/2022</u> Date	\$ <u>11.13</u>
Expenditure #4 Name <b>TWO A'S &amp; A POD</b>  Address 501 NETHERFIELD ST NW COMSTOCK PARK, MI 49321  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN VIDEO</u>  <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/22/2022</u> Date	\$ <u>506.25</u>
Expenditure #5 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION Q916P9M2S0E9-1</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/24/2022</u> Date	\$ <u>6.10</u>

Subtotal this page **1,943.73**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION Q916P9M2S0E8-2</small> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/24/2022</u> Date	\$ <u>3.20</u>
Expenditure #2 Name <b>LEVEL ONE BANK</b>  Address 2355 BURTON ST SE GRAND RAPIDS, MI 49506  <input type="checkbox"/> Fund Raiser	Purpose: <b>BANK SERVICE FEE</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/28/2022</u> Date	\$ <u>0.21</u>
Expenditure #3 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION A7V2U11Z0K6M4</small> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/09/2022</u> Date	\$ <u>3.20</u>
Expenditure #4 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION Z0W909J1B9G4</small> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/23/2022</u> Date	\$ <u>14.80</u>
Expenditure #5 Name <b>THE MONTGOMERY CODE</b>  Address P.O. BOX 69293 GRAND RAPIDS, MI 49516  <input type="checkbox"/> Fund Raiser	Purpose: <b>WEBSITE SUBSCRIPTION FEE</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/29/2022</u> Date	\$ <u>332.00</u>

Subtotal this page

**353.41**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION S6W8J1J9J2Q8</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/19/2022</u> Date	\$ <u>6.10</u>
Expenditure #2 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION E8K2O6H8Y9I7</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/04/2022</u> Date	\$ <u>29.30</u>
Expenditure #3 Name <b>LING UP COMMUNITY REVITALIZATION INC</b>  Address 1167 MADISON AVE SE GRAND RAPIDS, MI 49507  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN PROMOTION BOOTH - ROCK THE BLOCK</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/07/2022</u> Date	\$ <u>200.00</u>
Expenditure #4 Name <b>KENNETH W HOSKINS</b>  Address 1051 EVERGREEN ST SE GRAND RAPIDS, MI 49507  <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT- CAMPAIGN PENS, PLACKARDS, CARDS</u>  Memo Itemization Below  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/07/2022</u> Date	\$ <u>525.13</u>
Expenditure #5 Name <b>RJ PRINTING, INC</b>  Address 1001 2ND ST KALAMAZOO, MI 49001  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN PLACARDS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2022</u> Date	\$ <u>269.24</u>

Subtotal this page **1,029.77**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>ADVANCED CAMPAIGN TECHNOLOGIES</b>  Address 6280 TIMPSON AVE SE ALTO, MI 49302  <input type="checkbox"/> Fund Raiser	Purpose: <u>GR CITY 3RD WARD VOTER &amp; WALK LIST</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/27/2022</u> Date	\$ <u>400.00</u>
Expenditure #2 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION B5F6G3G7E0B6-1</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/02/2022</u> Date	\$ <u>30.75</u>  Memo Itemization Below
Expenditure #3 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION B5F6G3G7E0B6-2</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/02/2022</u> Date	\$ <u>29.30</u>
Expenditure #4 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION C5I9U1L7A9W7</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2022</u> Date	\$ <u>1.03</u>
Expenditure #5 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION ST-R2H1O4Y8P4O2</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/08/2022</u> Date	\$ <u>2.00</u>

Subtotal this page

**463.08**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>RIVER CITY BUSINESS EQUIPMENT, INC.</b>  Address <b>300 44TH ST SW GRAND RAPIDS, MI 49548</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN PLACARD</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/2022</u> Date	\$ <u>137.49</u>
Expenditure #2 Name <b>STRIPE.COM</b>  Address <b>185 BERRY ST STE 550 SF, CA 94107</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/2022</u> Date	\$ <u>14.80</u>
Expenditure #3 Name <b>STRIPE.COM</b>  Address <b>185 BERRY ST STE 550 SF, CA 94107</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION G5B6V7B6V4R3-1</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/2022</u> Date	\$ <u>29.30</u>
Expenditure #4 Name <b>STRIPE.COM</b>  Address <b>185 BERRY ST STE 550 SF, CA 94107</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION G5B6V7B6V4R3-2</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/2022</u> Date	\$ <u>14.80</u>
Expenditure #5 Name <b>SWIFT PRINTING</b>  Address <b>404 BRIDGE ST NW GRAND RAPIDS, MI 49504</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER POSTER 36 X 48 INV 1407-8667</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2022</u> Date	\$ <u>176.32</u>

Subtotal this page **372.71**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION I4R4W1Y6U5N3</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2022</u> Date	\$ <u>14.80</u>
Expenditure #2 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION R6Y3P8O5B1Z3</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/27/2022</u> Date	\$ <u>7.55</u>
Expenditure #3 Name <b>LEVEL ONE BANK</b>  Address 2355 BURTON ST SE GRAND RAPIDS, MI 49506  <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK SERVICE FEE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2022</u> Date	\$ <u>0.03</u>
Expenditure #4 Name <b>RJ PRINTING, INC</b>  Address 1001 2ND ST KALAMAZOO, MI 49001  <input type="checkbox"/> Fund Raiser	Purpose: <u>PLACARD RACK CARDS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2022</u> Date	\$ <u>269.24</u>
Expenditure #5 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION P1H4Z6L6BSN4</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/2022</u> Date	\$ <u>1.75</u>

Subtotal this page

**293.37**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>KENNETH W HOSKINS</b>  Address 1051 EVERGREEN ST SE GRAND RAPIDS, MI 49507  <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD FOR COMMITTEE MEETING &amp; COMMITTEE T-SHIRTS /</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2022</u> Date	\$ <u>189.95</u>
Expenditure #2 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION E7B724N3M5A5</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/22/2022</u> Date	\$ <u>9.00</u>
Expenditure #3 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION Y1N9T1M7Z5Z5-1</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/26/2022</u> Date	\$ <u>1.75</u>
Expenditure #4 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION Y1N9T1M7Z5Z5-2</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/26/2022</u> Date	\$ <u>29.30</u>
Expenditure #5 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION C8X5G0P9Q1G5</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/27/2022</u> Date	\$ <u>1.75</u>

Subtotal this page

**231.75**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>LEVEL ONE BANK</b>  Address 2355 BURTON ST SE GRAND RAPIDS, MI 49506  <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK SERVICE FEE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/2022</u> Date	\$ <u>0.01</u>
Expenditure #2 Name <b>SIGNROCKET CUSTOM SIGNAGE</b>  Address 340 BROADWAY AVE ST PAUL PARK, MN 55071  <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS (200)</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/2022</u> Date	\$ <u>685.00</u>
Expenditure #3 Name <b>OHHS TRIFECTA REUNION</b>  Address 1130 ALTO AVE SE GRAND RAPIDS, MI 49507  <input type="checkbox"/> Fund Raiser	Purpose: <u>PYMT FOR CAMPAIGN TABLE AT OTTAWA TRIFECTA REUNIOI</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/09/2022</u> Date	\$ <u>35.00</u>
Expenditure #4 Name <b>THROUGH THE TREES CRAFTS &amp; DESIGNS</b>  Address 1930 ENGLEWOOD DR SE GRAND RAPIDS, MI 49506  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN COMMITTEE T-SHIRTS 08102022</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/2022</u> Date	\$ <u>250.00</u>
Expenditure #5 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION X3J5F0R7Q7D8</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/2022</u> Date	\$ <u>14.80</u>

Subtotal this page **984.81**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION Q8P6A1C3J0G0</small>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/24/2022</u> Date	\$ <u>3.20</u>
Expenditure #2 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION 91000012997821-1</small>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2022</u> Date	\$ <u>14.80</u>
Expenditure #3 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION 91000012997821-2</small>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2022</u> Date	\$ <u>14.80</u>
Expenditure #4 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION 91000012997821-3</small>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2022</u> Date	\$ <u>14.80</u>
Expenditure #5 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION 91000017610921</small>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/2022</u> Date	\$ <u>3.20</u>

Subtotal this page **50.80**

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>GOTPRINT.COM</b>  Address N SAN FERNANDO RD BURBANK AIRPORT CENTER BURBANK, CA 91505  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/2022</u> Date	\$ <u>216.01</u>
Expenditure #2 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION 91000010011971</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/2022</u> Date	\$ <u>3.20</u>
Expenditure #3 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION 91000017968912</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/2022</u> Date	\$ <u>6.10</u>
Expenditure #4 Name <b>DERRICK MANNING / MANNING'S HOMETOWN BBQ</b>  Address 6130 WOODFIELD DR S.E. APT 9 GRAND RAPIDS, MI 49548  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD CATERER - 9/12 FUNDRAISER</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/13/2022</u> Date	\$ <u>400.00</u>
Expenditure #5 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION 91000016879800-1</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2022</u> Date	\$ <u>1.75</u>

Subtotal this page **627.06**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION 91000016879800-2</small>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2022</u> Date	\$ <u>3.20</u>
Expenditure #2 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION 91000016879800-3</small>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2022</u> Date	\$ <u>3.20</u>
Expenditure #3 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION 91000016879800-4</small>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2022</u> Date	\$ <u>3.20</u>
Expenditure #4 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION 91000016879800-5</small>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2022</u> Date	\$ <u>7.55</u>
Expenditure #5 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION 91000016879800-6</small>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2022</u> Date	\$ <u>3.20</u>

Subtotal this page **20.35**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION 91000016879800-7</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2022</u> Date	\$ <u>3.20</u>
Expenditure #2 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION 91000016879800-8</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2022</u> Date	\$ <u>3.20</u>
Expenditure #3 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION 91000016879800-9</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2022</u> Date	\$ <u>14.80</u>
Expenditure #4 Name <b>KENNETH W HOSKINS</b>  Address 1051 EVERGREEN ST SE GRAND RAPIDS, MI 49507  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>CNVING- 9/10, WTR/POP/SWEETS/PARKING/SEVWARE -9/12</u>  Memo Itemization Below  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2022</u> Date	\$ <u>207.18</u>
Expenditure #5 Name <b>THE GRAND RAPIDS CHAMBER OF COMMERCE</b>  Address 250 MONROE AVE NW STE 150 GRAND RAPIDS, MI 49503  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>9/12 FUNDRAISER VENUE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2022</u> Date	\$ <u>150.00</u>
Subtotal this page			<b>378.38</b>
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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION 91000013704941-1</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2022</u> Date	\$ <u>3.20</u>
Expenditure #2 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION 91000013704941-2</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2022</u> Date	\$ <u>1.75</u>
Expenditure #3 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION 91000012175593</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2022</u> Date	\$ <u>7.55</u>
Expenditure #4 Name <b>ADVANCE CAMPAIGN TECHNOLOGIES</b>  Address 6280 TIMPSON AVE SE ALTO, MI 49302  <input type="checkbox"/> Fund Raiser	Purpose: <u>DIRECT MAILING</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/2022</u> Date	\$ <u>7,880.62</u>
Expenditure #5 Name <b>KENNETH W HOSKINS</b>  Address 1051 EVERGREEN ST SE GRAND RAPIDS, MI 49507  <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT FOR P.O. BOX 7212, GRAND RAPIDS-1YR</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2022</u> Date	\$ <u>182.00</u>

Subtotal this page **8,075.12**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION 91000016775461</small>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2022</u> Date	\$ <u>30.75</u>
Expenditure #2 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION 91000016578544</small>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/2022</u> Date	\$ <u>14.80</u>
Expenditure #3 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION 91000018049929</small>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/2022</u> Date	\$ <u>7.55</u>
Expenditure #4 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION 91000018526348</small>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2022</u> Date	\$ <u>7.55</u>
Expenditure #5 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <small>ELECTRON SVS FEE - CONTRIBUTION 91000018799802</small>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2022</u> Date	\$ <u>1.75</u>

Subtotal this page **62.40**

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 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>STRIPE.COM</b>  Address 185 BERRY ST STE 550 SF, CA 94107  <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRON SVS FEE - CONTRIBUTION 91000018157181</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2022</u> Date	\$ <u>14.80</u>
Expenditure #2 Name <b>THE GRAND RAPIDS TIMES</b>  Address 2016 EASTERN AVE SE GRAND RAPIDS, MI 49507  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN ADVERTISEMENT - INV #</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/2022</u> Date	\$ <u>372.00</u>
Expenditure #3 Name <b>LADALL ENTERPRISES</b>  Address 13611 SADDLEBRED SPRINGS LN CYPRESS, TX 77429  <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISEMENT / RADIO SCRIPT</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/2022</u> Date	\$ <u>1,000.00</u>
Expenditure #4 Name _____  Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  <a href="#">Click Here for Memo Itemization Type</a>	_____ Date	\$ _____
Expenditure #5 Name _____  Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  <a href="#">Click Here for Memo Itemization Type</a>	_____ Date	\$ _____

Subtotal this page **1,386.80**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **17,372.11**

Enter this total  
on line 8a of  
Summary Page



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>02/18/2022</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>25</u>	5. Type of Fund Raising Activity  CAMPAIGN ANNOUNCEMENT & KICKOFF	6. Address and Name (If any) of the place where the activity was held. LINC COMMUNITY CENTER 1167 MADISON AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Private Residence
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7. Total Contributions 475.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 475.00

10. Total Cost of Event 662.08  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2021005  
2. Committee Name COMMITTEE TO ELECT KENNETH W. HOSKINS

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>09/12/2022</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>55</u>	5. Type of Fund Raising Activity  <u>FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. GR CHAMBER OF COMMERCE 250 MONROE AVE NW, STE 250 GRAND RAPIDS, MI 49503 <input type="checkbox"/> Private Residence
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7. Total Contributions 8,400.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 8,400.00

10. Total Cost of Event 757.18  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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