



FILED

23 OCT 2026 PM 03:29

KENT COUNTY CLERK
GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 04/06/2026 to 10/18/2026

1. Committee I.D. Number

2026032

4. Candidate Last Name First Name M.I.

CODY BRYAN J

2. Committee Name

COMMITTEE TO ELECT BRYAN CODY

4a. Office Sought Including District # or Community Served (If applicable)

CITY COMMISSIONER, WARD 2, GRAND RAPIDS

4b. County of Residence **KENT COUNTY**

5. Committee's Mailing Address

**PO BOX 230361
GRAND RAPIDS, MI 49523**

Area Code and Phone (616) 240-6590
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**MARCUS RICH
1451 LAKE DR SE
UNIT 6145
GRAND RAPIDS, MI 49516**

Area Code & Phone (616) 232-9751

7. Treasurer's Business Address

**1451 LAKE DR SE
UNIT 6145
GRAND RAPIDS, MI 49516**

Area Code and Phone (616) 232-9751

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

11/03/2026

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2026

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2026



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2026032

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT BRYAN CODY

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>48,419.31</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>48,419.31</u>	(18.) \$ <u>48,419.31</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>48,419.31</u>	(20.) \$ <u>48,419.31</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,844.04</u>	(21.) \$ <u>1,844.04</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>46,726.31</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>46,726.31</u>	(23.) \$ <u>46,726.31</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>451.35</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>48,419.31</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>48,419.31</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>46,726.31</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,693.00</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/07/2026</u>	
Name & Address: SARAH CROSS 105 PROSPECT AVE NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FLIGHT ATTENDANT</u> Employer <u>FLEXJET</u> Business Address <u>105 PROSPECT AVE E, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2026</u>	
Name & Address: JACOB NICHOLS 2516 MILLER RD KALAMAZOO, MI 49001		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>JAMES E. FULTON & SONS</u> Business Address <u>2516 MILLER RD, KALAMAZOO, MI 49001</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2026</u>	
Name & Address: KARLENE GRIFKA 3047 GREENWOOD ST ROCHESTER HILLS, MI 48309		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CUSTOMER SERVICE</u> Employer <u>AUBURN PHARM</u> Business Address <u>1744 ROCHESTER INDUSTRIAL DR, ROCHESTER HILLS, MI 48309</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2026</u>	
Name & Address: LORI STEGMIER 330 FOUNTAIN ST NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>330 FOUNTAIN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **300.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2026</u>	
Name & Address: RICHARD WILLIAMSON 606 TOWNSEND ST LANSING, MI 48933		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY FINANCE DIRECTOR</u> Employer <u>MICHIGAN DEMOCRATIC PARTY</u> Business Address <u>606 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/15/2026</u>	
Name & Address: ABI LARIMER 432 PROSPECT AVE SE GRAND RAPIDS, MI 49503		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DESIGNER</u> Employer <u>WOLVERINE WORLDWIDE</u> Business Address <u>432 PROSPECT AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/16/2026</u>	
Name & Address: JEFFREY OXFORD 246 MADISON AVE SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2026</u>	
Name & Address: BARBARA DRAUGHON 149 WOODSIDE DR NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>149 WOODSIDE DR NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **525.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2026</u>	
Name & Address: ELIZABETH BRACKEN 21 UNION AVE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BANKER</u> Employer <u>GRAND RIVER BANK</u> Business Address <u>4471 WILSON AVE SW, GRANDVILLE, MI 49418</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2026</u>	
Name & Address: JACQUELYN CAPRATHE EYKE 4450 MYSTIC RIDGE CT NE GRAND RAPIDS, MI 49525		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SELF</u> Business Address <u>4450 MYSTIC RIDGE CT NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2026</u>	
Name & Address: SANDY WARD 5944 STOUT CREEK CT NE BELMONT, MI 49306		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>BERKSHIRE HATHAWAY</u> Business Address <u>5136 CASCADE RD SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2026</u>	
Name & Address: TREY CONNER 16698 ASHLEY LN HOLLAND, MI 49424		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>GR GOLD</u> Business Address <u>62 COMMERCE AVE SW, SUITE 100, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/19/2026</u>	
Name & Address: JUSTINE BRYANT 1864 GEORGETOWN DR SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROFESSOR</u> Employer <u>GRCC</u> Business Address <u>1864 GEORGETOWN DR SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/19/2026</u>	
Name & Address: KAILEY SAVONA 600 BROADWAY AVE NW GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES ENGINEER/MANAGER</u> Employer <u>CAPTIVEAIRE</u> Business Address <u>4641 PARAGON PARK RD, RALEIGH, NC 27616</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/20/2026</u>	
Name & Address: CAROLYN FERRARI 456 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NATIONAL PRODUCTION MANAGER</u> Employer <u>AMERICAN IMMERSION THEATER</u> Business Address <u>4550 AIRWEST DR SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/20/2026</u>	
Name & Address: DAVID DENTON 5500 NORTHLAND DR NE GRAND RAPIDS, MI 49525		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE BROKER</u> Employer <u>DAR COMMERCIAL</u> Business Address <u>5500 NORTHLAND DR NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 225.00

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/20/2026</u> Name & Address: NICHOLAS WENDLING 1548 PINE AVE NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>LIFT SOLUTIONS HOLDINGS LLC</u> Business Address <u>11340 54TH AVE, ALLENDALE, MI 49401</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	\$ <u>150.00</u>	\$ <u>150.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/21/2026</u> Name & Address: ELIZABETH HELM 124 LAFAYETTE AVE NE GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>COREWELL HEALTH</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/22/2026</u> Name & Address: AMY DOWDALL 630 68TH ST SE GRAND RAPIDS, MI 49548 5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTING</u> Employer <u>MFP AUTOMATION ENGINEERING</u> Business Address <u>4404 CENTRAL AVE SW, WYOMING, MI 49519</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/22/2026</u> Name & Address: CAROLYN BOJI 404 E MAIN ST SE CALEDONIA, MI 49316 5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>SIGNATURE ASSOCIATES</u> Business Address <u>1188 E PARIS AVE SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2026</u>	
Name & Address: MABEL MALONE 1306 LOGAN ST SE GRAND RAPIDS, MI 49506		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROPERTY MANAGER</u> Employer <u>CODY & CO</u> Business Address <u>4160 LAKE MICHIGAN DR NW, GRAND RAPIDS, MI 49534</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/23/2026</u>	
Name & Address: DANIELLE GUGINIO 50 COLLEGE AVE NE APT 4 GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FLIGHT ATTENDANT</u> Employer <u>FLEX JET</u> Business Address <u>50 COLLEGE AVE SE, APT 4, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/23/2026</u>	
Name & Address: SUSAN PASTOOR 1820 CHATEAU DR SW WYOMING, MI 49519		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TITLE SALES</u> Employer <u>FIRST AMERICAN TITLE</u> Business Address <u>4362 CASCADE RD SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/24/2026</u>	
Name & Address: JOHN FRANCIS 825 PARCHMENT DR SE SUITE 400 GRAND RAPIDS, MI 49546		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>FRANCIS REALTY CO</u> Business Address <u>825 PARCHMENT DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 550.00

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/24/2026</u>	
Name & Address: VANESSA CORVERS 151 DEAN ST NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS DEVELOPMENT MANAGER</u> Employer <u>COMPASS PROPERTY MANAGEMENT</u> Business Address <u>724 32ND ST SW, WYOMING, MI 49509</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2026</u>	
Name & Address: CHAD LARSON 1317 FULLER AVE SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>GILMORE</u> Business Address <u>8521 BELDING RD NE, ROCKFORD, MI 49341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: AUBRIE BASSETT 74 LAFAYETTE AVE NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL MANAGER</u> Employer <u>SPECTRUM E-COAT</u> Business Address <u>700 WEALTHY ST SW, GRAND RAPIDS, MI 49504</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: DAVID BECKER 134 PROSPECT AVE NE GRAND RAPIDS, MI 49503		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **325.00**

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: JOSHUA PULSIFER 4220 BURTON ST SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNT EXECUTIVE</u> Employer <u>TRANSNATION TITLE</u> Business Address <u>921 DIVISION AVE N, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: LISA COSTANZA 533 MARYLAND AVE NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE BROKERAGE OWNER</u> Employer <u>KELLER WILLIAMS GRAND RAPIDS NO</u> Business Address <u>3237 PLATINUM ST NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: LISA PLADDET 2224 MEADOWGLEN DR NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OPTICIAN</u> Employer <u>EYECARE PARTNERS</u> Business Address <u>15933 CLAYTON RD, WILDWOOD, MO 63011</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2026</u> Name & Address: MARY DOUGHERTY 434 MORRIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF NURSING</u> Employer <u>COREWELL HEALTH</u> Business Address <u>434 MORRIS AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 250.00

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: NICALAS LAPIENSKI 3534 ROGER B CHAFFEE MEMORIAL BLVD SE GRAND RAPIDS, MI 49548		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR</u> Employer <u>LPS COMPANIES</u> Business Address <u>3534 ROGER B CHAFFEE MEMORIAL BLVD SE, GRAND RAPIDS, MI 49548</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: NIKOLAS CORTES 2104 CHESANING DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE</u> Employer <u>VAN EERDEN FOODSERVICE</u> Business Address <u>650 IONIA AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: PAM VITAZ 2097 ROBINSON RD SE GRAND RAPIDS, MI 49506		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2097 ROBINSON RD SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2026</u>	
Name & Address: STUART FRANCISCO-WILSON 500 AUBURN TRAIL SE FOREST HILLS, MI 49301		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOAN OFFICER</u> Employer <u>TREADSTONE MORTGAGE</u> Business Address <u>210 FULTON ST E, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 550.00

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2026</u> Name & Address: MARIA KAUFFMAN 3000 E BELTLINE AVE NE GRAND RAPIDS, MI 49525		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>BERKSHIRE HATHAWAY</u> Business Address <u>3000 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2026</u> Name & Address: MARY REED KELLY 1657 ALEXANDER ST SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>1657 ALEXANDER ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2026</u> Name & Address: MAX GROVER 7040 OLD LANTERN DR SE CALEDONIA, MI 49316		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CRE</u> Employer <u>MOXIE</u> Business Address <u>3883 CLAY AVE SW, GRAND RAPIDS, MI 49548</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2026</u> Name & Address: MICHELLE HOEXUM 440 MORRIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE</u> Employer <u>REVALUE</u> Business Address <u>2 FULTONWOOD DR SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2026</u>	
Name & Address: SIMON BROWN 5314 STAPLETON DR KALAMAZOO, MI 49009		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>WMCC</u> Business Address <u>200 N PARK ST, KALAMAZOO, MI 49007</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2026</u>	
Name & Address: CAIT WISNIEWSKI 562 PROSPECT AVE SE GRAND RAPIDS, MI 49503		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BROKER</u> Employer <u>616 REALTY</u> Business Address <u>562 PROSPECT AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2026</u>	
Name & Address: JUSTUS YOUNG 340 CHERRY ST SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE AIDE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2026</u>	
Name & Address: KAREN KEHOE 1428 BERWYCK DR MILFORD, MI 48381		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **575.00**

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2026</u>	
Name & Address: KATHLEEN KIRSCH 411 CRESCENT ST NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2026</u>	
Name & Address: KIRSTEN VANDAM 754 COLLEGE AVE NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>COREWELL HEALTH</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2026</u>	
Name & Address: LORI STEGMIER 330 FOUNTAIN ST NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>330 FOUNTAIN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2026</u>	
Name & Address: MICHAEL LOUGHMAN 4469 WALMA AVE SE APT 202 GRAND RAPIDS, MI 49512		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT OF SALES</u> Employer <u>HOLLAND HOME</u> Business Address <u>2100 RAYBROOK AVE SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2026</u>	
Name & Address: SHARDI VELDMAN 18788 68TH AVE COOPERSVILLE, MI 49404		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>COMMERCIAL ALLIANCE OF REALTORS</u> Business Address <u>678 FRONT AVE NW, SUITE 257, GRAND RAPIDS, MI 49504</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2026</u>	
Name & Address: TAI VERBRUGGE 1250 WALWOOD DR NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UTILITY FINANCE OFFICER</u> Employer <u>CITY OF GRAND RAPIDS</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/30/2026</u>	
Name & Address: MARTHA EDWARDS 609 LAKESIDE DR SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2026</u>	
Name & Address: JEREMY CZUBKO 345 MORRIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ 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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2026</u>	
Name & Address: PATRICIA CROSS 2628 STOCKWOOD DR NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2628 STOCKWOOD DR NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/02/2026</u>	
Name & Address: CAROL DAWE 538 BOND AVE NW GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LIBRARIAN</u> Employer <u>LAKELAND LIBRARY COOPERATIVE</u> Business Address <u>4138 3 MILE RD NW, GRAND RAPIDS, MI 49534</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/02/2026</u>	
Name & Address: EILEEN BRADER 1095 IDEMA DR SE EAST GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY VOLUNTEER</u> Employer <u>SELF</u> Business Address <u>1095 IDEMA DR SE, EAST GRAND RAPIDS, MI 49506</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2026</u>	
Name & Address: ALFRED FARLEIGH 2990 W LONG LAKE RD ORLEANS, MI 48865		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MATERIAL ENGINEER</u> Employer <u>GE AEROSPACE</u> Business Address <u>3290 PATTERSON AVE SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 250.00

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/03/2026</u> Name & Address: AMY HAYES 441 MADISON AVE SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>SELF</u> Business Address <u>441 MADISON AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/03/2026</u> Name & Address: ELLIOTT MOORE 312 LANE AVE SW GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/03/2026</u> Name & Address: HOLLY HAVEMAN 345 LOGAN ST SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>KENNEDYS FLOWERS AND GIFTS</u> Business Address <u>4665 CASCADE RD SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/03/2026</u> Name & Address: JAMES GARNANT 550 SETTLERS DR FOREST HILLS, MI 49301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR</u> Employer <u>SELF</u> Business Address <u>550 SETTLERS DR, FOREST HILLS, MI 49301</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 250.00

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2026</u>	
Name & Address: JOSEPH FASKI 1074 10TH ST MARTIN, MI 49070		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEAD DATA SCIENTIST</u> Employer <u>HARMONYCARES LLC</u> Business Address <u>500 KIRTS BLVD, SUITE 200, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2026</u>	
Name & Address: LAUREN BARKER 583 MADISON AVE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SPEECH PATHOLOGIST</u> Employer <u>COREWELL</u> Business Address <u>35 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/03/2026</u>	
Name & Address: LEXI SHEPPARD 550 PARIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>COREWELL HEALTH</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: ABBY CRIBBS 56 ROBINHOOD DR SE GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>REMAX</u> Business Address <u>4362 CASCADE RD SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: AMY TAYLOR 1515 WAXWING DR DEWITT, MI 48820		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIELD STAFF</u> Employer <u>MICHIGAN REALTORS</u> Business Address <u>720 N WASHINGTON AVE, LANSING, MI 48906</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: BENJAMIN DALZELL 442 FOUNTAIN ST NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES OPERATIONS SPECIALIST</u> Employer <u>AUTOCAM MEDICAL DEVICES</u> Business Address <u>3607 BROADMOOR AVE SE, KENTWOOD, MI 49512</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: CORTNEY BEARD 7062 MAGNOLIA DR JENISON, MI 49428		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SAFE HARBOR HOME SERVICES</u> Business Address <u>2850 COIT AVE NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: COURTNEY HARDING 1825 SUNSET DR DORR, MI 49323		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>CODY HARDING AGENCY GOOSEHEAD</u> Business Address <u>3243 E PARIS AVE SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 250.00

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/04/2026</u> Name & Address: EMMA BELDEN-METZ 4756 EGYPT VALLEY AVE NE ADA, MI 49301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HAIRSTYLIST</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>4756 EGYPT VALLEY AVE NE, ADA, MI 49301</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/04/2026</u> Name & Address: ESSAU QUIJANO 7452 BROWN FOX STREET ZEELAND, MI 49464		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/04/2026</u> Name & Address: JAMES YPMA 404 FOUNTAIN ST NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/04/2026</u> Name & Address: JULIE ROCKWELL 1868 STERLING OAKS BLVD SE FOREST HILLS, MI 49301		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>BERKSHIRE HATHAWAY HOMESERVICES</u> Business Address <u>5136 CASCADE RD SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 220.00

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: LASKA NYGAARD 304 MADISON AVE SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: LILY KAMPF 344 BALTIMORE DR NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTHORIZED CAREGIVER</u> Employer <u>VISITING ANGELS</u> Business Address <u>1514 WEALTHY ST SE, SUITE 270, GRAND RAPIDS, MI 49506</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: MARIA ZACHE 40 MONROE CENTER ST NW APT 306 GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: MICKI ACKERMAN 522 PROSPECT AVE SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>SELF</u> Business Address <u>522 PROSPECT AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 200.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: NICK CROSS 100 AUBURN AVE NE GRAND RAPIDS, MI 49503		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNDERWRTIER</u> Employer <u>EYDENT INSURANCE</u> Business Address <u>3700 E RIVER RD, MT PLEASANT, MI 48858</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: SAMUEL CUMMINGS 605 ABERDEEN ST NE GRAND RAPIDS, MI 49505		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING PARTNER</u> Employer <u>CWD REAL ESTATE</u> Business Address <u>50 LOUIS ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/04/2026</u>	
Name & Address: WILLIAM GRAY 2218 68TH ST SE CALEDONIA, MI 49316		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BROKER</u> Employer <u>EXP REALTY</u> Business Address <u>4545 CASCADE RD SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/06/2026</u>	
Name & Address: ANDREW LEWINSKI 2523 INVERNESS RD SE GRAND RAPIDS, MI 49546		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAPTIVEAIRE</u> Employer <u>REGIONAL SALES MANAGER</u> Business Address <u>600 BROADWAY AVE NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,450.00**

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/06/2026</u> Name & Address: ANGELA SKINNER 4179 HONEY CREEK AVE NE ADA, MI 49301		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>HEALTHBAR</u> Business Address <u>4179 HONEY CREEK AVE NE, ADA, MI 49301</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/06/2026</u> Name & Address: HOLLI REYES 214 WALLINWOOD AVE NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FACULTY</u> Employer <u>GVSU</u> Business Address <u>214 WALLINWOOD AVE NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/06/2026</u> Name & Address: JANE FREY 2241 BURNING TREE DR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARALEGAL</u> Employer <u>NO</u> Business Address <u>2241 BURNING TREE DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/06/2026</u> Name & Address: NICHOLAS SMITH 3400 FULLER AVE NE GRAND RAPIDS, MI 49525		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>CONVERGINT</u> Business Address <u>3400 FULLER AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ 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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/06/2026</u>	
Name & Address: RICHARD HERNANDEZ 1448 LAKE DR SE APT 2 GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BARTENDER</u> Employer <u>BLUE CANTINA LLC</u> Business Address <u>547 CHERRY ST SE, APT 4, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/06/2026</u>	
Name & Address: SANDY WARD 5944 STOUT CREEK CT NE BELMONT, MI 49306		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>BERKSHIRE HATHAWAY</u> Business Address <u>5136 CASCADE RD SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/06/2026</u>	
Name & Address: SHELBY RENO 7556 FASE ST SE FOREST HILLS, MI 49301		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF STRATEGIC PARTNERSHIP</u> Employer <u>POPHOUSE DESIGN</u> Business Address <u>1150 GRISWOLD ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>05/07/2026</u>	
Name & Address: GRAND RAPIDS FIREFIGHTERS UNION POLITICAL ACTION COMMITTEE 1930 FULLER AVE NE GRAND RAPIDS, MI 49505		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 700.00

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2026</u> Name & Address: JAMES FEENY 1551 M.L.K. JR ST SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2026</u> Name & Address: NICALAS LAPIENSKI 3534 ROGER B CHAFFEE MEMORIAL BLVD SE GRAND RAPIDS, MI 49548		\$ <u>20.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR</u> Employer <u>LPS COMPANIES</u> Business Address <u>3534 ROGER B CHAFFEE MEMORIAL BLVD SE, GRAND RAPIDS, MI 49548</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/08/2026</u> Name & Address: RYANN WHITE 10972 CROWNING ACRES CT ROCKFORD, MI 49341		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MORTGAGE LO</u> Employer <u>PREFERRED RATE</u> Business Address <u>452 ADA DR SE, SUITE 245, FOREST HILLS, MI 49301</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/11/2026</u> Name & Address: CARRIE VOS BOUCK 6250 5 MILE RD NE ADA, MI 49301		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>ERA REARDON REALTY</u> Business Address <u>3934 W RIVER DR NE, COMSTOCK PARK, MI 49321</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **145.00**

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/13/2026</u>	
Name & Address: KAREN CODY 3855 FRENCH RD CARO, MI 48723		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3855 FRENCH RD, CARO, MI 48723</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2026</u>	
Name & Address: TONY SCHLADER 41 ROCKVIEW DR NE ROCKFORD, MI 49341		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNT EXECUTIVE</u> Employer <u>O9 SOLUTIONS</u> Business Address <u>LYNDON B JOHNSON FWY FRONTAGE RD, SUITE 140, DALLAS, TX 75234</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/18/2026</u>	
Name & Address: JUSTIN SHELDON 2202 NEW TOWN DR GRAND RAPIDS, MI 49525		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY ORGANIZER</u> Employer <u>SELF</u> Business Address <u>2202 NEW TOWN DR, GRAND RAPIDS, MI 49525</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/28/2026</u>	
Name & Address: CAIT WISNIEWSKI 562 PROSPECT AVE SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BROKER</u> Employer <u>616 REALTY</u> Business Address <u>562 PROSPECT AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **850.00**

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/02/2026</u> Name & Address: SAMUEL CUMMINGS 605 ABERDEEN ST NE GRAND RAPIDS, MI 49505		\$ <u>225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING PARTNER</u> Employer <u>CWD REAL ESTATE</u> Business Address <u>50 LOUIS ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2026</u> Name & Address: JULIE ZINGER 97 NORTHVIEW DR CARO, MI 48723		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>97 NORTHVIEW DR, CARO, MI 48723</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/09/2026</u> Name & Address: RICK BAKER 335 BRIDGE ST NW GRAND RAPIDS, MI 49504		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>GRAND RAPIDS CHAMBER</u> Business Address <u>250 MONROE AVE NW, SUITE 150, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/10/2026</u> Name & Address: JOHN DUHN 610 ABERDEEN ST NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 575.00

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2026</u>	
Name & Address: CHRIS PRINS 5912 GOLDEN HOLW DR SE GRAND RAPIDS, MI 49512		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>DAR COMMERCIAL</u> Business Address <u>5500 NORTHLAND DR NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2026</u>	
Name & Address: MICHAEL CAGEN 156 CAMPAU CIR NW GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMERCIAL REAL ESTATE BROKER</u> Employer <u>MICHAEL CAGEN, L.L.C.</u> Business Address <u>156 CAMPAU CIR NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/15/2026</u>	
Name & Address: MARK ANSARA 1799 PLATINUM FALLS FOREST HILLS, MI 49301		\$ <u>833.00</u>	\$ <u>833.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>ADVANTAGE COMMERCIAL REAL ESTATE SERVICES, LLC</u> Business Address <u>3333 DEPOSIT DR NE, SUITE 100, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/15/2026</u>	
Name & Address: DUKE SUWYN 7569 WATERMILL DR FOREST HILLS, MI 49301		\$ <u>833.00</u>	\$ <u>833.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>ADVANTAGE COMMERCIAL REAL ESTATE SERVICES</u> Business Address <u>3333 DEPOSIT DR NE, SUITE 100, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,791.00**

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/15/2026</u>	
Name & Address: MIKE MURRAY 1039 LAKESIDE DR SE GRAND RAPIDS, MI 49506		\$ <u>834.00</u>	\$ <u>834.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>ADVANTAGE COMMERCIAL REAL ESTATE SERVICES</u> Business Address <u>3333 DEPOSIT DR NE, SUITE 100, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/17/2026</u>	
Name & Address: JOSH SMITH 155 MARYLAND AVE SE GRAND RAPIDS, MI 49506		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>THE FULTON GROUP, LLC</u> Business Address <u>1055 EAST FULTON STREET SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>06/17/2026</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS POLITICAL ACTION COMMITTEE 11687 AMERICAN AVENUE SUITE 200 DETROIT, MI 48204		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/2026</u>	
Name & Address: WILLIAM TEMPLIN 2335 BOSTON ST SE EAST GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **7,159.00**

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2026</u> Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN I 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/2026</u> Name & Address: CAIT WISNIEWSKI 562 PROSPECT AVE SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BROKER</u> Employer <u>616 REALTY</u> Business Address <u>562 PROSPECT AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/02/2026</u> Name & Address: MARCEL BURGLER 825 PARCHMENT DR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF</u> Business Address <u>825 PARCHMENT DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/14/2026</u> Name & Address: PATRICIA CROSS 2628 STOCKWOOD DR NE GRAND RAPIDS, MI 49505		\$ <u>1,000.00</u>	\$ <u>1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2628 STOCKWOOD DR NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **6,150.00**

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2026</u>	
Name & Address: STEVE PESTKA 2517 ASHWOOD CT SE FOREST HILLS, MI 49301		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>H & H MANAGEMENT & DEVELOPMENT CO</u> Business Address <u>2620 FULLER AVE NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2026</u>	
Name & Address: BENJAMIN ARMSTRONG 4230 7 MILE RD NE BELMONT, MI 49306		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT MANAGER</u> Employer <u>BLYTHEFIELD COUNTRY CLUB</u> Business Address <u>4230 7 MILE RD NE, BELMONT, MI 49306</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/24/2026</u>	
Name & Address: FRIENDS OF WEST MICHIGAN BUSINESS 250 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2026</u>	
Name & Address: CAIT WISNIEWSKI 562 PROSPECT AVE SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BROKER</u> Employer <u>616 REALTY</u> Business Address <u>562 PROSPECT AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **5,375.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2026</u>	
Name & Address: MATTHEW COX 388 PRESERVATION DR NE FOREST HILLS, MI 49301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CFO</u> Employer <u>COREWELL HEALTH</u> Business Address <u>100 COREWELL DR NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2026</u>	
Name & Address: BIRGIT KLOHS 2465 FLETCHER DR NE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2465 FLETCHER DR NE, GRAND RAPIDS, MI 49506</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/11/2026</u>	
Name & Address: J.C. HUIZENGA 3755 36TH ST SE STE 100 GRAND RAPIDS, MI 49512		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>HUIZENGA GROUP</u> Business Address <u>3755 36TH ST SE, STE 100, GRAND RAPIDS, MI 49512</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/12/2026</u>	
Name & Address: GINNY SEYFERTH 5885 GRAND RIVER DR NE FOREST HILLS, MI 49301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>5885 GRAND RIVER DR NE, FOREST HILLS, MI 49301</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

1,300.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/12/2026</u>	
Name & Address: MARK MURRAY 649 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>MEIJER</u> Business Address <u>649 CAMBRIDGE BLVD SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/12/2026</u>	
Name & Address: TIMOTHY SCHOWALTER 220 TAOS AVE NE FOREST HILLS, MI 49301		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>PIONEER CONSTRUCTION</u> Business Address <u>550 KIRTLAND ST SW, GRAND RAPIDS, MI 49507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/13/2026</u>	
Name & Address: JOAN SECCHIA 2833 BONNELL AVE SE EAST GRAND RAPIDS, MI 49506		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2833 BONNELL AVE SE, EAST GRAND RAPIDS, MI 49506</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/17/2026</u>	
Name & Address: CLAIRE RAZMUS 1251 EDITH NE GRAND RAPIDS, MI 49505		\$ <u>222.00</u>	\$ <u>222.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **2,447.00**

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/22/2026</u>	
Name & Address: THOMAS SINAS 550 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SINAS DRAMIS LAW FIRM</u> Business Address <u>550 COLLEGE AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/25/2026</u>	
Name & Address: CAIT WISNIEWSKI 562 PROSPECT AVE SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BROKER</u> Employer <u>616 REALTY</u> Business Address <u>562 PROSPECT AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/31/2026</u>	
Name & Address: HEATHER MAXWELL-MURRAY 224 WINDING CREEK DR NAPERVILLE, IL 60565		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEARNING & DEVELOPMENT</u> Employer <u>MCDONALDS</u> Business Address <u>244 WINDING CREEK DR, NAPERVILLE, IL 60565</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/02/2026</u>	
Name & Address: MICHAEL R VANGESSEL 7740 CARY ST NE ROCKFORD, MI 49341		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>7740 CARY ST NE, ROCKFORD, MI 49341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,650.00**

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/08/2026</u> Name & Address: DEBRA FULTON 620 PLEASANT ST SE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/11/2026</u> Name & Address: MARIA ZACHE 40 MONROE CENTER ST NW APT 306 GRAND RAPIDS, MI 49503		\$ <u>20.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer <u>UNEMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2026</u> Name & Address: DENNIS DELANO-TAYLOR 2153 WEALTHY ST SW SUITE 332 GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP OF SALES</u> Employer <u>CIGNA</u> Business Address <u>2153 WEALTHY ST SW, SUITE 332, GRAND RAPIDS, MI 49504</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2026</u> Name & Address: JERRY O'KOOIMAN 2104 DEWBERRY DR NE GRAND RAPIDS, MI 49505		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SPECIAL PROJECTS</u> Employer <u>MSU COLLEGE OF HUMAN MEDICINE</u> Business Address <u>MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **195.00**

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2026</u>	
Name & Address: SHARDI VELDMAN 18788 68TH AVE COOPERSVILLE, MI 49404		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>COMMERCIAL ALLIANCE OF REALTORS</u> Business Address <u>678 FRONT AVE NW, SUITE 257, GRAND RAPIDS, MI 49504</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/25/2026</u>	
Name & Address: FRIENDS OF WEST MICHIGAN BUSINESS 250 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>7,250.00</u>	\$ <u>12,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2026</u>	
Name & Address: AARON CHRISTENSON 2645 LEFFINGWELL AVE NE GRAND RAPIDS, MI 49525		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2026</u>	
Name & Address: LINDA TANIS 959 RUSSWOOD ST NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>LINDA TANIS</u> Business Address <u>759 RUSSWOOD ST NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 7,475.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2026</u>	
Name & Address: THOMAS SINAS 550 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SINAS DRAMIS LAW FIRM</u> Business Address <u>550 COLLEGE AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/29/2026</u>	
Name & Address: GRAND RAPIDS FIREFIGHTERS UNION POLITICAL ACTION COMMITTEE 1930 FULLER AVE NE GRAND RAPIDS, MI 49505		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/29/2026</u>	
Name & Address: KENT COUNTY DEMOCRATIC PARTY 301 FULLER AVE NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2026</u>	
Name & Address: BARBARA DRAUGHON 149 WOODSIDE DR NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>SELF</u> Business Address <u>149 WOODSIDE DR NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,150.00**

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2026</u>	
Name & Address: SUZANNE L OSBORN 2475 SUMMIT RIDGE DR NE GRAND RAPIDS, MI 49505		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2026</u>	
Name & Address: PETE BRUINSMA 315 PARIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BROKER</u> Employer <u>GRAND RIVER REALTY</u> Business Address <u>330 FULLER AVE NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2026</u>	
Name & Address: WILLIAM TEMPLIN 2335 BOSTON ST SE EAST GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>TEMPLIN HOMES</u> Business Address <u>724 32ND ST SE, GRAND RAPIDS, MI 49548</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2026</u>	
Name & Address: JUSTIN SHELDON 2202 NEW TOWN DR GRAND RAPIDS, MI 49525		\$ <u>725.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY ORGANIZER</u> Employer <u>SELF</u> Business Address <u>2202 NEW TOWN DR, GRAND RAPIDS, MI 49525</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 920.00

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2026</u>	
Name & Address: HOLLI REYES 214 WALLINWOOD AVE NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FACULTY</u> Employer <u>GVSU</u> Business Address <u>214 WALLINWOOD AVE NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2026</u>	
Name & Address: KAILEY SAVONA 600 BROADWAY AVE NW GRAND RAPIDS, MI 49504		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES ENGINEER</u> Employer <u>CAPTIVEAIRE</u> Business Address <u>4641 PARAGON PARK RD, RALEIGH, NC 27616</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2026</u>	
Name & Address: JOHN CONSIDINE 4286 GREENBRIER CT SE GRAND RAPIDS, MI 49546		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>4286 GREENBRIER CT SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2026</u>	
Name & Address: MARCEL BURGLER 825 PARCHMENT DR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF</u> Business Address <u>825 PARCHMENT DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 260.00

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2026</u>	
Name & Address: KEVIN JACKSON 610 ABERDEEN ST NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT DIRECTOR</u> Employer <u>MEIJER</u> Business Address <u>610 ABERDEEN ST NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2026</u>	
Name & Address: DUKE GRAY 2218 68TH ST SE CALEDONIA, MI 49316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BROKER</u> Employer <u>BLU HOUSE PROPERTIES</u> Business Address <u>2218 68TH ST SE, CALEDONIA, MI 49316</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/01/2026</u>	
Name & Address: HELEN LEHMAN 3895 BELL LAKE DR NE ADA, MI 49301		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>NEW DEVELOPMENT CORP</u> Business Address <u>205 CARRIER ST NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2026</u>	
Name & Address: STEPHEN DRAKE 1001 MONROE AVE NW APT 503 GRAND RAPIDS, MI 49503		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>RVNU</u> Business Address <u>1001 MONROE AVE NW, APT 503, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 550.00

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2026</u>	
Name & Address: WONDERGEM TIMOTHY 1342 BALL AVE NE GRAND RAPIDS, MI 49505		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC RELATIONS</u> Employer <u>INTEGRATED ISSUES ADVISORS INC.</u> Business Address <u>1342 BALL AVE NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/06/2026</u>	
Name & Address: JOHN FRANCIS 825 PARCHMENT DR SE SUITE 400 GRAND RAPIDS, MI 49546		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>FRANCIS REALTY CO</u> Business Address <u>825 PARCHMENT DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2026</u>	
Name & Address: JOHN DUFFIELD 1462 MOREWOOD DR SE GRAND RAPIDS, MI 49508		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ALLEGAN COUNTY</u> Business Address <u>1462 MOREWOOD DR SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2026</u>	
Name & Address: DORIS REYNOLDS 1445 E BROWN RD MAYVILLE, MI 48744		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>1445 E BROWN RD, MAYVILLE, MI 48744</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 625.00

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 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/18/2026</u> Name & Address: BRYAN CODY 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503		\$ 332.31	\$ 451.35
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE BROKER</u> Employer <u>CODY & CO</u> Business Address <u>300 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **332.31**

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

48,419.31

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 2026032

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT BRYAN CODY

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: JANENE CUMMINGS 605 ABERDEEN ST NE GRAND RAPIDS, MI 49505 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Business Address: NOT EMPLOYED 605 ABERDEEN ST NE, GRAND RAPIDS, MI 49505 ☒ 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 <u>SILVA VENUE FOR CAMPAIGN EVENT</u> 5. Date Of Receipt: <u>09/29/2026</u> 6. Vendor Name & Address: SILVA 625 OTTAWA AVE NW, GRAND RAPIDS, MI 49503	\$ <u>225.00</u>	\$ <u>225.00</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: MARK SECCHIA 2640 REEDS LAKE CT SE GRAND RAPIDS, MI 49506 If over \$100.00 cumulative, please provide: Occupation: SELF-EMPLOYED Employer Name & Address: SILVA 975 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 ☒ 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 <u>TECH PACKAGE FOR FUNDRAISER</u> 5. Date Of Receipt: <u>09/29/2026</u> 6. Vendor Name & Address:	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MARCUS RICH 1451 LAKE DR SE UNIT 6145 GRAND RAPIDS, MI 49516 If over \$100.00 cumulative, please provide: Occupation: ACCOUNTANT Employer Name & Address: SELF 1451 LAKE DR SE, UNIT 6145, GRAND RAPIDS, MI 49516 ☐ 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 <u>ACCOUNTING SERVICES</u> 5. Date Of Receipt: <u>09/30/2026</u> 6. Vendor Name & Address:	\$ <u>500.00</u>	\$ <u>500.00</u>

Page Subtotal 1,725.00 1,725.00

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 2026032

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT BRYAN CODY

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: BRYAN CODY 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE BROKER Employer Name & Business Address: CODY & CO 300 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 ☐ 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 <u>EVENT REFRESHMENTS</u> 5. Date Of Receipt: <u>10/09/2026</u> 6. Vendor Name & Address: CRESTON NEIGHBORHOOD ASSOCIATION 205 CARRIER ST NE, #1, GRAND RAPIDS, MI 49505	\$ 14.40	\$ 14.40
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: BRYAN CODY 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE BROKER Employer Name & Address: CODY & CO 300 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 ☐ 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 <u>COFFEE MEETING WITH CONSTITUENT</u> 5. Date Of Receipt: <u>10/12/2026</u> 6. Vendor Name & Address: LYON STREET CAFE 617 LYON ST NE, GRAND RAPIDS, MI 49503	\$ 7.25	\$ 21.65
Contribution #3 PAC Receipt? ☐ Yes Name & Address: BRYAN CODY 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE BROKER Employer Name & Address: CODY & CO 300 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 ☐ 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 <u>MEETING WITH CONSTITUENT</u> 5. Date Of Receipt: <u>10/13/2026</u> 6. Vendor Name & Address: MIDNIGHT EXPRESS CAFE 225 HASTINGS ST NE, GRAND RAPIDS, MI 49503	\$ 6.83	\$ 28.48

Page Subtotal

28.48

0.00

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 2026032

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT BRYAN CODY

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: BRYAN CODY 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE BROKER Employer Name & Business Address: CODY & CO 300 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 ☐ 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 <u>MEETING WITH CONSTITUENT</u> 5. Date Of Receipt: <u>10/16/2026</u> 6. Vendor Name & Address: APARTMENT LOUNGE 33 SHELDON AVE NE, GRAND RAPIDS, MI 49503	\$ 20.00	\$ 48.48
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: BRYAN CODY 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE BROKER Employer Name & Address: CODY & CO 300 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 ☐ 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 <u>VOLUNTEER APPRECIATION</u> 5. Date Of Receipt: <u>10/17/2026</u> 6. Vendor Name & Address: THE COMMONS 547 CHERRY ST SE, STE C, GRAND RAPIDS, MI 49503	\$ 70.56	\$ 119.04
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: Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal

90.56

119.04

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

1,844.04

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/09/2026</u> Date	\$ <u>1.05</u>
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/09/2026</u> Date	\$ <u>2.43</u>
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/10/2026</u> Date	\$ <u>2.38</u>
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/10/2026</u> Date	\$ <u>5.87</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/2026</u> Date	\$ <u>4.20</u>

Subtotal this page

15.93

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/2026</u> Date	\$ <u>9.03</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/16/2026</u> Date	\$ <u>0.53</u>
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/16/2026</u> Date	\$ <u>1.33</u>
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/2026</u> Date	\$ <u>1.05</u>
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/2026</u> Date	\$ <u>2.43</u>

Subtotal this page

14.37

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/22/2026</u> Date	\$ <u>0.53</u>
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/22/2026</u> Date	\$ <u>1.33</u>
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/23/2026</u> Date	\$ <u>1.05</u>
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/23/2026</u> Date	\$ <u>2.43</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/2026</u> Date	\$ <u>2.37</u>

Subtotal this page

7.71

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/2026</u> Date	\$ <u>5.41</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/06/2026</u> Date	\$ <u>8.42</u>
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/06/2026</u> Date	\$ <u>19.44</u>
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/08/2026</u> Date	\$ <u>0.53</u>
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/08/2026</u> Date	\$ <u>1.33</u>

Subtotal this page **35.13**

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2026</u> Date	\$ <u>0.53</u>
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2026</u> Date	\$ <u>1.33</u>
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/13/2026</u> Date	\$ <u>2.10</u>
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/13/2026</u> Date	\$ <u>4.63</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/14/2026</u> Date	\$ <u>1.05</u>

Subtotal this page

9.64

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/14/2026</u> Date	\$ <u>2.43</u>
Expenditure #2 Name BRYAN CODY Address 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>REIMBURSEMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/15/2026</u> Date	\$ <u>4,467.69</u> Memo Itemization Below
Expenditure #3 Name MADCAP COFFEE Address 90 MONROE AVE NW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>MEETING WITH CONSTITUENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/27/2026</u> Date	\$ <u>(16.70)</u> (Memo Itemization)
Expenditure #4 Name CITY OF GRAND RAPIDS Address 300 MONROE AVE NW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>PARKING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/27/2026</u> Date	\$ <u>(2.14)</u> (Memo Itemization)
Expenditure #5 Name QAHWAH HOUSE Address 2107 E BELTLINE AVE NE GRAND RAPIDS, MI 49525 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/27/2026</u> Date	\$ <u>(14.84)</u> (Memo Itemization)

Subtotal this page **4,470.12**

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ROWSTER COFFEE Address 632 WEALTHY ST SE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/27/2026</u> Date	\$ <u>(16.54)</u>
Expenditure #2 Name UNITED STATES POSTAL SERVICE Address 225 MICHIGAN ST NW GRAND RAPIDS, MI 49501 ☐ Fund Raiser	Purpose: <u>PO BOX PURCHASE</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/27/2026</u> Date	\$ <u>(117.00)</u>
Expenditure #3 Name TUPELO HONEY Address 140 OTTAWA AVE NW SUITE 100 GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/03/2026</u> Date	\$ <u>(41.90)</u>
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>ENVELOPES, REMIT ENVELOPS, AND POST CARDS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/04/2026</u> Date	\$ <u>(382.66)</u>
Expenditure #5 Name ROWSTER COFFEE Address 632 WEALTHY ST SE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/04/2026</u> Date	\$ <u>(17.81)</u>

Subtotal this page	0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MARTHA'S VINEYARD Address 200 UNION AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>FOOD/REFRESHMENTS FOR EVENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/07/2026</u> Date	\$ <u>(144.72)</u>
Expenditure #2 Name MCA MEDIA LLC Address 8340 PINE ISLAND DR NE COMSTOCK PARK, MI 49321 ☐ Fund Raiser	Purpose: <u>PHOTO FOR PROMOTIONAL MATERIALS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/07/2026</u> Date	\$ <u>(500.00)</u>
Expenditure #3 Name FIELD & FIRE Address 820 MONROE AVE NW #100 GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/09/2026</u> Date	\$ <u>(7.67)</u>
Expenditure #4 Name MARTHA'S VINEYARD Address 200 UNION AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>VOLUNTEER APPRECIATION</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/09/2026</u> Date	\$ <u>(129.62)</u>
Expenditure #5 Name THAT EARLY BIRD Address 1445 LAKE DR SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: <u>MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/09/2026</u> Date	\$ <u>(5.24)</u>

Subtotal this page

0.00

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CITY OF GRAND RAPIDS Address 300 MONROE AVE NW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>PARKING FOR MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/10/2026</u> Date	\$ <u>(2.32)</u>
Expenditure #2 Name THE ELECTRIC CHEETAH Address 1015 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: <u>MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/10/2026</u> Date	\$ <u>(51.34)</u>
Expenditure #3 Name GRAND RAPIDS PUBLIC MUSEUM Address 59 FRONT AVE NW GRAND RAPIDS, MI 49504 ☐ Fund Raiser	Purpose: <u>PARKING FOR EVENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/11/2026</u> Date	\$ <u>(12.00)</u>
Expenditure #4 Name GVSU EBERHARD CENTER Address 301 FULTON ST W GRAND RAPIDS, MI 49504 ☐ Fund Raiser	Purpose: <u>EVENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/11/2026</u> Date	\$ <u>(13.00)</u>
Expenditure #5 Name FIKA Address 1359 PLAINFIELD AVE NE #2 GRAND RAPIDS, MI 49505 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/13/2026</u> Date	\$ <u>(7.45)</u>

Subtotal this page **0.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KENT COUNTY DEMOCRATIC PARTY Address 301 FULLER AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: CONTRIBUTION (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/22/2026</u> Date	\$ <u>(25.00)</u>
Expenditure #2 Name SILVA Address 975 OTTAWA AVE NW GRAND RAPIDS, MI 49503 ☒ Fund Raiser	Purpose: <u>DEPOSIT FOR CAMPAIGN LAUNCH EVENT VENUE</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/23/2026</u> Date	\$ <u>(900.00)</u>
Expenditure #3 Name KENT COUNTY DEMOCRATIC PARTY Address 301 FULLER AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: CONTRIBUTION (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/2026</u> Date	\$ <u>(25.00)</u>
Expenditure #4 Name UNITED STATES POSTAL SERVICE Address 225 MICHIGAN ST NW GRAND RAPIDS, MI 49501 ☐ Fund Raiser	Purpose: MAILING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2026</u> Date	\$ <u>(6.08)</u>
Expenditure #5 Name MICHIGAN DEMOCRATIC PARTY Address 606 TOWNSEND ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: CONTRIBUTION (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/04/2026</u> Date	\$ <u>(250.00)</u>
Subtotal this page			0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SILVA Address 975 OTTAWA AVE NW GRAND RAPIDS, MI 49503 ☒ Fund Raiser	Purpose: <u>REMAINDER OF VENUE FEE FOR CAMPAIGN LAUNCH EVENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/05/2026</u> Date	\$ <u>(1,253.52)</u>
Expenditure #2 Name THE COMMONS Address 547 CHERRY ST SE STE C GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/07/2026</u> Date	\$ <u>(51.12)</u>
Expenditure #3 Name THE COMMONS Address 547 CHERRY ST SE STE C GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>MEETING WITH CONSTITUENTS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/07/2026</u> Date	\$ <u>(100.00)</u>
Expenditure #4 Name BLUE DOG TAVERN Address 638 STOCKING AVE NW GRAND RAPIDS, MI 49504 ☐ Fund Raiser	Purpose: <u>EVENT REFRESHMENTS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/08/2026</u> Date	\$ <u>(30.24)</u>
Expenditure #5 Name FIKA Address 1359 PLAINFIELD AVE NE #2 GRAND RAPIDS, MI 49505 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2026</u> Date	\$ <u>(5.18)</u>

Subtotal this page	0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>CAMPAIGN PROMOTIONAL MATERIAL (POSTCARDS/LIT)</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/13/2026</u> Date	\$ <u>(281.43)</u>
Expenditure #2 Name ROWSTER COFFEE Address 632 WEALTHY ST SE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>MEETING WITH CONSTITUENTS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/14/2026</u> Date	\$ <u>(17.17)</u>
Expenditure #3 Name TERRA Address 1429 LAKE DR SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: <u>MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/14/2026</u> Date	\$ <u>(40.00)</u>
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/18/2026</u> Date	\$ <u>5.25</u>
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/18/2026</u> Date	\$ <u>11.23</u>

Subtotal this page

16.48

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KARISA CODY Address 26 SICOTTE RD MARQUETTE, MI 49855 ☐ Fund Raiser	Purpose: MARKETING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2026 Date	\$ 1,225.00
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/28/2026 Date	\$ 0.53
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/28/2026 Date	\$ 1.33
Expenditure #4 Name WEST MICHIGAN COMMUNITY BANK Address 51 IONIA AVE SW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: BANK SERVICE CHARGES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/29/2026 Date	\$ 3.00
Expenditure #5 Name WEST MICHIGAN COMMUNITY BANK Address 51 IONIA AVE SW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: BANK PAPER STATEMENT CHARGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/29/2026 Date	\$ 3.00

Subtotal this page **1,232.86**

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/09/2026</u> Date	\$ <u>2.10</u>
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/09/2026</u> Date	\$ <u>4.63</u>
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/10/2026</u> Date	\$ <u>0.53</u>
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/10/2026</u> Date	\$ <u>1.33</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/11/2026</u> Date	\$ <u>1.32</u>

Subtotal this page **9.91**

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/11/2026</u> Date	\$ <u>3.21</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/2026</u> Date	\$ <u>12.87</u>
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/2026</u> Date	\$ <u>27.18</u>
Expenditure #4 Name DELUXE CHECK Address 801 S MARQUETTE AVE MINNEAPOLIS, MN 55402 ☐ Fund Raiser	Purpose: <u>CHECKS FROM WEST MICHIGAN COMM. BANK</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/2026</u> Date	\$ <u>17.00</u>
Expenditure #5 Name BRYAN CODY Address 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>REIMBURSEMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2026</u> Date Memo Itemization Below	\$ <u>2,754.39</u>

Subtotal this page **2,814.65**
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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GRAND CONEY Address 809 MICHIGAN ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/19/2026</u> Date	\$ <u>(12.63)</u>
Expenditure #2 Name MCA MEDIA LLC Address 8340 PINE ISLAND DR NE COMSTOCK PARK, MI 49321 ☒ Fund Raiser	Purpose: <u>PHOTOS DURING CAMPAIGN LAUNCH EVENT AT SILVA</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/19/2026</u> Date	\$ <u>(700.00)</u>
Expenditure #3 Name INTUIT QUICKBOOKS Address 2700 COAST AVE MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>ACCOUNTING SOFTWARE FOR INCOME/EXPENSE TRACKING</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/19/2026</u> Date	\$ <u>(19.00)</u>
Expenditure #4 Name KENT COUNTY DEMOCRATIC PARTY Address 301 FULLER AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>CONTRIBUTION</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/22/2026</u> Date	\$ <u>(25.00)</u>
Expenditure #5 Name THE COMMONS Address 547 CHERRY ST SE STE C GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/27/2026</u> Date	\$ <u>(33.15)</u>

Subtotal this page	0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FIKA Address 1359 PLAINFIELD AVE NE #2 GRAND RAPIDS, MI 49505 ☐ Fund Raiser	Purpose: <u>MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/28/2026</u> Date	\$ <u>(10.37)</u>
Expenditure #2 Name FIELD & FIRE Address 820 MONROE AVE NW #100 GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/2026</u> Date	\$ <u>(7.67)</u>
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>GOOGLE WORKSPACE FOR CAMPAIGN EMAIL</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/2026</u> Date	\$ <u>(19.80)</u>
Expenditure #4 Name LITTLEBIRD Address 95 MONROE CENTER ST NW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>LUNCH MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2026</u> Date	\$ <u>(44.57)</u>
Expenditure #5 Name SQUIBB COFFEE AND WINE BAR Address 955 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2026</u> Date	\$ <u>(4.97)</u>

Subtotal this page

0.00

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STOVETOP COFFEE Address 944 FULTON ST E GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/04/2026</u> Date	\$ <u>(7.89)</u>
Expenditure #2 Name LYON STREET CAFE Address 617 LYON ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/05/2026</u> Date	\$ <u>(8.25)</u>
Expenditure #3 Name UNITED STATES POSTAL SERVICE Address 225 MICHIGAN ST NW GRAND RAPIDS, MI 49501 ☐ Fund Raiser	Purpose: <u>POSTAGE</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/2026</u> Date	\$ <u>(61.00)</u>
Expenditure #4 Name CITY OF GRAND RAPIDS Address 300 MONROE AVE NW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>ABSENTEE VOTER INFO</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/2026</u> Date	\$ <u>(30.00)</u>
Expenditure #5 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>POSTCARDS AND YARD SIGNS FOR DISTRIBUTION</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/2026</u> Date	\$ <u>(1,181.90)</u>

Subtotal this page **0.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GRAVITY TAPHOUSE Address 3210 DEPOSIT DR NE GRAND RAPIDS, MI 49546 ☐ Fund Raiser	Purpose: <u>LUNCH MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/2026</u> Date	\$ <u>(59.82)</u>
Expenditure #2 Name FOXTAIL COFFEE Address 1200 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/2026</u> Date	\$ <u>(7.63)</u>
Expenditure #3 Name SCHUIL COFFEE Address 3679 29TH ST SE GRAND RAPIDS, MI 49512 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/2026</u> Date	\$ <u>(6.83)</u>
Expenditure #4 Name THE MEANWHILE Address 1005 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: <u>EVENT REFRESHMENTS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/2026</u> Date	\$ <u>(8.50)</u>
Expenditure #5 Name INTUIT QUICKBOOKS Address 2700 COAST AVE MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>ACCOUNT SOFTWARE FOR INCOME/EXPENSE TRACKING</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/19/2026</u> Date	\$ <u>(19.00)</u>

Subtotal this page	0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: VOLUNTEER T-SHIRTS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/19/2026 Date	\$ (446.53)
Expenditure #2 Name FOXTAIL COFFEE Address 1200 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: COFFEE MEETING WITH CONSTITUENT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2026 Date	\$ (7.63)
Expenditure #3 Name KENT COUNTY DEMOCRATIC PARTY Address 301 FULLER AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: CONTRIBUTION (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/22/2026 Date	\$ (25.00)
Expenditure #4 Name LYON STREET CAFE Address 617 LYON ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: COFFEE MEETING WITH CONSTITUENT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/2026 Date	\$ (7.25)
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEE (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/29/2026 Date	\$ 0.53

Subtotal this page

0.53

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/2026</u> Date	\$ <u>1.33</u>
Expenditure #2 Name WEST MICHIGAN COMMUNITY BANK Address 51 IONIA AVE SW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>BANK SERVICE CHARGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2026</u> Date	\$ <u>3.00</u>
Expenditure #3 Name WEST MICHIGAN COMMUNITY BANK Address 51 IONIA AVE SW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>BANK PAPER STATEMENT SERVICE CHARGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2026</u> Date	\$ <u>3.00</u>
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2026</u> Date	\$ <u>1.05</u>
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2026</u> Date	\$ <u>2.43</u>

Subtotal this page

10.81

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name QUINN DEVRIES Address 7010 SKYE CT ALTO, MI 49302 ☐ Fund Raiser	Purpose: CONTRACTED LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/09/2026 Date	\$ 800.00
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2026 Date	\$ 0.27
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2026 Date	\$ 0.78
Expenditure #4 Name QUINN DEVRIES Address 7010 SKYE CT ALTO, MI 49302 ☐ Fund Raiser	Purpose: CONTRACTED LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/23/2026 Date	\$ 1,040.00
Expenditure #5 Name MRC BOOKKEEPING & TAX SERVICES LLC Address 150 ALTEN AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: ACCOUNTING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2026 Date	\$ 1,550.00

Subtotal this page **3,391.05**

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name RYAN BORGDORFF Address 7375 OLD LANTERN DR SE CALEDONIA, MI 49316 ☐ Fund Raiser	Purpose: CONTRACTED LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/28/2026 Date	\$ 1,600.00
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2026 Date	\$ 0.53
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2026 Date	\$ 1.33
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2026 Date	\$ 1.05
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2026 Date	\$ 2.43

Subtotal this page **1,605.34**
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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WEST MICHIGAN COMMUNITY BANK Address 51 IONIA AVE SW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: BANK SERVICE CHARGES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2026 Date	\$ 3.00
Expenditure #2 Name WEST MICHIGAN COMMUNITY BANK Address 51 IONIA AVE SW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: BANK PAPER STATEMENT CHARGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2026 Date	\$ 3.00
Expenditure #3 Name KARISA CODY Address 26 SICOTTE ST MARQUETTE, MI 49855 ☐ Fund Raiser	Purpose: MARKETING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/05/2026 Date	\$ 875.00
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/05/2026 Date	\$ 1.05
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2026 Date	\$ 2.43

Subtotal this page

884.48

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name QUINN DEVRIES Address 7010 SKYE CT ALTO, MI 49302 ☐ Fund Raiser	Purpose: CONTRACTED LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2026 Date	\$ 800.00
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2026 Date	\$ 11.55
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2026 Date	\$ 24.89
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/13/2026 Date	\$ 12.87
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/13/2026 Date	\$ 27.18

Subtotal this page **876.49**

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name QUINN DEVRIES Address 7010 SKYE CT ALTO, MI 49302 ☐ Fund Raiser	Purpose: CONTRACTED LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/17/2026 Date	\$ 800.00
Expenditure #2 Name RYAN BORGDORFF Address 7375 OLD LANTERN DR SE CALEDONIA, MI 49316 ☐ Fund Raiser	Purpose: CONTRACTED LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/17/2026 Date	\$ 1,600.00
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/17/2026 Date	\$ 2.34
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/17/2026 Date	\$ 5.11
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/22/2026 Date	\$ 5.25

Subtotal this page **2,412.70**

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/2026</u> Date	\$ <u>11.23</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/2026</u> Date	\$ <u>0.53</u>
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/2026</u> Date	\$ <u>1.33</u>
Expenditure #4 Name WEST MICHIGAN COMMUNITY BANK Address 51 IONIA AVE SW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>BANK SERVICE CHARGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2026</u> Date	\$ <u>3.00</u>
Expenditure #5 Name WEST MICHIGAN COMMUNITY BANK Address 51 IONIA AVE SW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>BANK PAPER STATEMENT CHARGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2026</u> Date	\$ <u>3.00</u>

Subtotal this page

19.09

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2026</u> Date	\$ <u>1.05</u>
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2026</u> Date	\$ <u>2.43</u>
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/2026</u> Date	\$ <u>0.53</u>
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/2026</u> Date	\$ <u>1.33</u>
Expenditure #5 Name KARISA CODY Address 26 SICOTTE RD MARQUETTE, MI 49855 ☐ Fund Raiser	Purpose: <u>MARKETING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2026</u> Date	\$ <u>600.00</u>

Subtotal this page

605.34

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/2026</u> Date	\$ <u>1.32</u>
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/2026</u> Date	\$ <u>3.21</u>
Expenditure #3 Name BRYAN CODY Address 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>REIMBURSEMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/24/2026</u> Date	\$ <u>13,862.25</u>
Memo Itemization Below			
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>MAILERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2026</u> Date	\$ <u>(13,862.25)</u>
(Memo Itemization)			
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2026</u> Date	\$ <u>1.05</u>

Subtotal this page **13,867.83**

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2026</u> Date	\$ <u>2.43</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/2026</u> Date	\$ <u>1.32</u>
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/2026</u> Date	\$ <u>3.21</u>
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/2026</u> Date	\$ <u>5.25</u>
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/2026</u> Date	\$ <u>11.23</u>

Subtotal this page **23.44**

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WEST MICHIGAN COMMUNITY BANK Address 51 IONIA AVE SW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: BANK SERVICE CHARGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2026 Date	\$ 3.00
Expenditure #2 Name WEST MICHIGAN COMMUNITY BANK Address 51 IONIA AVE SW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: BANK SERVICE CHARGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2026 Date	\$ 3.00
Expenditure #3 Name WEST MICHIGAN COMMUNITY BANK Address 51 IONIA AVE SW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: BANK SERVICE CHARGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2026 Date	\$ 5.95
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2026 Date	\$ 14.04
Expenditure #5 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: PLATFORM PAYMENT PROCESSING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2026 Date	\$ 31.21

Subtotal this page **57.20**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2026</u> Date	\$ <u>0.53</u>
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2026</u> Date	\$ <u>1.33</u>
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2026</u> Date	\$ <u>5.73</u>
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2026</u> Date	\$ <u>2.63</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2026</u> Date	\$ <u>1.58</u>

Subtotal this page

11.80

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2026</u> Date	\$ <u>3.53</u>
Expenditure #2 Name SILVA Address 975 OTTAWA AVE NW GRAND RAPIDS, MI 49503 ☒ Fund Raiser	Purpose: <u>FUNDRAISING EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/2026</u> Date	\$ <u>656.95</u>
Expenditure #3 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/2026</u> Date	\$ <u>0.78</u>
Expenditure #4 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/2026</u> Date	\$ <u>0.27</u>
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/2026</u> Date	\$ <u>2.10</u>

Subtotal this page

663.63

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>PLATFORM PAYMENT PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/2026</u> Date	\$ <u>4.63</u>
Expenditure #2 Name BRYAN CODY Address 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>REIMBURSEMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/2026</u> Date Memo Itemization Below	\$ <u>13,665.15</u>
Expenditure #3 Name FEDEX Address 233 FULTON ST W GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>PRINTING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/2026</u> Date (Memo Itemization)	\$ <u>(347.15)</u>
Expenditure #4 Name FEDEX Address 233 FULTON ST W GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>CUTTING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/2026</u> Date (Memo Itemization)	\$ <u>(7.94)</u>
Expenditure #5 Name CITY OF GRAND RAPIDS Address 300 MONROE AVE NW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>EVENT TICKET</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2026</u> Date (Memo Itemization)	\$ <u>(15.00)</u>

Subtotal this page **13,669.78**

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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>GOOGLE WORKSPACE FOR CAMPAIGN EMAIL</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2026</u> Date	\$ <u>(21.34)</u>
Expenditure #2 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>PROMOTIONAL POST-CARDS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/06/2026</u> Date	\$ <u>(477.00)</u>
Expenditure #3 Name SQUIBB COFFEE AND WINE BAR Address 955 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENTS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/2026</u> Date	\$ <u>(8.36)</u>
Expenditure #4 Name THE COMMONS Address 547 CHERRY ST SE STE C GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MEET & GREET</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/2026</u> Date	\$ <u>(39.08)</u>
Expenditure #5 Name MADCAP COFFEE Address 90 MONROE AVE NW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/2026</u> Date	\$ <u>(15.12)</u>

Subtotal this page	0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name LYON STREET CAFE Address 617 LYON ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/2026</u> Date	\$ <u>(7.25)</u>
Expenditure #2 Name BAGEL BEANERY Address 455 MICHIGAN ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>VOLUNTEER BREAKFAST</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/12/2026</u> Date	\$ <u>(26.67)</u>
Expenditure #3 Name FIELD & FIRE Address 820 MONROE AVE NW #100 GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>MEETING WITH CONSTITUENTS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/2026</u> Date	\$ <u>(20.78)</u>
Expenditure #4 Name QUICKWATER COFFEE ROASTERS Address 220 QUIMBY ST NE GRAND RAPIDS, MI 49505 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/2026</u> Date	\$ <u>(8.50)</u>
Expenditure #5 Name COMMON GROUND COFFEE HOUSE Address 1319 FULTON ST E GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/17/2026</u> Date	\$ <u>(8.90)</u>

Subtotal this page **0.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name INTUIT QUICKBOOKS Address 2700 COAST AVE MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>ACCOUNT SOFTWARE FOR INCOME/EXPENSE TRACKING</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2026</u> Date	\$ <u>(19.00)</u>
Expenditure #2 Name KENT COUNTY DEMOCRATIC PARTY Address 301 FULLER AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>CONTRIBUTION</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/22/2026</u> Date	\$ <u>(25.00)</u>
Expenditure #3 Name LYON STREET CAFE Address 617 LYON ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/24/2026</u> Date	\$ <u>(7.25)</u>
Expenditure #4 Name BAGEL BEANERY Address 455 MICHIGAN ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>VOLUNTEER BREAKFAST</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/26/2026</u> Date	\$ <u>(27.09)</u>
Expenditure #5 Name EASTERN KILLE Address 634 WEALTHY ST SE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>EVENING MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/27/2026</u> Date	\$ <u>(49.14)</u>

Subtotal this page	0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAILCHIMP Address 405 N ANGIER AVE NE ATLANTA, GA 30308 ☐ Fund Raiser	Purpose: EMAILING/CRM SOFTWARE (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2026 Date	\$ (20.00)
Expenditure #2 Name FIELD & FIRE Address 820 MONROE AVE NW #100 GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: COFFEE MEETING WITH CONSTITUENT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2026 Date	\$ (7.67)
Expenditure #3 Name THE ELBOW ROOM Address 501 FULLER AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: MEETING WITH CONSTITUENT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2026 Date	\$ (22.00)
Expenditure #4 Name FOXTAIL COFFEE Address 1200 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: COFFEE MEETING WITH CONSTITUENT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2026 Date	\$ (7.63)
Expenditure #5 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: GOOGLE WORKSPACE FOR CAMPAIGN EMAIL (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2026 Date	\$ (26.40)

Subtotal this page **0.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name LYON STREET CAFE Address 617 LYON ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/06/2026</u> Date	\$ <u>(8.25)</u>
Expenditure #2 Name FOXTAIL COFFEE Address 1200 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/07/2026</u> Date	\$ <u>(7.63)</u>
Expenditure #3 Name BAGEL BEANERY Address 455 MICHIGAN ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>VOLUNTEER BREAKFAST</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/08/2026</u> Date	\$ <u>(9.35)</u>
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>PROMOTIONAL MATERIALS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/2026</u> Date	\$ <u>(477.00)</u>
Expenditure #5 Name LYON STREET CAFE Address 617 LYON ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/14/2026</u> Date	\$ <u>(7.25)</u>

Subtotal this page **0.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BAGEL BEANERY Address 455 MICHIGAN ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>VOLUNTEER BREAKFAST</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/16/2026</u> Date	\$ <u>(15.35)</u>
Expenditure #2 Name FIKA Address 1359 PLAINFIELD AVE NE #2 GRAND RAPIDS, MI 49505 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/18/2026</u> Date	\$ <u>(7.31)</u>
Expenditure #3 Name INTUIT QUICKBOOKS Address 2700 COAST AVE MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>ACCOUNT SOFTWARE FOR INCOME/EXPENSE TRACKING</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/19/2026</u> Date	\$ <u>(38.00)</u>
Expenditure #4 Name KENT COUNTY DEMOCRATIC PARTY Address 301 FULLER AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>CONTRIBUTION</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/2026</u> Date	\$ <u>(25.00)</u>
Expenditure #5 Name DOOR DASH Address 303 2ND ST SUITE 800 SF, CA 94107 ☐ Fund Raiser	Purpose: <u>VOLUNTEER LUNCH</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/23/2026</u> Date	\$ <u>(105.39)</u>

Subtotal this page

0.00

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BAGEL BEANERY Address 455 MICHIGAN ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>VOLUNTEER BREAKFAST</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/23/2026</u> Date	\$ <u>(27.09)</u>
Expenditure #2 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>PROMOTIONAL MATERIALS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/2026</u> Date	\$ <u>(169.60)</u>
Expenditure #3 Name QUICKWATER COFFEE ROASTERS Address 220 QUIMBY ST NE GRAND RAPIDS, MI 49505 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/2026</u> Date	\$ <u>(4.00)</u>
Expenditure #4 Name THE MEANWHILE Address 1005 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: <u>MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/2026</u> Date	\$ <u>(42.00)</u>
Expenditure #5 Name WEALTHY STREET BAKERY Address 610 WEALTHY ST SE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/2026</u> Date	\$ <u>(7.18)</u>

Subtotal this page **0.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FOXTAIL COFFEE Address 1200 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2026</u> Date	\$ <u>(7.63)</u>
Expenditure #2 Name MAILCHIMP Address 405 N ANGIER AVE NE ATLANTA, GA 30308 ☐ Fund Raiser	Purpose: <u>EMAILING/CRM SOFTWARE</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/27/2026</u> Date	\$ <u>(20.00)</u>
Expenditure #3 Name MADCAP COFFEE Address 90 MONROE AVE NW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/28/2026</u> Date	\$ <u>(18.28)</u>
Expenditure #4 Name LYON STREET CAFE Address 617 LYON ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2026</u> Date	\$ <u>(11.75)</u>
Expenditure #5 Name ROWSTER COFFEE Address 632 WEALTHY ST SE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2026</u> Date	\$ <u>(5.51)</u>

Subtotal this page **0.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: WORKSPACE FOR EMAIL (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/01/2026 Date	\$ (26.40)
Expenditure #2 Name UNITED STATES POSTAL SERVICE Address 225 MICHIGAN ST NW GRAND RAPIDS, MI 49501 ☐ Fund Raiser	Purpose: POSTAGE (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2026 Date	\$ (325.00)
Expenditure #3 Name GIN GINS Address 345 SUMMER AVE NW GRAND RAPIDS, MI 49504 ☐ Fund Raiser	Purpose: MEETING WITH CONSTITUENT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2026 Date	\$ (45.90)
Expenditure #4 Name SILVA Address 975 OTTAWA AVE NW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: EVENT REFRESHMENTS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2026 Date	\$ (12.60)
Expenditure #5 Name UNITED STATES POSTAL SERVICE Address 225 MICHIGAN ST NW GRAND RAPIDS, MI 49501 ☐ Fund Raiser	Purpose: POSTAGE (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/03/2026 Date	\$ (325.00)

Subtotal this page **0.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SQUIBB COFFEE AND WINE BAR Address 955 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/03/2026</u> Date	\$ <u>(7.36)</u>
Expenditure #2 Name CITY OF GRAND RAPIDS Address 300 MONROE AVE NW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>PARKING</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/04/2026</u> Date	\$ <u>(2.18)</u>
Expenditure #3 Name FOXTAIL COFFEE Address 1200 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/04/2026</u> Date	\$ <u>(5.75)</u>
Expenditure #4 Name KOBOLD'S KITCHEN Address 2450 PLAINFIELD AVE NE GRAND RAPIDS, MI 49505 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/09/2026</u> Date	\$ <u>(7.56)</u>
Expenditure #5 Name NEW HOLLAND BREWERY Address 417 BRIDGE ST NW GRAND RAPIDS, MI 49504 ☐ Fund Raiser	Purpose: <u>MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/09/2026</u> Date	\$ <u>(12.92)</u>

Subtotal this page

0.00

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KENT COUNTY DEMOCRATIC PARTY Address 301 FULLER AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: CONTRIBUTION (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/10/2026 Date	\$ (30.00)
Expenditure #2 Name ORCHARD HOUSE Address 1042 MICHIGAN ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: COFFEE MEETING WITH CONSTITUENT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2026 Date	\$ (5.24)
Expenditure #3 Name WEALTHY STREET BAKERY Address 610 WEALTHY ST SE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: COFFEE MEETING WITH CONSTITUENT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2026 Date	\$ (7.18)
Expenditure #4 Name BAGEL BEANERY Address 455 MICHIGAN ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: VOLUNTEER BREAKFAST (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/13/2026 Date	\$ (15.35)
Expenditure #5 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: PROMOTIONAL MATERIALS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/14/2026 Date	\$ (719.74)

Subtotal this page **0.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BARNES & NOBLE Address 3195 28TH ST SE GRAND RAPIDS, MI 49512 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/2026</u> Date	\$ <u>(5.10)</u>
Expenditure #2 Name SCHUIL COFFEE Address 3679 29TH ST SE GRAND RAPIDS, MI 49512 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/2026</u> Date	\$ <u>(6.83)</u>
Expenditure #3 Name FEDEX Address 233 FULTON ST W GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>POSTAGE</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/2026</u> Date	\$ <u>(21.54)</u>
Expenditure #4 Name INTUIT QUICKBOOKS Address 2700 COAST AVE MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>ACCOUNTING SOFTWARE</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/2026</u> Date	\$ <u>(38.00)</u>
Expenditure #5 Name ABO COFFEE Address 1801 PLAINFIELD AVE NE GRAND RAPIDS, MI 49505 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENTS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/20/2026</u> Date	\$ <u>(14.40)</u>

Subtotal this page	0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KENT COUNTY DEMOCRATIC PARTY Address 301 FULLER AVE NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: CONTRIBUTION (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/22/2026 Date	\$ (25.00)
Expenditure #2 Name STOVETOP COFFEE Address 944 FULTON ST E GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: COFFEE MEETING WITH CONSTITUENT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/22/2026 Date	\$ (7.63)
Expenditure #3 Name STOVETOP COFFEE Address 944 FULTON ST E GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: COFFEE MEETING WITH CONSTITUENT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/23/2026 Date	\$ (7.63)
Expenditure #4 Name THE MEANWHILE Address 1005 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: MEETING WITH CONSTITUENT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/24/2026 Date	\$ (20.00)
Expenditure #5 Name ROWSTER COFFEE Address 632 WEALTHY ST SE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: COFFEE MEETING WITH CONSTITUENT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2026 Date	\$ (8.15)

Subtotal this page

0.00

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FANS OF VALLEY FIELD Address 900 MUSKEGON AVE NW GRAND RAPIDS, MI 49504 ☐ Fund Raiser	Purpose: <u>COMMUNITY EVENT/VOLUNTEER APPRECIATION</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/26/2026</u> Date	\$ <u>(40.00)</u>
Expenditure #2 Name MAILCHIMP Address 405 N ANGIER AVE NE ATLANTA, GA 30308 ☐ Fund Raiser	Purpose: <u>EMAILING/CRM SOFTWARE</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2026</u> Date	\$ <u>(20.00)</u>
Expenditure #3 Name BAGEL BEANERY Address 455 MICHIGAN ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>VOLUNTEER APPRECIATION</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2026</u> Date	\$ <u>(15.35)</u>
Expenditure #4 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>EMAIL/DOMAIN</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/2026</u> Date	\$ <u>(26.40)</u>
Expenditure #5 Name OTONO Address 25 DIVISION AVE S GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: <u>COFFEE MEETING WITH CONSTITUENT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2026</u> Date	\$ <u>(6.50)</u>

Subtotal this page **0.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: MAILERS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2026 Date	\$ (9,626.60)
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	46,726.31

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: BRYAN CODY 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503	4. Type: <u>EVENT REFRESHMENTS</u> 5. <u>Date Debt Was Incurred:</u> <u>10/09/2026</u> 6. <u>Original Amount of Debt:</u> \$ <u>14.40</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>14.40</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: BRYAN CODY 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503	4. Type: <u>MEETING WITH CONSTITUENT</u> 5. <u>Date Debt Was Incurred:</u> <u>10/12/2026</u> 6. <u>Original Amount of Debt:</u> \$ <u>7.25</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>7.25</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: BRYAN CODY 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503	4. Type: <u>MEETING WITH CONSTITUENT</u> 5. <u>Date Debt Was Incurred:</u> <u>10/13/2026</u> 6. <u>Original Amount of Debt:</u> \$ <u>6.83</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>6.83</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

28.48

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

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8) ☐ FORGIVEN
Debt #1 Corp? ☐ Yes Owed to or by: BRYAN CODY 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503	4. Type: <u>MEETING WITH CONSTITUENT</u> 5. <u>Date Debt Was Incurred:</u> <u>10/16/2026</u> 6. <u>Original Amount of Debt:</u> \$ <u>20.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>20.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: BRYAN CODY 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503	4. Type: <u>VOLUNTEER APPRECIATION</u> 5. <u>Date Debt Was Incurred:</u> <u>10/17/2026</u> 6. <u>Original Amount of Debt:</u> \$ <u>70.56</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>70.56</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: BRYAN CODY 127 PROSPECT AVE NE GRAND RAPIDS, MI 49503	4. Type: <u>CANDIDATE CONTRIBUTION TO CC</u> 5. <u>Date Debt Was Incurred:</u> <u>10/18/2026</u> 6. <u>Original Amount of Debt:</u> \$ <u>332.31</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>332.31</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

422.87

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

451.35

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026032
2. Committee Name COMMITTEE TO ELECT BRYAN CODY

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>05/04/2026</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>95</u>	5. Type of Fund Raising Activity <u>CAMPAIGN LAUNCH PARTY</u>	6. Address and Name (If any) of the place where the activity was held. <u>SILVA</u> <u>975 OTTAWA AVE NW</u> <u>GRAND RAPIDS, MI 49503</u> ☐ Private Residence
---	---	--	--

7. Total Contributions 7,045.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 7,045.00
10. Total Cost of Event 2,853.52
(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 **2026032**
2. Committee Name **COMMITTEE TO ELECT BRYAN CODY**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/29/2026	4. Number of Individuals Attending or Participating (whichever is greater) 49	5. Type of Fund Raising Activity PUBLIC MEET & GREET AND PRESENTATION	6. Address and Name (If any) of the place where the activity was held. SILVA 975 OTTAWA AVE NW GRAND RAPIDS, MI 49503 ☐ Private Residence
---	---	--	---

7. Total Contributions **3,385.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **3,385.00**
10. Total Cost of Event **2,881.95**
(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.