MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
24 JUL 2026 PM 03:27
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: 02/19/2026 to 07/19/2026

1. Committee I.D. Number
2026007

2. Committee Name
CTE LINDSEY PEREZ PLESCHER

4. Candidate Last Name: PEREZ PLESCHER First Name: LINDSEY M.I.: E

4a. Office Sought Including District # or Community Served (If applicable)
CITY COMMISSIONER, WARD 1, GRAND RAPIDS

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

5. Committee's Mailing Address
843 5TH ST NW
GRAND RAPIDS, MI 49504

Area Code and Phone (616) 430-5751
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
DANIEL HESSE
117 KNAPP ST NE
GRAND RAPIDS, MI 49505

Area Code & Phone (616) 570-7954

7. Treasurer's Business Address
117 KNAPP ST NE
GRAND RAPIDS, MI 49505

Area Code and Phone (616) 570-7954

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
DANIEL HESSE
117 KNAPP ST NE
GRAND RAPIDS, MI 49505

Area Code and Phone (616) 570-7954

9. **TYPE OF STATEMENT**

9a. [X] Pre-Election **OR** 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [X] Primary
- [ ] General
- [ ] Convention
- [ ] Special
- [ ] School
- [ ] Caucus

Date of Election, Convention or Caucus
08/04/2026

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.)

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 oustanding assets, owes no lates fees or has any oustanding 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 _____ / _____ Submitted electronically, signature on file Date 07/24/2026
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 07/24/2026
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2026007

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name CTE LINDSEY PEREZ PLESCHER

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	13,330.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	13,330.00	(18.) $ 13,330.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	0.00	(19.) $ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	13,330.00	(20.) $ 13,330.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	400.00	(21.) $ 400.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0.00	(22.) $ 0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	5,434.65	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	5,434.65	(23.) $ 5,434.65
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0.00	(24.) $ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed **by** the Committee (Schedule 1E)	(12a.) $	0.00	
b. Owed **to** the Committee (Schedule 1E)	(12b.) $	0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	0.00
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	13,330.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	13,330.00
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	5,434.65
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	7,895.35 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 02/24/2026

Name & Address:
DANIEL HESSE
117 KNAPP ST NE
GRAND RAPIDS, MI 49505

$ 10.00 $ 10.00

5. If over $100.00 cumulative, please provide:

Occupation IT MANAGER Employer ROYCE ROLLS RINGER COMPANY

Business Address 16 RIVERVIEW TERRACE NE, GRAND RAPIDS, MI 49505

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 03/14/2026

Name & Address
ROBERT HOVENKAMP
858 SIBLEY ST NW
GRAND RAPIDS, MI 49504

$ 20.00 $ 20.00

5. If over $100.00 cumulative, please provide:

Occupation ANALYST Employer STATE OF MICHIGAN

Business Address 639 WORTHINGTON DR, LANSING, MI 48906

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 03/23/2026

Name & Address:
ROBERT HOVENKAMP
858 SIBLEY ST NW
GRAND RAPIDS, MI 49504

$ 50.00 $ 70.00

5. If over $100.00 cumulative, please provide:

Occupation ANALYST Employer STATE OF MICHIGAN

Business Address 639 WORTHINGTON DR, LANSING, MI 48906

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

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 04/11/2026

Name & Address
RICHARD BECKER
915 5TH ST NW
GRAND RAPIDS, MI 49504

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation THERAPIST Employer LIFE JOURNEY PSYCHOLOGICAL SERVICES

Business Address 915 5TH ST NW, GRAND RAPIDS, MI 49504

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

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Page Subtotal 130.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/11/2026

Name & Address:
ROBERT HOVENKAMP
858 SIBLEY ST NW
GRAND RAPIDS, MI 49504

$ 50.00 $ 120.00

5. If over $100.00 cumulative, please provide:

Occupation ANALYST Employer STATE OF MICHIGAN

Business Address 639 WORTHINGTON DR, LANSING, MI 48906

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 04/11/2026

Name & Address
CLAY WEST
1600 GLEN FOREST DR SE
FOREST HILLS, MI 49301

$ 20.00 $ 20.00

5. If over $100.00 cumulative, please provide:

Occupation JUDGE, 17TH CIRCUIT COURT Employer KENT COUNTY

Business Address 180 OTTAWA AVE NW, STE 11200B, GRAND RAPIDS, MI 49503

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 04/11/2026

Name & Address:
MARTHA COOPER
1361 COLUMBIA AVE NE
APT 1
GRAND RAPIDS, MI 49505

$ 25.00 $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 04/11/2026

Name & Address
ABBIE GROFF-BLASZAK
2360 LAKE DR SE
EAST GRAND RAPIDS, MI 49506

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation INSTRUCTOR Employer GRAND RAPIDS COMMUNITY COLLEGE

Business Address 143 BOSTWICK AVE NE, GRAND RAPIDS, MI 49503

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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/11/2026

Name & Address:
JOE FLETCHER
1338 ORVILLE ST SE
GRAND RAPIDS, MI 49507

$ 25.00 | $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation TEACHER Employer EDUSTAFF

Business Address 4120 BROCKTON DR SE, GRAND RAPIDS, MI 49512

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 04/11/2026

Name & Address
CAROL HENNESSY
1510 KENAN AVE NW
GRAND RAPIDS, MI 49504

$ 125.00 | $ 125.00

5. If over $100.00 cumulative, please provide:

Occupation COMMISSIONER Employer KENT COUNTY

Business Address 300 MONROE AVE NW, GRAND RAPIDS, MI 49503

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

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3. Contribution # 3 PAC Receipt? ☑ YES 4. Date of Receipt 04/16/2026

Name & Address:
KENT COUNTY DEMOCRATIC PARTY
301 FULLER AVE NE
GRAND RAPIDS, MI 49503

$ 3,250.00 | $ 3,250.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 04/21/2026

Name & Address
KURT REPPART
1232 PARK ST SW
GRAND RAPIDS, MI 49504

$ 100.00 | $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation CONSULTANT Employer PROPONENTS LLC

Business Address 1232 PARK ST SW, GRAND RAPIDS, MI 49504

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

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Page Subtotal 3,500.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/21/2026

Name & Address:
KURT REPPART
1232 PARK ST SW
GRAND RAPIDS, MI 49504

$100.00 $200.00

5. If over $100.00 cumulative, please provide:

Occupation CONSULTANT Employer PROPONENTS LLC

Business Address 1232 PARK ST SW, GRAND RAPIDS, MI 49504

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 04/26/2026

Name & Address
NATALIE GUEVARA LEHMAN
5125 WHITMAN WAY
CARLSBAD, CA 92008

$50.00 $50.00

5. If over $100.00 cumulative, please provide:

Occupation LCSW Employer ONE MEDICAL

Business Address 5125 WHITMAN WAY, CARLSBAD, CA 92008

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 04/29/2026

Name & Address:
JENN TELLO
1712 HILLMOUNT ST NW
GRAND RAPIDS, MI 49504

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer JENN TELLO PLLC

Business Address 1712 HILLMOUNT ST NW, GRAND RAPIDS, MI 49504

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

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/2026

Name & Address
VIC GRIMM
1412 MATILDA ST NE
GRAND RAPIDS, MI 49503

$10.00 $10.00

5. If over $100.00 cumulative, please provide:

Occupation EVS TECH Employer ZEELAND HOSPITAL

Business Address 8333 FELCH ST, ZEELAND, MI 49464

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

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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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/05/2026

Name & Address:
BRITTANY PLESCHER
26346 TOWNLEY AVE
MADISON HEIGHTS, MI 48071

$500.00 $500.00

5. If over $100.00 cumulative, please provide:

Occupation PHYSICIAN Employer CHILDRENS HOSPITAL OF MICHIGAN

Business Address 3901 BEAUBIEN, DETROIT, MI 48201

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/06/2026

Name & Address
TAMI VANDENBERG
1450 MILTON ST SE
GRAND RAPIDS, MI 49506

$500.00 $500.00

5. If over $100.00 cumulative, please provide:

Occupation BUSINESS OWNER Employer THE MEANWHILE

Business Address 1005 WEALTHY ST SE, GRAND RAPIDS, MI 49506

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/10/2026

Name & Address:
DENNIS STACK
444 PLEASANT ST SE
APT 2
GRAND RAPIDS, MI 49503

$10.00 $10.00

5. If over $100.00 cumulative, please provide:

Occupation INSURANCE AGENT Employer PLATINUM BENEFIT ADVISORS

Business Address 1327 QUARRY AVE NW, GRAND RAPIDS, MI 49504

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/10/2026

Name & Address
CARMEN VACAGUZMAN
2210 EASY ST SW
WYOMING, MI 49519

$300.00 $300.00

5. If over $100.00 cumulative, please provide:

Occupation TECH EXECUTIVE Employer AMWAY

Business Address 7575 FULTON ST E, ADA, MI 49355

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

Page Subtotal 1,310.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/12/2026

Name & Address:
STEVE PESTKA
2517 ASHWOOD CT SE
ADA, MI 49301

$ 300.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation ATTORNEY Employer STEVEN M PESTKA

Business Address 2920 FULLER AVE NE, #209, GRAND RAPIDS, MI 49505

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/16/2026

Name & Address
LISA STENDEL
2900 MEADOW BLUFF DR NW
GRAND RAPIDS, MI 49504

$ 25.00 $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation LAB TECH Employer QUEST DIAGNOSTICS

Business Address 35 MICHIGAN ST NE, GRAND RAPIDS, MI 49503

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/20/2026

Name & Address:
RICHARD THRUSH
214 BALL PARK BLVD NW
GRAND RAPIDS, MI 49504

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/29/2026

Name & Address
GEORGE HEARTWELL
8928 S PARSON AVE
NEWAYGO, MI 49337

$ 200.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

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

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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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/02/2026

Name & Address:
LEAH ALDRICH
1161 VAN ESS AVE NW
GRAND RAPIDS, MI 49504

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation REAL ESTATE Employer ROCKEL PROPERTIES

Business Address 1161 VAN ESS AVE NW, GRAND RAPIDS, MI 49504

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

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3. Contribution #2 PAC Receipt? ☑ YES 4. Date of Receipt 06/17/2026

Name & Address
MICHIGAN REGIONAL COUNCIL OF CARPENTERS POLITICAL ACTION COMMITTEE
11687 AMERICAN ST
SUITE 200
DETROIT, MI 48204

$ 5,000.00 $ 5,000.00

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 06/19/2026

Name & Address:
CARLA FORTUNA
310 KINGSWOOD DR SE
EAST GRAND RAPIDS, MI 49506

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation EARLY CHILDHOOD DIRECTOR Employer GREDC

Business Address 515 JEFFERSON AVE SE, GRAND RAPIDS, MI 49503

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

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/24/2026

Name & Address
CHRISTINA FEMEYER
1352 PARK ST SW
GRAND RAPIDS, MI 49504

$ 10.00 $ 10.00

5. If over $100.00 cumulative, please provide:

Occupation MANAGER Employer CULINARY CULTIVATIONS

Business Address 1345 MONROE AVE NW, GRAND RAPIDS, MI 49505

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

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Page Subtotal 5,160.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/26/2026

Name & Address:
JOHN HELMHOLDT
743 COLLINDALE AVE NW
GRAND RAPIDS, MI 49504

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation CEO Employer SEYFERTHPR

Business Address 40 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/26/2026

Name & Address
STANLEY KROHMER
1483 3 MILE RD NE
GRAND RAPIDS, MI 49505

$ 25.00 $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/26/2026

Name & Address:
SUSAN ZIEGLER
1336 COVELL AVE NW
GRAND RAPIDS, MI 49504

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation DIRECTOR OF PHILANTHROPY Employer GVSU

Business Address 1 CAMPUS DR, ALLENDALE, MI 49401

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

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/26/2026

Name & Address
BARBARA NICKLOW
105 WESTMONT DR NW
GRAND RAPIDS, MI 49504

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

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

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Page Subtotal 275.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/27/2026

Name & Address:
MARK SCHAUB
615 CARPENTER AVE NW
GRAND RAPIDS, MI 49504

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation UNIVERSITY DEAN Employer GRAND VALLEY STATE UNIV

Business Address 1 CAMPUS DR, ALLENDALE, MI 49401

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/27/2026

Name & Address
JENNA LYONS
11 GARFIELD AVE SW
GRAND RAPIDS, MI 49504

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation PROFESSOR Employer GVSU

Business Address 1 CAMPUS DR, ALLENDALE, MI 49401

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/28/2026

Name & Address:
JUDY WHIPPS
1613 FALCON CREST DR NE
GRAND RAPIDS, MI 49525

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/29/2026

Name & Address
LUCAS GILLES
601 E OGDEN AVE
UNIT 512
MILWAUKEE, WI 53202

$ 300.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation OPERATIONS LEADER Employer MOLSON COORS

Business Address 3939 W HIGHLAND BLVD, MILWAUKEE, WI 53208

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

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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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/03/2026

Name & Address:
RICHARD THRUSH
214 BALL PARK BLVD NW
GRAND RAPIDS, MI 49504

$ 100.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/09/2026

Name & Address
JOEL VAN KUIKEN
618 WINDSOR TERRACE SE
GRAND RAPIDS, MI 49503

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation COMMUNICATIONS Employer SEE CONTEXT

Business Address 618 WINDSOR TERRACE SE, GRAND RAPIDS, MI 49503

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

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/09/2026

Name & Address:
MONICA SPARKS
4768 SUMMER CREEK LN SE
KENTWOOD, MI 49508

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation SELF EMPLOYED Employer BODY SCULPT

Business Address 4678 SUMMER CREEK LN SE, KENTWOOD, MI 49508

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

---

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/09/2026

Name & Address
MONICA SPARKS
4768 SUMMER CREEK LN SE
KENTWOOD, MI 49508

$ 50.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation SELF EMPLOYED Employer BODY SCULPT

Business Address 4678 SUMMER CREEK LN SE, KENTWOOD, MI 49508

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

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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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/09/2026

Name & Address:
TAMI VANDENBERG
1450 MILTON ST SE
GRAND RAPIDS, MI 49506

$ 500.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation BUSINESS OWNER Employer THE MEANWHILE

Business Address 1005 WEALTHY ST SE, GRAND RAPIDS, MI 49506

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/09/2026

Name & Address
ANDREW FEIKEMA
144 OAKES ST SW
APT 1113
GRAND RAPIDS, MI 49503

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation SOFTWARE ENGINEER Employer CAVALLO

Business Address 234 MARKET AVE SW, #501, GRAND RAPIDS, MI 49503

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/09/2026

Name & Address:
CLAY WEST
1600 GLEN FOREST DR SE
FOREST HILLS, MI 49301

$ 25.00 $ 45.00

5. If over $100.00 cumulative, please provide:

Occupation JUDGE, 17TH CIRCUIT COURT Employer KENT COUNTY

Business Address 180 OTTAWA AVE NW, STE 11200B, GRAND RAPIDS, MI 49503

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

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3. Contribution # 4 PAC Receipt? ☑ YES 4. Date of Receipt 07/10/2026

Name & Address
WEST MICHIGAN PLUMBERS, FITTERS AND SERVICE TRADES LOCAL UNION NO. 174 POLITICAL ACTION FUND
1008 O'MALLEY DR
COOPERSVILLE, MI 49404

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

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Page Subtotal 1,125.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) 13,330.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: LINDSEY PEREZ-PLESCHER 843 5TH ST NW GRAND RAPIDS, MI 49504 **If over $100.00 cumulative, please provide:** Occupation: THERAPIST Employer Name & Business Address: 300 68TH ST SE, GRAND RAPIDS, MI 49548 ☐ 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 MICHIGAN VOTER DATABASE 5. Date Of Receipt: 02/24/2026 6. **Vendor Name & Address:**	$ 150.00	$ 150.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address LINDSEY PEREZ-PLESCHER 843 5TH ST NW GRAND RAPIDS, MI 49504 **If over $100.00 cumulative, please provide:** Occupation: THERAPIST Employer Name & Address: PINE REST 300 68TH ST SE, GRAND RAPIDS, MI 49548 ☑ 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 PIZZAS FOR LAUNCH EVENT 5. Date Of Receipt: 04/11/2026 6. **Vendor Name & Address:** MITTEN BREWING 527 LEONARD ST NW, GRAND RAPIDS, MI 49504	$ 250.00	$ 400.00
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	400.00	400.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	400.00	

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name COMMUNITY WEST CREDIT UNION Address 3089 44TH ST SW GRANDVILLE, MI 49418 ☐ Fund Raiser	Purpose: BANK SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/28/2026 Date	$ 5.00
Expenditure #2 Name COMMUNITY WEST CREDIT UNION Address 3089 44TH ST SW GRANDVILLE, MI 49418 ☐ Fund Raiser	Purpose: BANK SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/2026 Date	$ 5.00
Expenditure #3 Name COMMUNITY WEST CREDIT UNION Address 3089 44TH ST SW GRANDVILLE, MI 49418 ☐ Fund Raiser	Purpose: BANK SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/2026 Date	$ 5.00
Expenditure #4 Name THE ORIGINAL UNION PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: LITERATURE PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/10/2026 Date	$ 596.25
Expenditure #5 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: YARD SIGN PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/28/2026 Date	$ 596.25

Subtotal this page	1,207.50
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name COMMUNITY WEST CREDIT UNION Address 3089 44TH ST SW GRANDVILLE, MI 49418 ☐ Fund Raiser	Purpose: BANK SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2026 Date	$ 5.00
Expenditure #2 Name ELLIS PARKING Address 114 PEARL ST NW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: PARKING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/09/2026 Date	$ 6.00
Expenditure #3 Name THE ORIGINAL UNION PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: LITERATURE PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/09/2026 Date	$ 667.80
Expenditure #4 Name THE ORIGINAL UNION PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: LITERATURE PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/15/2026 Date	$ 715.50
Expenditure #5 Name SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: YARD SIGN PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/16/2026 Date	$ 596.25

Subtotal this page	1,990.55
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ORIGINAL UNION PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: MAILERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/2026 Date	$ 1,289.91
Expenditure #2 Name THE ORIGINAL UNION PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: MAILERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/2026 Date	$ 695.61
Expenditure #3 Name COMMUNITY WEST CREDIT UNION Address 3089 44TH ST SW GRANDVILLE, MI 49418 ☐ Fund Raiser	Purpose: BANK SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2026 Date	$ 5.00
Expenditure #4 Name THE ORIGINAL UNION PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: LITERATURE PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2026 Date	$ 106.00
Expenditure #5 Name STRIPE PAYMENTS COMPANY Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: PROCESSING FEES (GRAND TOTAL) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2026 Date	$ 97.50

Subtotal this page	2,194.02
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

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: ACTBLUE SERVICE FEES (GRAND TOTAL) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2026	$ 42.58
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	_____	$ _____
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	_____	$ _____
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	_____	$ _____
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	_____	$ _____

Subtotal this page	42.58
Grand Total of all Schedules 1B (Complete on last page of Schedule)	5,434.65

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
04/11/2026	45	CAMPAIGN LAUNCH EVENT	THE MITTEN BREWING 527 LEONARD ST NW GRAND RAPIDS, MI 49504 ☐ Private Residence

7. Total Contributions 345.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 345.00

10. Total Cost of Event 250.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
06/26/2026	35	GARDEN PARTY FUNDRAISER	1920 LYNNE LN NW GRAND RAPIDS, MI 49504 ☑ Private Residence

7. Total Contributions 425.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 425.00

10. Total Cost of Event 0.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026007

2. Committee Name CTE LINDSEY PEREZ PLESCHER

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
07/09/2026	15	MINGLE AT THE MEANWHILE FUNDRAISER	THE MEANWHILE 1005 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Private Residence

7. Total Contributions 825.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 825.00

10. Total Cost of Event 0.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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