



FILED

31 AUG 2026 PM 07:12

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: 07/20/2026 to 08/24/2026

1. Committee I.D. Number

2026023

4. Candidate Last Name First Name M.I.

TIBBE STEVE K

2. Committee Name

CTE STEVE TIBBE

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

**323 KRAKOW PL SW
GRAND RAPIDS, MI 49504**

Area Code and Phone (616) 862-6700
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

**AMANDA SAMUELS
1033 THIRD ST NW
GRAND RAPIDS, MI 49504**

Area Code & Phone (989) 277-0505

7. Treasurer's Business Address

**1033 THIRD ST NW
GRAND RAPIDS, MI 49504**

Area Code and Phone (989) 277-0505

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

08/04/2026

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

08/31/2026

Candidate _____ /

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/31/2026



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2026023

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE STEVE TIBBE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>563.97</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>563.97</u>	(18.) \$ <u>6,190.72</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>563.97</u>	(20.) \$ <u>6,190.72</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</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>154.22</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>154.22</u>	(23.) \$ <u>1,854.41</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>1,000.00</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>3,926.56</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>563.97</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4,490.53</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>154.22</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4,336.31</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026023
2. Committee Name CTE STEVE TIBBE

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>07/23/2026</u>	
Name & Address: CLAIRE RAZMUS 1251 EDITH NE GRAND RAPIDS, MI 49505		\$ <u>333.72</u>	\$ <u>333.72</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer <u>UNEMPLOYED</u> Business Address <u>1251 EDITH 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>07/27/2026</u>	
Name & Address: MARK DESATTERLEE 2046 ACTON RD NW GRAND RAPIDS, MI 49504		\$ <u>25.75</u>	\$ <u>25.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE INVESTOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2046 ACTON RD NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2026</u>	
Name & Address: PAUL SOLTYSIAK 902 MUSKEGON AVE NW GRAND RAPIDS, MI 49504		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>HOLLAND LITHO</u> Business Address <u>900 MUSKEGON AVE NW, 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>07/29/2026</u>	
Name & Address: TARA BLURY 1838 PORTADOWN RD BYRON CENTER, MI 49315		\$ <u>103.00</u>	\$ <u>103.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>THERAPIST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1838 PORTADOWN RD, BYRON CENTER, MI 49315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 512.47

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 2026023
2. Committee Name CTE STEVE TIBBE

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>08/04/2026</u> Name & Address: STEPHANIE HOWARD 319 DIVISION AVE S GRAND RAPIDS, MI 49503		\$ 51.50	\$ 51.50
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER KHLOE MAE BRIDAL</u> Employer <u>SELF EMPLOYED</u> Business Address <u>319 DIVISION AVE S, 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	



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 2026023
2. Committee Name CTE STEVE TIBBE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMAZON Address P.O. BOX 81226 SEATTLE, WA 98108 ☐ Fund Raiser	Purpose: <u>YARD SIGN SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/27/2026</u> Date	\$ <u>64.98</u>
Expenditure #2 Name ONE STOP Address 2686 NORTHRIDGE DR NW WALKER, MI 49544 ☐ Fund Raiser	Purpose: <u>MARKETING - SHIRTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/28/2026</u> Date	\$ <u>39.24</u>
Expenditure #3 Name STOCKBRIDGE BUSINESS ASSOCIATION Address 404 BRIDGE ST NW GRAND RAPIDS, MI 49504 ☐ Fund Raiser	Purpose: <u>MARKETING - AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/20/2026</u> Date	\$ <u>50.00</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page	154.22
Grand Total of all Schedules 1B (Complete on last page of Schedule)	154.22

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026023
2. Committee Name CTE STEVE TIBBE

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: STEVE TIBBE 323 KRAKOW PL SW GRAND RAPIDS, MI 49504	4. Type: <u>DEBT</u> 5. <u>Date Debt Was Incurred:</u> <u>04/01/2026</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,000.00

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

1,000.00

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.