MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
28 JUL 2026 PM 04:22
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: 03/23/2026 to 07/19/2026

1. Committee I.D. Number
2026023

2. Committee Name
CTE STEVE TIBBE

4. Candidate Last Name: TIBBE First Name: STEVE M.I.: K

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. [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. [X] 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 07/28/2026
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 07/28/2026
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 2026023

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name CTE STEVE TIBBE

		Column I This Period	Column II Cumulative this election cycle
RECEIPTS			
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	5,626.75	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	5,626.75	(18.) $ 5,626.75
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.) $	5,626.75	(20.) $ 5,626.75
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	0.00	(21.) $ 0.00
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.) $	1,700.19	
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.) $	1,700.19	(23.) $ 1,700.19
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.) $	1,000.00	
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.) + $	5,626.75
15. SUBTOTAL Add lines 13 and 14	(15.) = $	5,626.75
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	1,700.19
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	3,926.56 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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 04/01/2026

Name & Address:
STEVE TIBBE
323 KRAKOW PL SW
GRAND RAPIDS, MI 49504

$ 1,000.00 | $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation OWNER - REAL SPACE Employer SELF

Business Address 323 KRAKOW PL 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 04/09/2026

Name & Address
AMANDA SAMUELS
1033 3RD ST NW
GRAND RAPIDS, MI 49504

$ 20.00 | $ 20.00

5. If over $100.00 cumulative, please provide:

Occupation INSURANCE Employer BHS

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 04/29/2026

Name & Address:
PAUL SOLTYSIAK
902 MUSKEGON AVE NW
GRAND RAPIDS, MI 49504

$ 50.00 | $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation SALES Employer HOLLAND LITHO

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 04/29/2026

Name & Address
ANDREW VERBERG
4112 SINGEL DR SW
GRANDVILLE, MI 49418

$ 50.00 | $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation SALES Employer QUICKEN LOANS

Business Address

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

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Page Subtotal 1,120.00

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 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 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 05/06/2026

Name & Address:
JUSTINE BRYANT
1864 GEORGETOWN DR SE
GRAND RAPIDS, MI 49506

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation OWNER Employer SELF - ACCESS TO ASL LLC

Business Address 1864 GEORGETOWN DR 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 05/06/2026

Name & Address
LEQWANE LYNCH
2675 HAWK RIDGE CT
KENTWOOD, MI 49508

$ 50.00 $ 50.00

5. If over $100.00 cumulative, please provide:

Occupation SELF 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 05/06/2026

Name & Address:
TIM MACLAM
894 ARLINGTON ST NE
GRAND RAPIDS, MI 49505

$ 1,000.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation CONTROLLER Employer GULL LAKE VIEW GOLF CLUB & RESORT

Business Address 7417 N 38TH ST, AUGUSTA, MI 49012

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

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

Name & Address
CHAR CZARNECKI
1300 OWENS OAK CIR
ALPHARETTA, GA 30004

$ 25.00 $ 25.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED - 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)

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 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 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 05/06/2026

Name & Address:
ANDY DEVRIES
2577 RAILSIDE DR SW
BYRON CENTER, MI 49315

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED 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 05/06/2026

Name & Address
BING GOEI
1919 BOSTON ST SE
GRAND RAPIDS, MI 49506

$ 250.00 $ 250.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED - Employer SELF

Business Address 1919 BOSTON ST SE, GRAND RAPIDS, MI 49506

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

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

Name & Address:
PAUL SOLTYSIAK
902 MUSKEGON AVE NW
GRAND RAPIDS, MI 49504

$ 50.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation SALES Employer HOLLAND LITHO

Business Address 900 MUSKEGON AVE 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 06/05/2026

Name & Address
GREATER REGIONAL ALLIANCE OF REALTORS
660 KENMOOR AVE SE
GRAND RAPIDS, MI 49546

$ 2,500.00 $ 2,500.00

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 2,900.00

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 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 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 07/14/2026

Name & Address:
MARCUS RINGNALDA
7095 SUMMIT HILL CT SE
CALEDONIA, MI 49316

$ 206.00 $ 206.00

5. If over $100.00 cumulative, please provide:

Occupation OWNER Employer SELF EMPLOYED -RINGLEADER CONSTRUCTION CONSULTING

Business Address 7095 SUMMIT HILL CT SE, CALEDONIA, MI 49316

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address

$ $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Employer

Business Address

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address:

$ $

Click Here for Memo Itemization

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

Name & Address

$ $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Employer

Business Address

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

Page Subtotal	206.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	5,626.75

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 ONE STOP Address 2686 NORTHRIDGE DR NW WALKER, MI 49544 ☐ Fund Raiser	Purpose: SHIRTS - MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2026	$ 33.53
Expenditure #2 Name AT&T Address 208 S AKARD ST DALLAS, TX 75201 ☐ Fund Raiser	Purpose: INTERNET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2026	$ 52.50
Expenditure #3 Name T MOBILE Address P.O. BOX 742596 CINCINNATI, OH 45274 ☐ Fund Raiser	Purpose: PHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2026	$ 42.90
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 GIVE LIVELY Address 888 7TH AVE NEW YORK, NY 10106 ☐ Fund Raiser	Purpose: 3 0N 3 BBALL TEAM SPONSORSHIP - MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/06/2026	$ 80.00

Subtotal this page 208.93

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 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 KNIGHTS OF ST. CASIMIR AID SOCIETY Address 649 6TH ST NW GRAND RAPIDS, MI 49504 ☐ Fund Raiser	Purpose: MEMBERSHIP - MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/06/2026 Date	$ 10.00
Expenditure #2 Name BROWNLEE PRESS Address 549 OTTAWA AVE NW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: PRINT POSTERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/07/2026 Date	$ 106.00
Expenditure #3 Name ONE STOP Address 2686 NORTHRIDGE DR NW WALKER, MI 49544 ☐ Fund Raiser	Purpose: SHIRTS - MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2026 Date	$ 24.72
Expenditure #4 Name COSTCO Address 4901 WILSON AVE SW GRANDVILLE, MI 49418 ☐ Fund Raiser	Purpose: FOOD FOR NETWORKING EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/12/2026 Date	$ 203.34
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 344.06

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

Enter this total on line 8a of Summary Page