



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

23 OCT 2026 PM 02:26

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: 08/25/2026 to 10/18/2026

1. Committee I.D. Number

2026007

4. Candidate Last Name First Name M.I.

PEREZ PLESCHER LINDSEY E

2. Committee Name

CTE LINDSEY PEREZ PLESCHER

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

6. Treasurer's Name & Residential Address

DANIEL HESSE  
117 KNAPP ST NE  
GRAND RAPIDS, MI 49505

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.

Area Code & Phone (616) 570-7954

7. Treasurer's Business Address

117 KNAPP ST NE  
GRAND RAPIDS, MI 49505

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

Area Code and Phone (616) 570-7954

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 2026007

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE LINDSEY PEREZ PLESCHER

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>10,795.00</u>      |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>10,795.00</u>      | (18.) \$ <u>28,750.00</u>                   |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>10,795.00</u>       | (20.) \$ <u>28,750.00</u>                   |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>0.00</u>            | (21.) \$ <u>400.00</u>                      |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>185.00</u>          | (22.) \$ <u>185.00</u>                      |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>6,267.11</u>       |                                             |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)                                                    | (8b.) \$ <u>0.00</u>           |                                             |
| c. Unitemized (less than \$50.01 each - no Schedule)                                            | (8c.) \$ <u>0.00</u>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>6,267.11</u>        | (23.) \$ <u>22,809.94</u>                   |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |                                |                                             |
| 10. Disbursements                                                                               |                                |                                             |
| a. Itemized (Schedule 1C, Column 6)                                                             | (10a.) \$ <u>0.00</u>          |                                             |
| b. Unitemized (less than \$50.01 each - no Schedule)                                            | (10b.) \$ <u>0.00</u>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>400.00</u>        |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>1,412.17</u>       |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>10,795.00</u>    |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>12,207.17</u>    |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>6,267.11</u>     |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>5,940.06</u> *     |                                             |



**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 <u>all</u> contributions regardless of amount.                                                                    |  | 6. Amount          | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/02/2026</u><br>Name & Address:<br><b>VIRIGINA RANDALL</b><br><b>1415 7TH ST NW</b><br><b>GRAND RAPIDS, MI 49504</b>                                                                                                                                     |  | \$ <u>100.00</u>   | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                          |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>09/03/2026</u><br>Name & Address:<br><b>GRAND RAPIDS FIREFIGHTERS UNION POLITICAL ACTION COMMITTEE</b><br><b>1930 FULLER AVE NE</b><br><b>GRAND RAPIDS, MI 49505</b>                                                                             |  | \$ <u>3,000.00</u> | \$ <u>3,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                   |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/17/2026</u><br>Name & Address:<br><b>ANDREA HENDRICK</b><br><b>1514 PENNOYER AVE</b><br><b>GRAND HAVEN, MI 49417</b>                                                                                                                                    |  | \$ <u>500.00</u>   | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>I SITE CONSULTING GROUP</u> Employer <u>40 PEARL ST STE #200</u><br>Business Address <u>40 PEARL ST NW, GRAND RAPIDS, MI 49503</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/19/2026</u><br>Name & Address:<br><b>MICHAEL FASSBENDER</b><br><b>335 BRIDGE ST NW</b><br><b>GRAND RAPIDS, MI 49504</b>                                                                                                                                 |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                          |  |                    |                                                                                 |

Page Subtotal **4,600.00**

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 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 <u>all</u> contributions regardless of amount.                                                    |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/21/2026</u> |                                                                                 |
| Name & Address:<br><b>JEFFREY CRANSON</b><br><b>2618 COLLEGE AVE NE</b><br><b>GRAND RAPIDS, MI 49505</b>                                                                                                                                                                                                                                 |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PUBLIC AFFAIRS</u> Employer <u>STATE OF MICHIGAN</u><br>Business Address <u>425 W OTTAWA ST, LANSING, MI 48933</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/21/2026</u> |                                                                                 |
| Name & Address:<br><b>NATHAN WILHOLT</b><br><b>42 32ND ST SE</b><br><b>GRAND RAPIDS, MI 49548</b>                                                                                                                                                                                                                                        |                                           | \$ <u>10.00</u>                      | \$ <u>10.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                        |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/21/2026</u> |                                                                                 |
| Name & Address:<br><b>MARTHA COOPER</b><br><b>1361 COLUMBIA AVE NE</b><br><b>GRAND RAPIDS, MI 49505</b>                                                                                                                                                                                                                                  |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                          |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/27/2026</u> |                                                                                 |
| Name & Address:<br><b>NICOLE VACAGUZMAN</b><br><b>343 W WOLF POINT PLAZA</b><br><b>CHICAGO, IL 60654</b>                                                                                                                                                                                                                                 |                                           | \$ <u>75.00</u>                      | \$ <u>75.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CONSULTANT</u> Employer <u>ACCENTURE</u><br>Business Address <u>500 W MADISON ST, CHICAGO, IL 60661</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal 155.00

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 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 <u>all</u> contributions regardless of amount.                                                                                          |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/28/2026</u> |                                                                                 |
| Name & Address:<br><b>LILA VACAGUZMAN</b><br><b>2210 EASY ST SW</b><br><b>WYOMING, MI 49519</b>                                                                                                                                                                                                                                                                                |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/28/2026</u> |                                                                                 |
| Name & Address:<br><b>ALEXIS JIMINEZ</b><br><b>1218 JOOSTEN ST SW</b><br><b>WYOMING, MI 49509</b>                                                                                                                                                                                                                                                                              |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>GRAND RAPIDS REGIONAL COORDINATOR</u> Employer <u>MI PODER</u><br>Business Address <u>1204 CESAR E. CHAVEZ AVE SW, GRAND RAPIDS, MI 49503</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/28/2026</u> |                                                                                 |
| Name & Address:<br><b>GLORIA LARA</b><br><b>2381 CLOVERLY DR NW</b><br><b>WALKER, MI 49544</b>                                                                                                                                                                                                                                                                                 |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SELF-EMPLOYED</u> Employer <u>GLORIA LARA</u><br>Business Address <u>2482 CLOVERLY DR NW, WALKER, MI 49544</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/28/2026</u> |                                                                                 |
| Name & Address:<br><b>RYAN ENGLE</b><br><b>539 OVERBROOK LN SE</b><br><b>GRAND RAPIDS, MI 49507</b>                                                                                                                                                                                                                                                                            |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>HEALTHCARE</u> Employer <u>MICHIGAN</u><br>Business Address <u>539 OVERBROOK LN SE, GRAND RAPIDS, MI 49507</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                |                                           |                                      |                                                                                 |

Page Subtotal **350.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.                                                                                                 |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/29/2026</u> |                                                                                 |
| Name & Address:<br><b>WARREN MCDONALD</b><br><b>201 FULTON ST W</b><br><b>GRAND RAPIDS, MI 49503</b>                                                                                                                                                                                                                                                                                  |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DIRECTOR</u> Employer <u>HEALTH SUPERVISION LLC</u><br>Business Address <u>201 FULTON ST W, GRAND RAPIDS, MI 49503</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                               |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/29/2026</u> |                                                                                 |
| Name & Address:<br><b>DANIELLE COPE</b><br><b>1920 LYNNE LN NW</b><br><b>GRAND RAPIDS, MI 49504</b>                                                                                                                                                                                                                                                                                   |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ADMINISTRATIVE ASSISTANT</u> Employer <u>GRAND RAPIDS CHARTER TOWNSHIP</u><br>Business Address <u>1836 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/29/2026</u> |                                                                                 |
| Name & Address:<br><b>ANDREW FEIKEMA</b><br><b>144 OAKES ST SW</b><br><b>APT 1113</b><br><b>GRAND RAPIDS, MI 49503</b>                                                                                                                                                                                                                                                                |                                           | \$ <u>50.00</u>                      | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SOFTWARE ENGINEER</u> Employer <u>CAVALLO</u><br>Business Address <u>234 MARKET AVE SW, #501, GRAND RAPIDS, MI 49503</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                             |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/30/2026</u> |                                                                                 |
| Name & Address:<br><b>JUSTIN SHELDON</b><br><b>2202 NEW TOWN DR</b><br><b>GRAND RAPIDS, MI 49525</b>                                                                                                                                                                                                                                                                                  |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>COMMUNITY ORGANIZER</u> Employer <u>SELF-EMPLOYED</u><br>Business Address <u>2202 NEW TOWN DR, GRAND RAPIDS, MI 49525</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> 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 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 <u>all</u> contributions regardless of amount.                                                                               |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/30/2026</u> |                                                                                 |
| Name & Address:<br><b>JAMES JENDRASIAK</b><br>830 GARFIELD AVE NW<br>GRAND RAPIDS, MI 49504                                                                                                                                                                                                                                                                         |                                           | \$ <u>25.00</u>                      | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                        |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                                  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/01/2026</u> |                                                                                 |
| Name & Address:<br><b>JEFFREY CRANSON</b><br>2618 COLLEGE AVE NE<br>GRAND RAPIDS, MI 49505                                                                                                                                                                                                                                                                          |                                           | \$ <u>50.00</u>                      | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>STATE OF MICHIGAN</u> Employer <u>PUBLIC AFFAIRS</u><br>Business Address <u>2618 COLLEGE AVE NE, GRAND RAPIDS, MI 49505</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser        |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/01/2026</u> |                                                                                 |
| Name & Address:<br><b>AARON NEWMAN</b><br>680 KRYSTAL KOVE<br>GRAND RAPIDS, MI 49534                                                                                                                                                                                                                                                                                |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>MANUFACTURING PRODUCTION ASSOCIATE</u> Employer <u>RAPID LINE</u><br>Business Address <u>1475 GEZON PKWY SW, WYOMING, MI 49509</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/01/2026</u> |                                                                                 |
| Name & Address:<br><b>JOSHUA FERGUSON</b><br>811 EMERALD AVE NE<br>APT 318<br>GRAND RAPIDS, MI 49503                                                                                                                                                                                                                                                                |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>270 STRATEGIES</u> Employer <u>ORGANIZER</u><br>Business Address <u>270 E OHIO ST, #379, CHICAGO, IL 60611</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> 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 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 <u>all</u> contributions regardless of amount.                                                                    |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/01/2026</u> |                                                                                 |
| Name & Address:<br><b>JOHN HELMHOLDT</b><br><b>743 COLLINDALE AVE NW</b><br><b>GRAND RAPIDS, MI 49504</b>                                                                                                                                                                                                                                                |                                           | \$ <u>100.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CEO</u> Employer <u>SEYFERTHPR</u><br>Business Address <u>40 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser            |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/01/2026</u> |                                                                                 |
| Name & Address:<br><b>STEVE BENNETT</b><br><b>3500 CHAMBERLAIN AVE SE</b><br><b>GRAND RAPIDS, MI 49508</b>                                                                                                                                                                                                                                               |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                               |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/01/2026</u> |                                                                                 |
| Name & Address:<br><b>BONNIE TOFT</b><br><b>8066 TILlicum GROVE NE</b><br><b>ROCKFORD, MI 49341</b>                                                                                                                                                                                                                                                      |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                               |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/01/2026</u> |                                                                                 |
| Name & Address:<br><b>ADAM ROGALSKI</b><br><b>920 LAKESIDE DR SE</b><br><b>GRAND RAPIDS, MI 49506</b>                                                                                                                                                                                                                                                    |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PRINCIPAL</u> Employer <u>ROGO PROPERTY GROUP</u><br>Business Address <u>920 LAKESIDE DR SE, GRAND RAPIDS, MI 49506</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal 320.00

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 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 <u>all</u> contributions regardless of amount.                                                                        |                                                      | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt <u>10/03/2026</u> |                                                                                 |
| Name & Address:<br>JOHN LOPORTO<br>2191 N CASTLE RIDGE DR SE<br>APT 301<br>GRAND RAPIDS, MI 49508                                                                                                                                                                                                                                                            |                                                      | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PUBLIC POLICY</u> Employer <u>AIRBNB</u><br>Business Address <u>4505 MISSAUKEE AVE SW, GRANDVILLE, MI 49418</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser             |                                                      |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt <u>10/03/2026</u> |                                                                                 |
| Name & Address:<br>NATHANIEL ENGLE<br>1911 W HILLSDALE ST<br>LANSING, MI 48915                                                                                                                                                                                                                                                                               |                                                      | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DEPUTY DIRECTOR</u> Employer <u>STATE OF MICHIGAN</u><br>Business Address <u>525 W ALLEGAN ST, LANSING, MI 48933</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser        |                                                      |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt <u>10/04/2026</u> |                                                                                 |
| Name & Address:<br>JOHNNY BRANN JR.<br>5057 GRAND RIVER DR NE<br>GRAND RAPIDS, MI 49525                                                                                                                                                                                                                                                                      |                                                      | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>BUSINESS OWNER</u> Employer <u>INTERPHASE INC</u><br>Business Address <u>5057 GRAND RIVER DR NE, GRAND RAPIDS, MI 49525</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                                      |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input checked="" type="checkbox"/> YES | 4. Date of Receipt <u>10/08/2026</u> |                                                                                 |
| Name & Address:<br>WEST MICHIGAN PLUMBERS, FITTERS AND SERVICE TRADES LOCAL<br>UNION NO. 174 POLITICAL ACTION FUND<br>1008 O'MALLEY DR<br>COOPERSVILLE, MI 49404                                                                                                                                                                                             |                                                      | \$ <u>500.00</u>                     | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                            |                                                      |                                      |                                                                                 |

Page Subtotal 900.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.                                                             |  | 6. Amount          | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>10/08/2026</u><br>Name & Address:<br><b>IBEW PAC VOLUNTARY FUND</b><br><b>900 7TH ST NW</b><br><b>WASHINGTON, DC 20001</b>                                                                                                               |  | \$ <u>500.00</u>   | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                 |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/09/2026</u><br>Name & Address:<br><b>JOHNNY BRANN JR.</b><br><b>5057 GRAND RIVER DR NE</b><br><b>GRAND RAPIDS, MI 49525</b>                                                                                                                       |  | \$ <u>975.00</u>   | \$ <u>1,225.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>BUSINESS OWNER</u> Employer <u>INTERPHASE INC</u><br>Business Address <u>5057 GRAND RIVER DR NE, GRAND RAPIDS, MI 49525</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/11/2026</u><br>Name & Address:<br><b>CHELSEA BRANN</b><br><b>5057 GRAND RIVER DR NE</b><br><b>GRAND RAPIDS, MI 49525</b>                                                                                                                         |  | \$ <u>1,225.00</u> | \$ <u>1,225.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                   |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/11/2026</u><br>Name & Address:<br><b>MICHAEL JANDERNOA</b><br><b>171 MONROE AVE NW</b><br><b>#410</b><br><b>GRAND RAPIDS, MI 49503</b>                                                                                                           |  | \$ <u>1,225.00</u> | \$ <u>1,225.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                   |  |                    |                                                                                 |

Page Subtotal **3,925.00**

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 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 <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/16/2026</u> |                                                                                 |
| Name & Address:<br><b>DAVE SHAFFER</b><br><b>3984 MACEY DR</b><br><b>WALKER, MI 49534</b>                                                                                                                                                                                             |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation <u>BANKER</u> Employer <u>WMCB</u>                                                                                                                                                                                                                                         |                                           |                                      |                                                                                 |
| Business Address <u>51 IONIA AVE SW, GRAND RAPIDS, MI 49503</u>                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                  |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation _____ Employer _____                                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                  |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation _____ Employer _____                                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                  |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation _____ Employer _____                                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                                |                                           |                                      |                                                                                 |

Page Subtotal **100.00**

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

**10,795.00**

Enter this total on  
line 3a of Summary  
Page.



**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<br>Name <b>COMMUNITY WEST CREDIT UNION</b><br><br>Address<br><b>3089 44TH ST SW<br/>GRANDVILLE, MI 49418</b><br><br><input type="checkbox"/> Fund Raiser     | Purpose: <b>BANK SERVICE FEE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>08/31/2026</b><br>Date | \$ <b>5.00</b>     |
| Expenditure #2<br>Name <b>THE ORIGINAL UNION PRINT SHOPPE</b><br><br>Address<br><b>270 S TELEGRAPH RD<br/>PONTIAC, MI 48341</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>WALK LITERATURE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  | <b>09/08/2026</b><br>Date | \$ <b>148.40</b>   |
| Expenditure #3<br>Name <b>THE ORIGINAL UNION PRINT SHOPPE</b><br><br>Address<br><b>270 S TELEGRAPH RD<br/>PONTIAC, MI 48341</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>MAILERS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | <b>09/17/2026</b><br>Date | \$ <b>1,043.62</b> |
| Expenditure #4<br>Name <b>THE ORIGINAL UNION PRINT SHOPPE</b><br><br>Address<br><b>270 S TELEGRAPH RD<br/>PONTIAC, MI 48341</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>MAILERS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | <b>09/23/2026</b><br>Date | \$ <b>3,506.10</b> |
| Expenditure #5<br>Name <b>THE ORIGINAL UNION PRINT SHOPPE</b><br><br>Address<br><b>270 S TELEGRAPH RD<br/>PONTIAC, MI 48341</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>MAILERS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | <b>09/24/2026</b><br>Date | \$ <b>1,045.59</b> |

Subtotal this page **5,748.71**

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 **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<br>Name <b>COMMUNITY WEST CREDIT UNION</b><br><br>Address<br><b>3089 44TH ST SW<br/>GRANDVILLE, MI 49418</b><br><br><input type="checkbox"/> Fund Raiser     | Purpose: <b>BANK SERVICE FEE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                           | <b>09/30/2026</b><br>Date | \$ <b>5.00</b>   |
| Expenditure #2<br>Name <b>THE ORIGINAL UNION PRINT SHOPPE</b><br><br>Address<br><b>270 S TELEGRAPH RD<br/>PONTIAC, MI 48341</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>PURCHASE OF BANNER</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                         | <b>10/06/2026</b><br>Date | \$ <b>68.20</b>  |
| Expenditure #3<br>Name <b>THE ORIGINAL UNION PRINT SHOPPE</b><br><br>Address<br><b>270 S TELEGRAPH RD<br/>PONTIAC, MI 48341</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>WALK LITERATURE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                            | <b>10/08/2026</b><br>Date | \$ <b>445.20</b> |
| Expenditure #4<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                                       | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement<br><br><a href="#">Click Here for Memo Itemization Type</a> | _____<br>Date             | \$ _____         |
| Expenditure #5<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                                       | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement<br><br><a href="#">Click Here for Memo Itemization Type</a> | _____<br>Date             | \$ _____         |

Subtotal this page **518.40**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **6,267.11**

Enter this total  
on line 8a of  
Summary Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B – IK

CANDIDATE COMMITTEE

2026007

1. Committee I. D. Number

2. Committee Name

CTE LINDSEY PEREZ PLESCHER

| 3. Name and Address of person to whom goods or services were donated or transferred.              | 4. Type of In-Kind Expenditure<br>(Check appropriate box and fill in description)                                                                                                                                                                                                                                                  | 5. Date:           | 6. Fair Market Value                       |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------|
| Expenditure #1<br>Name & Address:<br>DAVID LAGRAN<br>255 COLLEGE AVE SE<br>GRAND RAPIDS, MI 49503 | 4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee<br><input type="checkbox"/> Donation of assets to tax exempt charitable Institution<br><input type="checkbox"/> Donation of assets to Political Party Committee<br><input checked="" type="checkbox"/> Other<br>Description<br>EVENT FOOD | 10/01/2026<br>Date | \$ 185.00                                  |
| Expenditure #2<br>Name & Address:                                                                 | 4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee<br><input type="checkbox"/> Donation of assets to tax exempt charitable institution<br><input type="checkbox"/> Donation of assets to Political Party Committee<br><input type="checkbox"/> Other<br>Description:                         | <br>Date           | \$<br>Click Here for Memo Itemization Type |
| Expenditure #3<br>Name & Address:                                                                 | 4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee<br><input type="checkbox"/> Donation of assets to tax exempt charitable institution<br><input type="checkbox"/> Donation of assets to Political Party Committee<br><input type="checkbox"/> Other<br>Description:                         | <br>Date           | \$<br>Click Here for Memo Itemization Type |
| Expenditure #4<br>Name & Address:                                                                 | 4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee<br><input type="checkbox"/> Donation of assets to tax exempt charitable institution<br><input type="checkbox"/> Donation of assets to Political Party Committee<br><input type="checkbox"/> Other<br>Description:                         | <br>Date           | \$<br>Click Here for Memo Itemization Type |
| Expenditure #5<br>Name & Address:                                                                 | 4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee<br><input type="checkbox"/> Donation of assets to tax exempt charitable institution<br><input type="checkbox"/> Donation of assets to Political Party Committee<br><input type="checkbox"/> Other<br>Description:                         | <br>Date           | \$<br>Click Here for Memo Itemization Type |

Page Subtotal

185.00

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

185.00

Enter this total  
on line 7 of  
the Summary  
Page



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 2026007  
2. Committee Name CTE LINDSEY PEREZ PLESCHER

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.<br><br>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)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>LINDSEY PEREZ-PLESCHER</b><br><b>843 5TH ST NW</b><br><b>GRAND RAPIDS, MI 49504</b>                                                                                                                       | 4. Type: <u>DEBT</u><br>5. <u>Date Debt Was Incurred:</u><br><u>02/24/2026</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 150.00</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>150.00</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                          |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>LINDSEY PEREZ-PLESCHER</b><br><b>843 5TH ST NW</b><br><b>GRAND RAPIDS, MI 49504</b>                                                                                                                       | 4. Type: <u>DEBT</u><br>5. <u>Date Debt Was Incurred:</u><br><u>04/11/2026</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 250.00</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>250.00</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                          |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                 | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____                           | \$<br>\$<br>\$<br>\$<br>\$         | \$ _____                              | \$ _____<br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                          |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**400.00**

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

**400.00**

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.**



**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<br><br><b>10/01/2026</b> | 4. Number of Individuals Attending or Participating (whichever is greater)<br><br><b>26</b> | 5. Type of Fund Raising Activity<br><br>GRAND RAPIDS FUNDRAISER | 6. Address and Name (If any) of the place where the activity was held.<br>HOUSE IN SE GRAND RAPIDS<br>255 COLLEGE AVE SE<br>GRAND RAPIDS, MI 49503<br><input type="checkbox"/> Private Residence |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Total Contributions **1,690.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **1,690.00**  
10. Total Cost of Event **185.00**  
(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.