MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
12 NOV 2026 PM 06:53
KENT COUNTY CLERK
GRAND RAPIDS, MICHIGAN

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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
2026023

2. Committee Name
CTE STEVE TIBBE

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

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

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

5. Committee's Mailing Address

323 KRAKOW PL SW
GRAND RAPIDS, MI 49504

Area Code and Phone (616) 862-6700
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

AMANDA SAMUELS
1033 THIRD ST NW
GRAND RAPIDS, MI 49504

Area Code & Phone (989) 277-0505

7. Treasurer's Business Address

1033 THIRD ST NW
GRAND RAPIDS, MI 49504

Area Code and Phone (989) 277-0505

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

Area Code and Phone () -

9. **TYPE OF STATEMENT**

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

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus
11/03/2026

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

- [ ] July Quarterly
- [ ] October Quarterly

9c. [ ] Annual Statement (.) Coverage Year

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

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution
_____

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

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

Current Treasurer or Designated Record keeper _____ / _____ Submitted electronically, signature on file Date 11/12/2026
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 11/12/2026
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 2026023

2. Committee Name CTE STEVE TIBBE

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

3. Contribution # 1 PAC Receipt? ☑ YES 4. Date of Receipt 09/08/2026

Name & Address:
GRAND RAPIDS POLICE OFFICERS UNION
2300 BYRON SHORES DR SW
BYRON CENTER, MI 49315

$ 2,000.00 $ 2,000.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☑ YES 4. Date of Receipt 09/08/2026

Name & Address
REALTORS POLITICAL ACTION COMMITTEE OF MI
720 N WASHINGTON AVE
LANSING, MI 48906

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☑ YES 4. Date of Receipt 09/22/2026

Name & Address:
ABC WESTERN MI PAC
101 S WASHINGTON SQUARE
LANSING, MI 48933

$ 750.00 $ 750.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☑ YES 4. Date of Receipt 09/22/2026

Name & Address
GRAND RAPIDS POLICE OFFICERS UNION
2300 BYRON SHORES DR SW
BYRON CENTER, MI 49315

$ 3,000.00 $ 5,000.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal 6,250.00

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

Enter this total on line 3a of Summary Page.