

MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONSCANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by  
the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <b>69133</b>		3. This Statement covers From: <b>10-24-2025 to 12-28-2025</b>	
2. Committee Name <b>Friends Of Steve Rice</b>		4. Candidate Last Name <b>Rice</b> First Name <b>Steve</b> M.I. 4a. Office Sought Including District # or Community Served (If applicable) 4b. County of Residence <b>MACOMB</b>	
5. Committee's Mailing Address <b>5427 Southlawn 5427 Southlawn Sterling Heights, MI 48310</b> Area Code and Phone <b>586 939-6726</b> 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  Area Code & Phone:	
7. Treasurer's Business Address  Area Code and Phone:		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. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <b>11. 8. 2025</b>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee <input type="checkbox"/> 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.			
Treasurer or Designated Record keeper <b>Stephen Rice</b> Type or Print Name		Signature  Date <b>1. 09. 2024</b>	
Candidate <b>Steve Rice</b> Type or Print Name		Signature  Date <b>1. 09. 2024</b>	



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number

69133-50

2. Committee Name

FRIENDS OF STEVE RILE

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>STERLING INN</u> Address <u>34911 VAN DYKE</u> <u>S. HTS. MI 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>BUILDING FORD</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/05</u>	<u>497.82</u>
<b>Expenditure #2</b> Name <u>POSTMASTER</u> Address <u>METRO PKWY S. H. 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-1-05</u>	<u>200</u>
<b>Expenditure #3</b> Name <u>STEVE RILE</u> Address <u>2653 SERRA</u> <u>S. HTS MI 48310</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN REPAYMENT</u> Expenditure Code <u>LO</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-27-05</u>	<u>1342.31</u>
<b>Expenditure #4</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
<b>Expenditure #5</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

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

2040.21  
2040.31

Enter this total  
on line 8a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES