

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 69133		3. This Statement covers From: 10-24-2025 to 11-28-2025
2. Committee Name Friends Of Steve Rice		4. Candidate Last Name* Rice First Name Steve M.I.
5. Committee's Mailing Address 5427 Southlawn 5427 Southlawn Sterling Heights, MI 48310		4a. Office Sought Including District # or Community Served (If applicable)
6. Treasurer's Name & Residential Address 		4b. County of Residence MACOMB
7. Treasurer's Business Address 		6. Treasurer's Name & Residential Address
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 		7. Area Code and Phone
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR <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.		9b. 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 checked="" type="checkbox"/> Annual Statement () Coverage Year 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9d to indicate which Statement is being amended.)
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. Candidate Treasurer or Designated Record keeper Stephen Rice Type or Print Name Candidate Steve Rice Type or Print Name Authority granted under P.A. 388 of 1976		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.
		Date 1-09-2024
		Date 1-09-2026



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 69133-50
2. Committee Name FRIENDS OF STEVE RICE

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
<p>Expenditure #1 Name <u>STERLING INN</u> Address <u>34911 VAN DYKE</u> <u>S. HTS. MI 48312</u> <input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>BUILDING FUND</u> Expenditure Code <u>SE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<u>10/24/05</u>	<u>497.82</u>
<p>Expenditure #2 Name <u>POSTMASTER</u> Address <u>METRO PKWY S. H. 48312</u> <input checked="" type="checkbox"/> Fund Raiser</p>	<p>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</p>	<u>10-1-05</u>	<u>200</u>
<p>Expenditure #3 Name <u>STEVE RICE</u> Address <u>2653 SERIA</u> <u>S. HTS MI 48310</u> <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Law Refundment</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</p>	<u>11-27-05</u>	<u>1342 31</u>
<p>Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>		
<p>Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>		

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

2040.01

2040 31

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES