



**CANDIDATE 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

2. Committee Name

Friends Of Steve Rice

5. Committee's Mailing Address

5427 Southlawn
5427 Southlawn
Sterling Heights, MI 48310

Area Code and Phone 586 939-6726

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.

7. Treasurer's Business Address

Area Code and Phone

3. This Statement covers From:

1-1-24 to 12-25-25

4. Candidate Last Name

Rice

First Name

Steve

4a. Office Sought Including District # or Community Served (If applicable)

Council

4b. County of Residence MACOMB

6. Treasurer's Name & Residential Address

Same

Area Code & Phone

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

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

Date of Election, Convention or 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.)

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.

Designated Treasurer or
Designated Record keeper **Stephen Rice**
Type or Print Name

Signature

Date

12-25-25

Candidate **Steve Rice**
Type or Print Name

Signature

Date

12-25-2026



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

69133

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Friends Of Steve Rice

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