



**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 | | 3. This Statement covers From: 10-21-24 12-31-24 | |
| 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 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. | | 4a. Office Sought Including District # or Community Served (If applicable) Council 4b. County of Residence MACOMB | |
| 7. Treasurer's Business Address Area Code and Phone | | 6. Treasurer's Name & Residential Address Area Code & Phone | |
| 9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input 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 | | 8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper) Area Code and Phone 9c. 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. | |
| 9d. <input checked="" type="checkbox"/> Annual Statement (2024) Coverage Year 9e. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e 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. | | | |
| Designated Treasurer or Designated Record keeper Stephen Rice Type or Print Name | | Signature [Signature] Date 12-25-25 | |
| Candidate Steve Rice Type or Print Name | | Signature [Signature] Date 12-25-25 | |



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-IK, Column 7) | (6.) \$ | 0.00 | (21.) \$ 0.00 |
| 7. In-Kind Expenditures (Schedule 1B-IK, 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 | |