

CANDIDATE COMMITTEE COVER PAGE

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MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

25 JUL 2025 PM 01:46

FOR OFFICIAL USE ONLY

3. This Statement covers From: 04/26/2025 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 07/20/2025 1. Committee I.D. Number 4. Candidate Last Name M.I. **RICKEY** MCKIDDY 140567 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name **COUNCIL, STERLING HEIGHTS** CTE RICK MCKIDDY 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 43586 PERIGNON DRIVE DARLENE A MCKIDDY STERLING HEIGHTS, MI 48314 43586 PERIGNON DRIVE STERLING HEIGHTS, MI 48314 Area Code and Phone (937) 367-5570
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (937) 367-5570 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 43586 PERIGNON DRIVE STERLING HEIGHTS, MI 48314 Area Code and Phone (937) 367-5570 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, X Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 08/05/2025 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. Submitted electronically. Current Treasurer or signature on file 07/25/2025 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 07/25/2025 signature on file Candidate Date

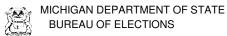
Signature

Type or Print Name

1. Committee I.D. Number 140567

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 9,447.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 9,447.00	(18.) \$ 9,447.00
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.) \$ 9,447.00	(20.) \$ 9,447.00
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.) \$ 8,577.90	
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.) \$ 8,577.90	(23.) \$ 8,577.90
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	(13.) \$ 0.00	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 9,447.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ <u>9,447.00</u>	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11)	(16.) - \$ 8,577.90	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 869.10	•

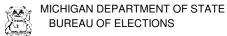


CANDIDATE COMMITTEE 2. Com

1. Committee I.D. Number 140567

2. Committee Name

middle initial. Check box to indicate if contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Comm 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 Receivable Name & Address: WAAD NADHIR 888 W BIG BEAVER RD TROY, MI 48084	ipt 05/02/2025	_{\$} 2,450.00	_{\$} 2,450.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF Business Address 888 W BIG BEAVER RD, TROY, M Type of Contribution: Direct Loan from a person	11 48084 Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt As Address BARBARA NIVEN 10241 DONNA AVE LOS ANGELES, CA 91324	pt <u>05/17/2025</u>	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation SAG ACTOR Employer SELF EMPL Business Address 10241 DONNA AVE, LOS ANGELE Type of Contribution: Direct Loan from a person			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt YES 4. Date	05/20/2025	\$ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer Business Address Type of Contribution:	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Rec Name & Address DONALD SLANKER 1825 HIGHLAND SPRINGS RD HASLET, TX 76052	eipt <u>05/20/2025</u>	_{\$} 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address	Fund Raiser		
	Page Subtotal	2,750.00	-
	rand Total of All Schedules 1A blete on last page of Schedule)	Enter this total on	J
Page 1 of 12		line 3a of Summary Page.	



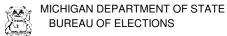
140567 1. Committee I.D. Number

2. Committee Name CTE RICK MCKIDDY

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 05/20/2025 Name & Address: TRISH AVERY 2200 HIGHLAND RIDGE RD GEORGETOWN, TX 78628	_{\$} 100.00	_{\$} 100.00
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 05/21/2025 Name & Address SCOTT PETREY 1451 ROBINHOOD DR DAYTON, OH 45449	<u>\$ 100.00</u>	<u>\$ 100.00</u>
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 05/21/2025 ANGELA HARRISON 115 EASTERN AVE BALLSTON SPA, NY 12020 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/22/2025 Name & Address CHERYL SEATON 1759 N CENTRAL DR DAYTON, OH 45432	_{\$} 10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	260.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		1

Page 2 of 12

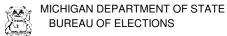
line 3a of Summary Page.



1. Committee I.D. Number

140567

Enter contributor's name and address. If contribution middle initial. Check box to indicate if contribution Committee (PAC) Report all contributions regar	on is from a Political Comm		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: CHERYL SEATON 1759 N CENTRAL DR DAYTON, OH 45432	YES 4. Date of Rece	oipt 05/22/2025	_{\$} 10.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide	:			
Occupation E	mployer			
Business Address	<u></u>			
Type of Contribution: Direct	Loan from a person	Fund Raiser		
· · · · · · · · · · · · · · · · · · ·	'ES 4. Date of Rece	ipt 05/23/2025		
Name & Address NICK LAWERANCE 7206 BETTY ST WINTER PARK, FL 32792			\$50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	:			
Occupation Em	ployer			
Business Address				
Type of Contribution: Direct	oan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address: EDWARD LENARD 11314 COOPER AVE LAKEVIEW, OH 43331	YES 4. Date of Reco	eipt 05/23/2025	_{\$} 10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please provide:	:			
Occupation E	mployer			
Business Address Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt?	YES 4. Date of Rec	eipt 05/24/2025		
Name & Address STEVE GOERTERMILLER 6299 BURNING TREE DR BURTON, MI 48509			_{\$} 40.00	_{\$} 40.00
5. If over \$100.00 cumulative, please provide	:			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
		Page Subtotal	110.00	
		rand Total of All Schedules 1A plete on last page of Schedule)		
Page 3 of 12	(20	. [200]	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

140567

CANDIDATE COMMITTEE

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 05/25/2025 Name & Address: MARY ADKINS 1115 VALLEY ST STATESVILLE, NC 28677 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/27/2025 Name & Address		
AMANDA STITT 3819 FOSSUM LN OKEMOS, MI 48864	_{\$} 50.00	_{\$} 50.00
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 05/29/2025 ANDREW NADHIR 888 W BIG BEAVER RD TROY, MI 48084	_{\$} 2,450.00	_{\$} 2,450.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer SELF		
Business Address 888 W BIG BEAVER RD, TROY, MI 48084 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/30/2025		_
Name & Address BRIAN WELLMEIR 5004 HEATHER WAY DAYTON, OH 45424	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,650.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 4 of 12	Enter this total on line 3a of Summary Page.	



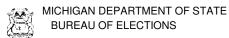
1. Committee I.D. Number

140567

CANDIDATE COMMITTEE

CTE RICK MCKIDDY 2. Committee Name

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 <u>all</u> 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 05/31/2025 Name & Address: VICKIE FLYNN 636 FRIARS LANE 8 FLORENCE, KY 41042	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/03/2025		
Name & Address BILL LUCAS 231 DARBYHURST RD COLUMBUS, OH 43228	_{\$} 100.00	\$ 100.00
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 06/25/2025 Name & Address: ELLEN ROTTERMAN 13730 TORREY GLENN RD SAN DIEGO, CA 92129	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/25/2025 Name & Address RACHEL TISERA 4028 PECHIN ST PHILADELPHIA, PA 19128	_{\$} 10.00	_{\$_} 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	460.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 5 of 12	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

140567

2. Committee Name

middle initial. Check box to indicate if contribution is from a Political Committee or an Indepe Committee (PAC) Report all contributions regardless of amount.		7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/25/20 Name & Address: PATRICK POOR PO BOX 383 MECOSTA, MI 49332	§ 337.00	_{\$} 337.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/25/2020 Name & Address ALAN GABBARD 1905 CRESCENT DR SPRINGFIELD, OH 45504	\$100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/25/20 Name & Address: CHARLES LEWIS 8807 NORMAN AVE LIVONIA, MI 48150	\$250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Occupation ☐ ETINED Employer Business Address Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/26/20 Name & Address MARK STROLLE 6174 COLUMBIA ST HASLETT, MI 48840	\$ 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
P	age Subtotal 787.00	
Grand Total of All S (Complete on last page	of Schedule) Enter this total on	_
Page 6 of 12	line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number ______140567

2. Committee Name

Enter contributor's name and address. If comiddle initial. Check box to indicate if contributions recommittee (PAC) Report all contributions recommittee.	ibution is from a Political Comr		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: DENISE OLESKA 2015 E CROSS ST PENSACOLA, FL 32503	YES 4. Date of Rec	eipt <u>06/29/2025</u>	_{\$} 75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please prov	vide:			
Occupation	_ Employer	_		
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
Contribution #2 PAC Receipt? Name & Address	YES 4. Date of Rece	eipt 07/01/2025		
BARBARA NIVEN 10241 DONNA AVE LOS ANGELES, CA 91324			_{\$} 100.00	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please prov				
Occupation SAG ACTOR	Employer SELF EMP	LOYED		
Business Address 10241 DONNA				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: DARYL FAIRCHILD 1404 HARVARD BLVD DAYTON, OH 45406	YES 4. Date of Rec	eeipt 07/01/2025	<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please prov	vide:			
Occupation CHAPLIN	Employer CHAPLAIN DAYT	ON CHILDREN'S HOSPITAL		
Business Address 1 CHILDRENS P	LAZA, DAYTON, OH	45404		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address MIKE GARDNER S ALKIRE ST DENVER, CO 80228	YES 4. Date of Re	ceipt <u>07/01/2025</u>	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please prov	vide:			
Occupation	_ Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
		Page Subtotal	325.00	
		Grand Total of All Schedules 1A nplete on last page of Schedule)	Enter this total on	
Page 7 of 12			line 3a of Summary Page.	



1. Committee I.D. Number

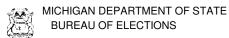
140567

2. Committee Name CTE RICK MCKIDDY

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 07/01/2025 Name & Address: JEREMY FLITTON 3919 JOSHUA DR MARION, IN 46953	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	1	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/01/2025 Name & Address LAURA BERMAN 1699 HENRIETTA ST BIRMINGHAM, MI 48009	_{\$} 50.00	§ 50.00
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 07/01/2025 Name & Address: DEBBIE LIEBERMAN 7475 KIMMEL RD CLAYTON, OH 45315	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/03/2025 TAMRA REDIC 425 HUMES LN FLORISSANT, MO 63031	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	250.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	J

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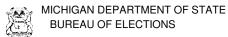
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CANDIDATE COMMITTEE

140567 1. Committee I.D. Number

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/07/2025 Name & Address: SUSAN RETALSKI		
WARREN, MI	_{\$} 35.00	_{\$} 35.00
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 07/08/2025		
Name & Address FRANK KOSCIELSKI		
1314 LAKEPOINTE	_{\$} 50.00	_{\$} 50.00
KEEGO HARBOR, MI 48320	\$ <u>00.00</u>	\$ 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/08/2025 Name & Address: JOESPH HASENJAGER 615 CARRICK DR. DAYTON, OH 45458	<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/08/2025 Name & Address		
KRIS OWEN		
10318 ELMS RD	§ 50.00	£ 50.00
MONTROSE, MI 48457	\$ 00:00	\$_00.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	235.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	_I
Page 9 of 12	line 3a of Summary Page.	



140567 1. Committee I.D. Number

2. Committee Name CTE RICK MCKIDDY

Enter contributor's name and address. If contribution is from an individua middle initial. Check box to indicate if contribution is from a Political ComCommittee (PAC) Report <u>all</u> 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 PAC Address: RONALD GEER 4450 GULF BLVD ST. ST PETE BEACH, FL 33706	eipt <u>07/08/2025</u>	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Rec	eipt <u>07/11/2025</u>		
DIANNE WEEKLEY 3152 THOMAS HEADRICK ROAD SEVIERVILLE, TN 37862		<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer RETIRED			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt	07/14/2025	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address	Fund Raiser		
	ceipt 07/14/2025		
Name & Address RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	<u>07/14/2020</u>	_{\$} 10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	235.00	
	Grand Total of All Schedules 1A nplete on last page of Schedule)	Fotosticit	
Page 10 of 12		Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

140567

2. Committee Name

Enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Comr 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 SINAN TAILA 1533 DOVER HILL N WALLED LAKE, MI 48390	eipt 07/16/2025	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF			
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt	eipt <u>07/16/2025</u>	_{\$} 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 Rec Name & Address: GARY BARNES 23 IRONWOOD DR DAYTON, OH 45449	07/18/2025	§ 35.00	_{\$} 35.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt PAENAME & Address MICHAEL KELLER PO BOX 433 ALBERTON, MT 59820	 ceipt <u>07/19/2025</u>	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer RETIREI	D		
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	1,135.00	
(Com	Grand Total of All Schedules 1A applete on last page of Schedule)	Enter this total on	
Page 11 of 12		line 3a of Summary Page.	



CANDIDATE COMMITTEE

140567 1. Committee I.D. Number

2. Committee Name CTE RICK MCKIDDY

Enter contributor's nam middle initial. Check be Committee (PAC) Repo	ox to indicate if con	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)			
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/20/2025 Name & Address: SIMONE ARORA 5286 N GEORGETOWN RD GRAND BLANC, MI 48439 5. If over \$100.00 cumulative, please provide:					_{\$} 250.00	_{\$} 250.00
Occupation TECHN				OGE		
Occupation TECHNICIAN Employer LABOR EDGE Business Address 1570 WOODWARD, DETROIT, MI 48226						
Type of Contribution:			Loan from a person	Fund Raiser		
3. Contribution #2	PAC Receipt?		YES 4. Date of Rece			
Name & Address	i Ao Neceipt:	Ш	4. Date of Floor			
					\$	\$
5. If over \$100.00 cumulative, please provide:					Click Here for Memo Itemization	
Occupation		_ Em	ployer			
Business Address						
Type of Contribution:	Direct		oan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of Rec	eipt		
					\$	\$
5. If over \$100.00 cum	ulative, please pro	vide	:		Click Here for	Memo Itemization
Occupation		Е	mployer			
Business Address		_				
Type of Contribution:	Direct		Loan from a person	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of Rec	ceipt		
					\$	\$
5. If over \$100.00 cum	ulative, please pro	vide	:		Cliak Hana fa	Memo Itemization
Occupation			Employer		Click Here loi	Memo itemization
Business Address						
Type of Contribution:	Direct		Loan from a person	Fund Raiser		
·				Page Subtotal	250.00	
				Grand Total of All Schedules 1A	9,447.00	
			(Com	plete on last page of Schedule)	Enter this total on	 '

Page 12 of 12

line 3a of Summary Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 140567

2. Committee Name CTE RICK MCKIDDY

2.0	ommittee rame			
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount	
Expenditure #1 Name SAWICKI AND SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216	Purpose: SIGNS	06/11/2025 Date	\$ <u>968.3</u> 1	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #2				
Name CHRISTINA THORPE ROGERS		06/12/2025	\$ 500.00	
Address 537 HEARTHGLEN BLVD WINTER GARDEN, FL 34787	Purpose: ART WORK / GRAPHIC DESIGN	Date	¥ <u>000.00</u>	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #3				
Name MINUTE MEN PRESS		06/13/2025	\$ 311.85	
Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309	Purpose: CAMPAIGN SHIRTS	Date		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #4				
Name MINUTE MEN PRESS		06/23/2025	\$ 611.74	
Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309	Purpose: Paid for door hangers for campaign	Date		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #5				
Name RICK MCKIDDY		07/03/2025		
Address 43586 PERIGNON DR	Purpose:	Date	\$ 3,800.00	
STERLING HEIGHTS, MI 48314 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
	Subto	tal this page	6,191.90	
Grand Total of all Schedules 1B (Complete on last page of Schedule)				

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

140567

1. Committee I. D. Number

2. Committee Name CTE RICK MCKIDDY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		<u>'</u>	
Name RICK MCKIDDY		07/03/2025	\$ 1,500.00
	REIMBURSED RICK MCKIDDY FOR PERSON FUNDS LOANED	Date	\$ 1,500.00
Address 43586 PERIGNON DR	Purpose:		
STERLING HEIGHTS, MI 48314			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name C&G PUBLISHING		07/20/2025	• 00C 00
	C AND G DI IRI ISHING NEWS DADED AD	Date	\$ <u>886.00</u>
Address	Purpose: C AND G PUBLISHING NEWS PAPER AD		
13650 E 11 MILE RD			
WARREN, MI 48089			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name			
		Data	\$
Address	Purpose:	Date	
	Click I	Here for Memo	temization Type
	Check box if this expenditure is payment of		71
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name			•
Address		Date	\$
Address	Purpose:		
	Click I	Here for Memo	temization Type
	Check box if this expenditure is payment of		
m	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
Address	Burnasa	Date	\$
Audices	Purpose:	Daio	·
	Click I	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	otal this page	2,386.00

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

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS **SCHEDULE 1E**

1. Committee I.D. Number

140567

CTE RICK MCKIDDY **CANDIDATE COMMITTEE** This Schedule itemizes: a Debts and obligations owed by or forgiven the committee Debts and obligations owed to or forgiven by the committee. OR (Check either a or b. Use only for the purpose checked.) 4. Type of Obligation 7. Date and amount of 3. Name and Mailing Address of person, vendor or 8. Cumulative 9. Outstanding financial institution to whom debt is owed. (Description) each payment payment to Balance at close 5. Indicate date debt was of this period date on debt (Item 6 minus Check box to indicate whether debt is owed to an incurred incorporated business. If debt is a bank loan, please 6. Indicate original amount Item 8) provide information regarding the endorsers or of debt guarantors, if any. Debt #1 Corp? Yes 07/03/25_{\$} 3,800.00 Owed to or by: RICK MCKIDDY 5. Date Debt Was Incurred: 43586 PERIGNON DR 07/03/2025 STERLING HEIGHTS, MI 48314 \$ 0.00 \$ 3,800.00 6. Original Amount of Debt: 3,800.00 **FORGIVEN** Amount Endorsed: \$ 3800 If bank loan, name of endorser or guarantor: Debt #2 07/11/25\$ 1,500.00 Owed to or by: RICK MCKIDDY 5. Date Debt Was Incurred: 43586 PERIGNON DR 07/11/2025 STERLING HEIGHTS, MI 48314 \$ 0.00 \$ 1,500.00 6. Original Amount of Debt: \$ 1,500.00 **FORGIVEN** \$ If bank loan, name of endorser or guarantor: Amount Endorsed: \$_ Debt #3 Corp? Yes 4. Type: \$ Owed to or by: 5. Date Debt Was Incurred: 6. Original Amount of Debt: FORGIVEN

> 0.00 Page Subtotal (Outstanding debt)

Amount Endorsed: \$

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

0.00 Enter this total

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

on line 12a "owed by"" or line 12b "owed to" of the Summary Page

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If bank loan, name of endorser or guarantor: