



FILED

09 AUG 2025 AM 10:50

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 04/26/2025 to 07/20/2025

1. Committee I.D. Number

140567

4. Candidate Last Name

First Name

M.I.

MCKIDDY

RICKEY

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

COUNCIL, STERLING HEIGHTS

4b. County of Residence **MACOMB COUNTY**

2. Committee Name

CTE RICK MCKIDDY

5. Committee's Mailing Address

**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 be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**DARLENE A MCKIDDY
43586 PERIGNON DRIVE
STERLING HEIGHTS, MI 48314**

Area Code & Phone (937) 367-5570

7. Treasurer's Business Address

**43586 PERIGNON DRIVE
STERLING HEIGHTS, MI 48314**

Area Code and Phone (937) 367-5570

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. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ 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.)

Date of Election, Convention or Caucus

08/05/2025

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.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/09/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/09/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140567

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE RICK MCKIDDY

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>16,473.78</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>16,473.78</u>	(18.) \$ <u>16,473.78</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>16,473.78</u>	(20.) \$ <u>16,473.78</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>15,604.68</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>15,604.68</u>	(23.) \$ <u>15,604.68</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1,726.78</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>16,473.78</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>16,473.78</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>15,604.68</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>869.10</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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 <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? <input type="checkbox"/> YES 4. Date of Receipt <u>07/07/2025</u> Name & Address: SUSAN RETALSKI 32511 CAMBRIDGE DR WARREN, MI 48093		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2025</u> Name & Address: FRANK KOSCIELSKI 1314 LAKEPOINTE KEEGO HARBOR, MI 48320		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2025</u> Name & Address: JOESPH HASENJAGER 615 CARRICK DR. DAYTON, OH 45458		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2025</u> Name & Address: KRIS OWEN 10318 ELMS RD MONTROSE, MI 48457		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 235.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



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SCHEDULE 1A
CANDIDATE COMMITTEE**

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 <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? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2025</u> Name & Address: RONALD GEER 4450 GULF BLVD ST. ST PETE BEACH, FL 33706		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/2025</u> Name & Address: DIANNE WEEKLEY 3152 THOMAS HEADRICK ROAD SEVIERVILLE, TN 37862		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/14/2025</u> Name & Address: IRINA COTFAS 2532 10TH STREET WYANDOTTE, MI 48192		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/14/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>10.00</u>	\$ <u>6,347.27</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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 <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? <input type="checkbox"/> YES 4. Date of Receipt <u>07/16/2025</u> Name & Address: SINAN TAILA 1533 DOVER HILL N WALLED LAKE, MI 48390		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>07/16/2025</u> Name & Address: IBEW LOCAL 58 1358 ABBOTT ST DETROIT, MI 48216		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/2025</u> Name & Address: GARY BARNES 23 IRONWOOD DR DAYTON, OH 45449		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2025</u> Name & Address: MICHAEL KELLER PO BOX 433 ALBERTON, MT 59820		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,135.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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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 <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? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2025</u> Name & Address: SIMONE ARORA 5286 N GEORGETOWN RD GRAND BLANC, MI 48439		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TECHNICIAN</u> Employer <u>LABOR EDGE</u> Business Address <u>1570 WOODWARD, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/05/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>500.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>71.00</u>	\$ <u>671.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 921.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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2. Committee Name CTE RICK MCKIDDY

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/11/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>750.00</u>	\$ <u>1,421.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/12/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>1,521.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>968.00</u>	\$ <u>2,489.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/23/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>500.00</u>	\$ <u>2,989.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 2,318.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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 <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? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>70.40</u>	\$ <u>3,059.40</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/15/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>830.38</u>	\$ <u>3,889.78</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/19/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>500.00</u>	\$ <u>4,389.78</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/20/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>500.00</u>	\$ <u>4,889.78</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,900.78**

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**ITEMIZED CONTRIBUTIONS
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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? <input type="checkbox"/> YES 4. Date of Receipt <u>06/23/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>623.49</u>	\$ <u>5,513.27</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/02/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>234.00</u>	\$ <u>5,747.27</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/06/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>500.00</u>	\$ <u>6,247.27</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>90.00</u>	\$ <u>6,337.27</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,447.49**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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 <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? <input type="checkbox"/> YES 4. Date of Receipt <u>07/15/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>500.00</u>	\$ <u>6,847.27</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>44.37</u>	\$ <u>6,891.64</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>76.96</u>	\$ <u>6,968.60</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>68.18</u>	\$ <u>7,036.78</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **689.51**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

16,473.78

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140567
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 Name SAWICKI AND SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/11/2025</u> Date	\$ <u>968.31</u>
Expenditure #2 Name CHRISTINA THORPE ROGERS Address 537 HEARTHGLEN BLVD WINTER GARDEN, FL 34787 <input type="checkbox"/> Fund Raiser	Purpose: <u>ART WORK / GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/2025</u> Date	\$ <u>500.00</u>
Expenditure #3 Name MINUTE MEN PRESS Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/13/2025</u> Date	\$ <u>311.85</u>
Expenditure #4 Name MINUTE MEN PRESS Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 <input type="checkbox"/> Fund Raiser	Purpose: <u>PAID FOR DOOR HANGERS FOR CAMPAIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/2025</u> Date	\$ <u>611.74</u>
Expenditure #5 Name RICK MCKIDDY Address 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN PAYMENT</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2025</u> Date	\$ <u>3,800.00</u>

Subtotal 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

1. Committee I. D. Number 140567
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 Name RICK MCKIDDY Address 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN REPAYMENT</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2025</u> Date	\$ <u>1,500.00</u>
Expenditure #2 Name C&G PUBLISHING Address 13650 E 11 MILE RD WARREN, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>C AND G PUBLISHING NEWS PAPER AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/2025</u> Date	\$ <u>886.00</u>
Expenditure #3 Name CHRISTINA THORPE ROGERS Address 537 HEARTHGLEN BLVD WINTER GARDEN, FL 34787 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/05/2025</u> Date	\$ <u>100.00</u>
Expenditure #4 Name ROBERT SEMBARSKI Address 12412 VINEWOOD CT SHELBY TWP, MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SUPPORT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/07/2025</u> Date	\$ <u>500.00</u>
Expenditure #5 Name RACIES MEXICAN FOOD Address 44805 MOUND RD STERLING HEIGHTS, MI 48314 <input type="checkbox"/> Fund Raiser	Purpose: <u>MEETING WITH CAMPAIGN SUPPORT TEAM</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/07/2025</u> Date	\$ <u>71.00</u>

Subtotal this page **3,057.00**
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

1. Committee I. D. Number 140567
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 Name VAN Address 606 TOWNSEND ST LANSING, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE VOTER INFORMATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2025</u> Date	\$ <u>750.00</u>
Expenditure #2 Name ROBERT SEMBARSKI Address 12412 VINEWOOD CT SHELBY TWP, MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SUPPORT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/12/2025</u> Date	\$ <u>100.00</u>
Expenditure #3 Name SAWICKI AND SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/20/2025</u> Date	\$ <u>968.00</u>
Expenditure #4 Name ROBERT SEMBARSKI Address 12412 VINEWOOD CT SHELBY TWP, MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SUPPORT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/23/2025</u> Date	\$ <u>500.00</u>
Expenditure #5 Name RACIES MEXICAN FOOD Address 44805 MOUND RD STERLING HEIGHTS, MI 48314 <input type="checkbox"/> Fund Raiser	Purpose: <u>MEETING WITH CAMPAIGN SUPPORT TEAM</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2025</u> Date	\$ <u>70.40</u>

Subtotal this page **2,388.40**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140567
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 Name AMAZON.COM Address 450 W 33RD ST NEW YORK, NY 10001 <input type="checkbox"/> Fund Raiser	Purpose: <u>EBIKES FOR CAMPAIGN SUPPORT TEAM</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/2025</u> Date	\$ <u>830.38</u>
Expenditure #2 Name CHRISTOPHER MARCHIONE Address 29837 ROAN AVE WARREN, MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SUPPORT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/19/2025</u> Date	\$ <u>500.00</u>
Expenditure #3 Name CHRISTINA THORPE ROGERS Address 537 HEARTHGLEN BLVD WINTER GARDEN, FL 34787 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2025</u> Date	\$ <u>500.00</u>
Expenditure #4 Name MINUTE MEN PRESS Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTED SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/2025</u> Date	\$ <u>623.49</u>
Expenditure #5 Name WIX.COM Address 235 W 23 ST NEW YORK, NY 10011 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBSITE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2025</u> Date	\$ <u>234.00</u>

Subtotal this page **2,687.87**

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

1. Committee I. D. Number 140567
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 Name WILLIAM WILSON Address 44598 BAYVIEW AVE APT 12112 CLINTON TWP, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SUPPORT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/06/2025</u> Date	\$ <u>500.00</u>
Expenditure #2 Name OFFICE DEPOT Address 44835 SCHOENHERR RD STERLING HEIGHTS, MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTER SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/07/2025</u> Date	\$ <u>76.96</u>
Expenditure #3 Name CHILI'S Address 2735 S ROCHESTER RD ROCHESTER HILLS, MI 48307 <input type="checkbox"/> Fund Raiser	Purpose: <u>MEETING WITH CAMPAIGN SUPPORT TEAM</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/2025</u> Date	\$ <u>90.00</u>
Expenditure #4 Name WILLIAM WILSON Address 44598 BAYVIEW AVE APT 12112 CLINTON TWP, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SUPPORT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2025</u> Date	\$ <u>500.00</u>
Expenditure #5 Name FLAMING GRILL Address 43474 MOUND RD STERLING HEIGHTS, MI 48314 <input type="checkbox"/> Fund Raiser	Purpose: <u>MEETING WITH CAMPAIGN SUPPORT TEAM</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/17/2025</u> Date	\$ <u>44.37</u>

Subtotal this page **1,211.33**

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

1. Committee I. D. Number 140567
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 Name JJ BISTRO Address 2995 E LONG LAKE RD TROY, MI 48085 <input type="checkbox"/> Fund Raiser	Purpose: <u>LUNCH MEETING WITH CAMPAIGN SUPPORT TEAM</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2025</u> Date	\$ <u>68.18</u>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		

Subtotal this page	68.18
Grand Total of all Schedules 1B (Complete on last page of Schedule)	15,604.68

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567
2. Committee Name CTE RICK MCKIDDY

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/05/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>100.00</u>	<u>07/03/25</u> \$ <u>100.00</u> \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>100.00</u>	\$ <u>0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

0.00

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

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567
2. Committee Name CTE RICK MCKIDDY

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/07/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	07/03/25 \$ <u>500.00</u> \$ \$ \$ \$	\$ <u>500.00</u>	\$ <u>0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/07/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>71.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>71.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/11/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>750.00</u>	07/03/25 \$ <u>750.00</u> \$ \$ \$ \$	\$ <u>750.00</u>	\$ <u>0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

71.00

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

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.

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567
2. Committee Name CTE RICK MCKIDDY

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/12/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	07/03/25 \$ <u>100.00</u> \$ \$ \$ \$	\$ <u>100.00</u>	\$ <u>0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/20/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 968.00</u>	07/03/25 \$ <u>968.05</u> \$ \$ \$ \$	\$ <u>968.05</u>	\$ <u>-0.05</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/23/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	07/03/25 \$ <u>500.00</u> \$ \$ \$ \$	\$ <u>500.00</u>	\$ <u>0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

-0.05

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

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567
2. Committee Name CTE RICK MCKIDDY

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/03/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 70.40</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 70.40</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/15/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 830.38</u>	<u>07/03/25 \$ 830.38</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 830.38</u>	<u>\$ 0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/19/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	<u>07/03/25 \$ 500.00</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 500.00</u>	<u>\$ 0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

70.40

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

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.

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567
2. Committee Name CTE RICK MCKIDDY

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/20/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	07/03/25 \$ 500.00 \$ \$ \$ \$	\$ 500.00	\$ 0.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/23/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 623.49</u>	07/03/25 \$ 551.57 \$ \$ \$ \$	\$ 551.57	\$ 71.92 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/02/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 234.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 234.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

305.92

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

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567
2. Committee Name CTE RICK MCKIDDY

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/06/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/11/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>90.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>90.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/15/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,090.00

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

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567
2. Committee Name CTE RICK MCKIDDY

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/17/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 44.37</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>44.37</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/17/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 76.96</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>76.96</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/19/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 68.18</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>68.18</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

189.51

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

1,726.78

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

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.