

COVER PAGE

FILED 09 AUG 2025 AM 10:50

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

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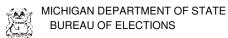
CC	VER PAGE				
Report must be legible, type the treasurer (or designated	ed or printed in ink and d record keeper) and ca	signed by Indidate.	3. This Statement covers From	04/26/2025 to 0	7/20/2025
1. Committee I.D. Number 140567			Candidate Last Name MCKIDDY 4a. Office Sought Including Dis	First Name RICKEY strict # or Community Served (M.I. If applicable)
2. Committee Name CTE RICK	MCKIDD'	Y	COUNCIL, STERLING 4b. County of Residence MA		
5. Committee's Mailing Addre	ess		6. Treasurer's Name & Reside		
43586 PERIGNON STERLING HEIGH	DRIVE		DARLENE A MCKIE 43586 PERIGNON I STERLING HEIGHT	DDY DRIVE	
Area Code and Phone (93) If the address in this box is d mailing address on the State be sent to this address by the	ment of Organization, n	ttee nail may	Area Code & Phone (937)	367-5570	
7. Treasurer's Business Add	ress		Designated Record keeper Designated Record keeper)	's Name and Mailing Address ((If the committee has a
43586 PERIGNON STERLING HEIGH			Doughalou Hoopery		
Area Code and Phone (93	37) 367-5570		Area Code and Phone () -		
9. TYPE OF STATEMENT			Area Code and Phone	9e. Dissolution of Candida	ate Committee
9a. X Pre-Election OR Pre-Election or Post-Election X Primary		is not on the current year:	erly	by the committee to the cand by discharged and forgiven,	Ve certify any outstanding debt didate or his or her spouse is here and no longer collectible from ee has no oustanding assets, y oustanding debt.
General		October Q	uarterly	Further, if the dissolution can considered a request for the	
Convention Special School		9c. Annua	al Statement (.) Coverage Year dment to Campaign Statement	Effective date of di	
Caucus		Comp	lete Item 9a, 9b , 9c or 9e to e which Statement is being	Note: The disposition of residuscial Schedule 1B and the Summa	dual funds must be reported on ary Page.
Date of Election, Convent					
08/05/2025	5				
10. Verification: I\We certify the my\our knowledge and belief			in the preparation of this statem omplete.	ent and attached schedules (if	any) and to the best of
Current Treasurer or Designated Record keeper			/	Submitted electronically, signature on file	08/09/2025
	Type or Print Name		Signature	———— Date	
Candidate			/	Submitted electronically, signature on file Date	08/09/2025
	Type or Print Name		Signature		

1. Committee I.D. Number 140567

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE RICK MCKIDDY

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Sumulative this closurer syste
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 16,473.78	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 16,473.78	(18.) \$ 16,473.78
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.) \$ _16,473.78	(20.) \$ 16,473.78
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.) \$ 15,604.68	
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.) \$ _15,604.68	(23.) \$ 15,604.68
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)	(100.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligationsa. Owed by the Committee (Schedule 1E)	(12a.) \$ _1,726.78	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	BALANCE STATEMENT $(13.) \$ 0.00$ $(14.) + \$ 16,473.78$ $(15.) = \$ 16,473.78$ $(16.) - \$ 15,604.68$ $(17.) \$ 869.10$	



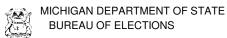
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

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 <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 07/07/2025 Name & Address: SUSAN RETALSKI 32511 CAMBRIDGE DR WARREN, MI 48093	_{\$} 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 KEEGO HARBOR, MI 48320	_{\$} 50.00	_{\$} 50.00
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	\$ 100.00	_{\$} 100.00
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 07/08/2025 Name & Address KRIS OWEN 10318 ELMS RD MONTROSE, MI 48457	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution:		
Page Subtota	235.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule		
Page 9 of 16	Page.	



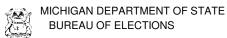
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

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 <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 07/08/2025 Name & Address: RONALD GEER 4450 GULF BLVD ST. ST PETE BEACH, FL 33706	_{\$} 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 Receipt 07/11/2025 Name & Address DIANNE WEEKLEY 3152 THOMAS HEADRICK ROAD SEVIERVILLE, TN 37862	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
· ·		
Business Address Type of Contribution: ✓ Direct		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/14/2025 Name & Address: IRINA COTFAS 2532 10TH STREET WYANDOTTE, MI 48192	_{\$} 25.00	_{\$} 25.00
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 07/14/2025 Name & Address RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	_{\$} 10.00	_{\$} 6,347.27
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	235.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 10 of 16	Enter this total on line 3a of Summary Page.	

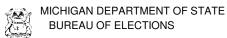


1. Committee I.D. Number

140567

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, 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 07/16/2025 Name & Address: SINAN TAILA 1533 DOVER HILL N WALLED LAKE, MI 48390		_{\$} 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 07/16/2025 Name & Address IBEW LOCAL 58 1358 ABBOTT ST DETROIT, MI 48216	_{\$} 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 Receipt 07/18/2025 Name & Address: GARY BARNES 23 IRONWOOD DR DAYTON, OH 45449	 _{\$} 35.00	_{\$} 35.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/19/2025 Name & Address MICHAEL KELLER PO BOX 433 ALBERTON, MT 59820	_ _{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED	_	
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subto	otal 1,135.00	
Grand Total of All Schedules (Complete on last page of Schedules) Page 11 of 16	Enter this total on line 3a of Summary	
Page 11 of 10	Page.	

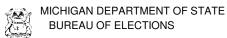


140567

2. Committee Name

1. Committee I.D. Number

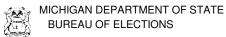
Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: SIMONE ARORA 5286 N GEORGETOWN RD GRAND BLANC, MI 48439	t <u>07/20/2025</u>	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation TECHNICIAN Employer LABOR EDO Business Address 1570 WOODWARD, DETROIT, MI 4			
Business Address 1570 WOODWARD, DETROIT, MT2 Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	t <u>05/05/2025</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 # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	ot <u>05/07/2025</u>	\$500.00	_{\$} 600.00
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 # 4 PAC Receipt? YES 4. Date of Receivable Name & Address RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	pt 05/07/2025	_{\$} 71.00	_{\$} 671.00
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer			
Business Address			
Type of Contribution:	Fund Raiser		
	Page Subtotal	921.00	
	and Total of All Schedules 1A ete on last page of Schedule)	Ex division	
Page 12 of 16		Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

140567

Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Comm 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 Receivable Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	pt 05/11/2025	_{\$} 750.00	_{\$} 1,421.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer			
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
	pt <u>05/12/2025</u>	_{\$} 100.00	_{\$} 1,521.00
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt PAC MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	oipt 05/20/2025	_{\$} 968.00	_{\$} 2,489.00
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 # 4 PAC Receipt? YES 4. Date of Receipt Address RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	eipt 05/23/2025	_{\$} 500.00	_{\$} 2,989.00
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer			
Business Address	Fund Raiser		
	Page Subtotal	2,318.00	
	rand Total of All Schedules 1A plete on last page of Schedule)	Enter this total on	
Page 13 of 16		line 3a of Summary Page.	



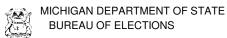
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

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 Comn 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 Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	eipt <u>06/03/2025</u>	_{\$} 70.40	_{\$} 3,059.40
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 Receipt Address RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	ipt 06/15/2025	\$830.38	_{\$} 3,889.78
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 Rec Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	eipt 06/19/2025	\$ 500.00	_{\$} 4,389.78
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 # 4 PAC Receipt? YES 4. Date of Receipt PAC MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	 ceipt <u>06/20/2025</u>	_{\$} 500.00	_{\$} 4,889.78
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	1,900.78	
	irand Total of All Schedules 1A plete on last page of Schedule)	Enter this total are	
Page 14 of 16		Enter this total on line 3a of Summary Page.	

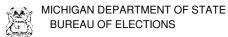


1. Committee I.D. Number

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 Comm 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 RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	oipt 06/23/2025	_{\$} 623.49	
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 Receipt As Address RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	ipt <u>07/02/2025</u>	_{\$} 234.00	_{\$} 5,747.27
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 YES 4. Date	eipt 07/06/2025	\$ 500.00	_{\$} 6,247.27
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 # 4 PAC Receipt? YES 4. Date of Receipt Page 1. Date of Receipt Page 2. Page 2	Decipt 07/11/2025	_{\$} 90.00	_{\$} 6,337.27
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	1,447.49	
	rand Total of All Schedules 1A plete on last page of Schedule)	Enter this is a	
Page 15 of 16		Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

140567 1. Committee I.D. Number

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 07/15/2025 Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	_{\$} 500.00	_{\$} 6,847.27
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 Receipt 07/17/2025 Name & Address RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	_{\$} 44.37	_{\$} 6,891.64
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/17/2025 Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	_{\$} 76.96	_{\$} 6,968.60
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/19/2025 Name & Address RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	_{\$} 68.18	_{\$_} 7,036.78
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	689.51	
Grand Total of All Schedules 1A	16,473.78	

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1. Committee I. D. Number 140567

2. Committee Name CTE RICK MCKIDDY

A. Name and address of person or vendor to whom paid 4. Purpose (Required Information) 5. Date 6. Amount 6.
Name SAWICKI AND SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 Fund Raiser Expenditure #2 Name CHRISTINA THORPE ROGERS Address 537 HEARTHGLEN BLVD WINTER GARDEN, FL 34787 Fund Raiser Expenditure #3 Name MINUTE MEN PRESS Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 Fund Raiser Expenditure #4 Name MINUTE MEN PRESS Purpose: SIGNS Purpose: SIGNS Purpose: SIGNS Purpose: ART WORK / GRAPHIC DESIGN Purpose: ART WORK / GRAPHIC DESIGN O6/12/2025 Date \$ 500.00 O6/13/2025 Date \$ 311.85 O6/13/2025 Date
Address Expenditure #2 Name CHRISTINA THORPE ROGERS Address Expenditure #2 Name CHRISTINA THORPE ROGERS Address By Fund Raiser Expenditure #2 Name CHRISTINA THORPE ROGERS Address Address Expenditure #3 Name MINUTE MEN PRESS Expenditure #3 Name MINUTE MEN PRESS Expenditure #4 Name MINUTE MEN PRESS Purpose: SIGNS Date \$ 968.31 Date \$ 968.31
Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser
DETROIT, MI 48216 Gheck box if this expenditure is payment of debt or obligation reported on previous statement
DETROIT, MI 48216 Gheck box if this expenditure is payment of debt or obligation reported on previous statement
Check box if this expenditure is payment of debt or obligation reported on previous statement
Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2 Name CHRISTINA THORPE ROGERS Address 537 HEARTHGLEN BLVD WINTER GARDEN, FL 34787 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #3 Name MINUTE MEN PRESS Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 Fund Raiser Expenditure #4 Name MINUTE MEN PRESS Address Expenditure #4 Name MINUTE MEN PRESS
Statement
Name CHRISTINA THORPE ROGERS Address 537 HEARTHGLEN BLVD WINTER GARDEN, FL 34787 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #3 Name MINUTE MEN PRESS Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 Fund Raiser Expenditure #4 Name MINUTE MEN PRESS AMAIN ROBERS AND ROCHESTER HILLS, MI 48309 Check box if this expenditure is payment of debt or obligation reported on previous statement 96/13/2025 Date \$ 500.00 ART WORK / GRAPHIC DESIGN Date \$ 500.00 Check box if this expenditure is payment of debt or obligation reported on previous statement \$ 311.85 ADDRESS OB(23/2025)
Address 537 HEARTHGLEN BLVD WINTER GARDEN, FL 34787 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #3 Name MINUTE MEN PRESS Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 Fund Raiser Expenditure #4 Name MINUTE MEN PRESS O6/23/2025 Date Date \$ 300.00 Date \$ 300.00 Date
Address 537 HEARTHGLEN BLVD WINTER GARDEN, FL 34787 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #3 Name MINUTE MEN PRESS Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 Fund Raiser Expenditure #4 Name MINUTE MEN PRESS O6/23/2025 Date Date \$ 300.00 Date \$ 300.00 Date
Address 537 HEARTHGLEN BLVD WINTER GARDEN, FL 34787 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #3 Name MINUTE MEN PRESS Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 Check box if this expenditure is payment of debt or obligation reported on previous \$\frac{106}{132025} \text{Date} \frac{311.85}{131.85}\$ Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name MINUTE MEN PRESS
Same MINUTE MEN PRESS Check box if this expenditure is payment of debt or obligation reported on previous statement
WINTER GARDEN, FL 34787 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #3 Name MINUTE MEN PRESS Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 Fund Raiser Expenditure #4 Name MINUTE MEN PRESS O6/23/2025
Expenditure #3 Name MINUTE MEN PRESS Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 Fund Raiser Expenditure #4 Name MINUTE MEN PRESS O6/23/2025 Date Check box if this expenditure is payment of debt or obligation reported on previous statement \$\frac{06/13/2025}{Date} \\$ \frac{311.85}{Date}\$
Expenditure #3 Name MINUTE MEN PRESS Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 Fund Raiser Expenditure #4 Name MINUTE MEN PRESS Address 2040 W AUBURN RD Gehalt (a page 1) and the statement of the
Expenditure #3 Name MINUTE MEN PRESS Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 Fund Raiser Expenditure #4 Name MINUTE MEN PRESS statement O6/13/2025 Date \$311.85
Name MINUTE MEN PRESS Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 Fund Raiser Expenditure #4 Name MINUTE MEN PRESS Purpose: CAMPAIGN SHIRTS O6/13/2025 Date \$311.85
Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name MINUTE MEN PRESS CAMPAIGN SHIRTS Date \$ 311.85
Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name MINUTE MEN PRESS CAMPAIGN SHIRTS Date \$ 311.85
Address 2040 W AUBURN RD ROCHESTER HILLS, MI 48309 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name MINUTE MEN PRESS
2040 W AUBURN RD ROCHESTER HILLS, MI 48309 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name MINUTE MEN PRESS
ROCHESTER HILLS, MI 48309 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name MINUTE MEN PRESS O6/23/2025
Fund Raiser Expenditure #4 Name MINUTE MEN PRESS Check box if this expenditure is payment of debt or obligation reported on previous statement 06/23/2025
Expenditure #4 Name MINUTE MEN PRESS debt or obligation reported on previous statement one of the statement of the stateme
Expenditure #4 Name MINUTE MEN PRESS 06/23/2025
Name MINUTE MEN PRESS 06/23/2025
Name MINUTE MEN PRESS 06/23/2025 \$ 611 74
1VIIINOTE IVIEINTITESS
Address PAID FOR DOOR HANGERS FOR CAMPAIGN Date ————
2040 W AUBURN RD
ROCHESTER HILLS, MI 48309
Check box if this expenditure is payment of
Fund Raiser debt or obligation reported on previous statement
Expenditure #5
Expenditure #5 Name RICK MCKIDDY 07/03/2025
Expenditure #5 Name RICK MCKIDDY 07/03/2025
Expenditure #5 Name RICK MCKIDDY Address Purpose: LOAN PAYMENT 07/03/2025 Date \$ 3,800.00
Expenditure #5 Name RICK MCKIDDY Address 43586 PERIGNON DR Address 43586 PERIGNON DR Purpose: LOAN PAYMENT 53,800.00
Expenditure #5 Name RICK MCKIDDY Address 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 Purpose: LOAN PAYMENT 53,800.00
Name RICK MCKIDDY Address 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 Purpose: LOAN PAYMENT Date \$ 3,800.00
Expenditure #5 Name RICK MCKIDDY Address 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 Purpose: LOAN PAYMENT Purpose: LOAN PAYMENT Check box if this expenditure is payment of ↑ Check box if this expenditure is payment of
Name RICK MCKIDDY Address 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 Fund Raiser Fund Raiser Purpose: LOAN PAYMENT O7/03/2025 Date \$ 3,800.00
Name RICK MCKIDDY Address 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 Fund Raiser Fund Raiser Purpose: LOAN PAYMENT O7/03/2025 Date \$ 3,800.00



1. Committee I. D. Number 140567

CTE RICK MCKIDDY

2. 0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name RICK MCKIDDY		07/03/2025	4 500 00
HICK MICKIDD I			\$ <u>1,500.00</u>
Address	Purpose: LOAN REPAYMENT	Date	·
43586 PERIGNON DR			
STERLING HEIGHTS, MI 48314			
•	Check box if this expenditure is payment of		
Frank Patrice	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name C&G PUBLISHING		07/20/2025	000.00
Odd i Oblioi iiiva			\$ 886.00
Address	Purpose: C AND G PUBLISHING NEWS PAPER AD	Date	
13650 E 11 MILE RD			
WARREN, MI 48089			
WARREIN, IVII 40009			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name CLIDICTINIA TUCADA ACCIDA			
Name CHRISTINA THORPE ROGERS		05/05/2025	\$ 100.00
• • •	Purpose: GRAPHIC DESIGN	Date	\$ 100.00
Address 537 HEARTHGLEN BLVD	Purpose: CITAL THO DEGICAL	24.0	
WINTER GARDEN, FL 34787			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name DOREDT SEMBARSKI			
Name ROBERT SEMBARSKI		05/07/2025	\$ 500.00
Address	Purpose: CAMPAIGN SUPPORT	Date	\$ <u>300.00</u>
Address	Purpose: OAIVII AIGIN OOT I OTTI		
12412 VINEWOOD CT			
SHELBY TWP, MI 48315			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
r drig r disci	statement		
Expenditure #5			
Name RACIES MEXICAN FOOD		05/07/2025	
		05/07/2025	\$71.00
Address	Purpose:	Date	7 1.00
44805 MOUND RD			
STERLING HEIGHTS, MI 48314			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		ta Lulada	0.055.00
	Subtot	tal this page	3,057.00
	Grand Total of all S	Schedules 1B	
	(Complete on last page	of Schedule)	



1. Committee I. D. Number 140567

2. Committee Name CTE RICK MCKIDDY

 ·	John Mille C Hame		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name VAN		05/11/2025	\$ 750.00
	Purpose: ONLINE VOTER INFORMATION	Date	φ <u>/30.00</u>
Address 606 TOWNSEND ST	Purpose:		
LANSING, MI 48933			
L7 (140)(140, WII 40000	Charle have if this avanablitums is novement of		
□	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name ROBERT SEMBARSKI		05/12/2025	° 100 00
	CAMBAICNI CUBBORT	Date	\$ <u>100.00</u>
Address	Purpose: CAMPAIGN SUPPORT		
12412 VINEWOOD CT			
SHELBY TWP, MI 48315			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name SAWICKI AND SON		05/20/2025	\$ 968.00
Address	Purpose: YARD SIGNS	Date	Ψ <u>300.00</u>
1521 W LAFAYETTE BLVD	Purpose: 1711 1D CTC110		
DETROIT, MI 48216			
5211(311, Wil 1021)	Check box if this expenditure is payment of		
□ E d. De l'e	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name ROBERT SEMBARSKI		05/23/2025	
	CAMPAIGNIGUEDODT	Date	\$ <u>500.00</u>
Address	Purpose: CAMPAIGN SUPPORT	Dato	
12412 VINEWOOD CT			
SHELBY TWP, MI 48315			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	Statement		
•			
Name RACIES MEXICAN FOOD		06/03/2025	o 70 40
Address	MEETING WITH CAMPAIGN SUPPORT TEAM Purpose:	Date	\$ <u>70.40</u>
44805 MOUND RD	Тигрозс.		
STERLING HEIGHTS, MI 48314			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
 		otal this page	2 200 40
	Subte	na uno pago	2,388.40
	Grand Total of all		
	(Complete on last page	a of Schedile)	



1. Committee I. D. Number 140567

2 Committee Name CTE RICK MCKIDDY

	oninillee name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name AMAZON.COM		06/15/2025	\$ 830.38
Address	Purpose: EBIKES FOR CAMPAIGN SUPPORT TEAM	Date	- 000.00
450 W 33RD ST	- Lupose.		
NEW YORK, NY 10001			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name CHRISTOPHER MARCHIONE		06/19/2025	500.00
OTHERTWARDINGNE	OAMBAION OUBBORT	Date	\$ <u>500.00</u>
Address	Purpose: CAMPAIGN SUPPORT	Date	
29837 ROAN AVE			
WARREN, MI 48093			
_	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name CHRISTINA THORPE ROGERS		06/20/2025	
	CDADUIC DESIGN	Date	\$ <u>500.00</u>
Address 537 HEARTHGLEN BLVD	Purpose: GRAPHIC DESIGN	Date	
WINTER GARDEN, FL 34787			
WINTER GARBER, LEGITOR	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name MINUTE MEN PRESS		06/23/2025	\$ 623.49
Address	Purpose: PRINTED SUPPLIES	Date	♥ <u>020.40</u>
2040 W AUBURN RD	1 dipose		
ROCHESTER HILLS, MI 48309			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	Statement		
•			
Name WIX.COM		07/02/2025	\$ 234.00
Address	Purpose: WEBSITE	Date	♥ <u>234.00</u>
235 W 23 ST			
NEW YORK, NY 10011	Check box if this expenditure is payment of		
Fund Beiner	debt or obligation reported on previous		
Fund Raiser	statement	1	
	Subto	tal this page	2,687.87
	Grand Total of all S		
	(Complete on last page	of Schedule)	



1. Committee I. D. Number 140567

2. Committee Name CTE RICK MCKIDDY

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
	4. 1 dipose (Hequired information)	o. Bato	o. 7 anount
Expenditure #1 Name WILLIAM WILSON Address	Purpose: CAMPAIGN SUPPORT	07/06/2025 Date	\$ <u>500.0</u> 0
44598 BAYVIEW AVE	Fulpose.		
APT 12112			
CLINTON TWP, MI 48038	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name OFFICE DEPOT		07/07/2025	\$ 76.96
Address	Purpose: PRINTER SUPPLIES	Date	
44835 SCHOENHERR RD			
STERLING HEIGHTS, MI 48313			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name CHILI'S		07/11/2025	\$ 90.00
Address	Purpose: MEETING WITH CAMPAIGN SUPPORT TEAM	Date	<u> </u>
2735 S ROCHESTER RD			
ROCHESTER HILLS, MI 48307	□ ₀ , , , , , , , , , , , , , , , , , , ,		
Cund Daiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name WILLIAM WILSON		07/15/2025	\$ 500.00
Address	Purpose: CAMPAIGN SUPPORT	Date	\$ <u>500.00</u>
44598 BAYVIEW AVE	T dipose.		
APT 12112			
CLINTON TWP, MI 48038	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name FLAMING GRILL		07/17/2025	
Address	MEETING WITH CAMPAIGN SUPPORT TEAM	Date	\$ <u>44.37</u>
43474 MOUND RD	Purpose:	24.0	
STERLING HEIGHTS, MI 48314			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	1,211.33
	Grand Total of all	Schedules 1B	
	(Complete on last page	e of Schedule)	



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		1	
Name JJ BISTRO		07/19/2025	• CO 10
00 BIGTITO	_ LUNCH MEETING WITH CAMPAIGN SUPPORT TEAM	Date	\$ <u>68.18</u>
Address 2995 E LONG LAKE RD	Purpose:	Dato	
TROY, MI 48085			
11101, WII 40003	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name			_
		Date	\$
Address	Purpose:	24.0	
	Click H	lere for Memo	Itemization Type
		icic ioi ivicilio	itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name			
			\$
Address	Purpose:	Date	
	Click L	ore for Memo	temization Type
		ere ioi iviemo	ternization Type
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			
		Date	\$
Address	Purpose:		
	Click II	ara far Mama	temization Type
		ere ioi iviento	ternization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
			\$
Address	Purpose:	Date	
	Click H	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		· ·
Fund Raiser	debt or obligation reported on previous statement		
<u> </u>		al this page	CO 10
	Subiol	ar uno paye	68.18
	Grand Total of all S (Complete on last page		15,604.68



DEBTS AND OBLIGATIONS 1. Committee I.D. Number 140567

SCHEDULE 1E	OTE DIOLANGUEDON
	2. Committee Name CTE RICK MCKIDDY
CANDIDATE COMMITTEE	

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the con (Che	nmittee OR b. Debt eck either a or b. Use only for the pu	s and obligations owed <u>to</u> o irpose checked.)	r forgiven <u>by</u> the com	nmittee.
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? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
		\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		<u> </u>	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$	\$	·	FORGIVEN
		\$		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: LOAN	07/03/25 \$ 100.00		
RICK MCKIDDY	5. Date Debt Was Incurred:	\$		
43586 PERIGNON DR STERLING HEIGHTS, MI 48314	05/05/2025	\$		0.00
OTENEINA TIEIATTO, WII 40014	6. Original Amount of Debt:	\$	\$ 100.00	\$_0.00
	<u>\$ 100.00</u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$)
		Page Subtotal	(Outstanding debt)	0.00
(C	Complete on last page of Schedule :	Grand Total	of all Schedules 1E	
,,	on act page of contour	sg amounto onou by	to the dominition) [Enter this total on line 12a "owed
				by"" or line 12b

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.

"owed to" of the Summary Page

Page 1 of 7



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

140567

SCHEDULE 1E	CTE BICK MCK	CTE RICK MCKIDDY
CANDIDATE COMMITTEE	2. Committee Name	OTE HIGH WORLDD
CANDIDATE COMMITTEE		

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Chee	mittee OR b. Debteck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the con	nmittee.
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? Yes Owed to or by: RICK MCKIDDY	4. Type: LOAN	07/03/25\$ 500.00		
43586 PERIGNON DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48314	05/07/2025	\$	\$ 500.00	_{\$} 0.00
	6. Original Amount of Debt:	\$	\$	FORGIVEN
	\$ <u>500.00</u>	\$		LIFORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$ 0	
Debt #2 Corp? Yes Owed to or by: RICK MCKIDDY	4. Type: LOAN	\$		
43586 PERIGNON DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48314	05/07/2025	\$	0.00	s 71.00
,	6. Original Amount of Debt:	\$	\$ 0.00	\$_71.00
	<u>\$ 71.00</u>			FORGIVEN
		\$,	
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	<u> </u>
Debt #3 Corp? Yes Owed to or by:	4. Type: LOAN	07/03/25\$750.00		
RICK MCKIDDY 43586 PERIGNON DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48314	05/11/2025	\$		
STENLING HEIGHTS, WII 40314	6. Original Amount of Debt:	<u> </u>	\$ 750.00	\$_0.00
	_{\$} 750.00	\$		FORGIVEN
	·	\$		
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	0
		Page Subtotal	(Outstanding debt)	71.00
(C	omplete on last page of Schedule s	Grand Total	of all Schedules 1E	
(0	1	g		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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DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number _____140567

• • • • • • • • • • • • • • • • • • • •	·
CANDIDATE	COMMITTEE

2. Committee Name CTE RICK MCKIDDY

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	nmittee OR b. Debt	ts and obligations owed <u>to</u> o urpose checked.)	r forgiven <u>by</u> the cor	nmittee.
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? Yes Owed to or by: RICK MCKIDDY	4. Type: LOAN	07/03/25\$ 100.00		
43586 PERIGNON DR STERLING HEIGHTS, MI 48314	5. <u>Date Debt Was Incurred</u> : 05/12/2025 6. <u>Original Amount of Debt</u> : \$ 100.00	\$ \$ \$ \$	\$ 100.00	\$_0.00FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ 0	l <u></u> .
Debt #2 Corp? Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR	4. Type: LOAN 5. Date Debt Was Incurred: 05/20/2025	07/03/25\$ 968.05		
STERLING HEIGHTS, MI 48314	6. Original Amount of Debt:	\$ \$ \$	\$ 968.05	\$0.05
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_)
Debt #3 Corp? Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: LOAN 5. Date Debt Was Incurred: 05/23/2025 6. Original Amount of Debt: \$ 500.00	07/03/25 _{\$} 500.00	\$_500.00	\$_0.00
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	0
		Page Subtota	(Outstanding debt)	-0.05
(0	Complete on last page of Schedule	Grand Total showing amounts owed by	of all Schedules 1E or to the committee)	
				Enter this total on line 12a "owed

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.

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

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140567

DEBTS AND OBLIGATIONS 1.	Committee I.D. Number 1403	7007		
SCHEDULE 1E CANDIDATE COMMITTEE 2.	Committee Name CTE RIC	CK MCKIDDY		
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the con (Ch	mmittee OR b. Debt neck either a or b. Use only for the pu	s and obligations owed <u>to</u> or urpose checked.)	forgiven <u>by</u> the cor	nmittee.
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? Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: LOAN 5. <u>Date Debt Was Incurred</u> : 06/03/2025 6. <u>Original Amount of Debt</u> : \$ 70.40	\$ \$ \$ \$	\$ 0.00	\$_70.40
If bank loan, name of endorser or guarantor:			ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: LOAN 5. <u>Date Debt Was Incurred</u> : 06/15/2025 6. <u>Original Amount of Debt</u> : \$ 830.38	07/03/25\$830.38	\$ 830.38	\$_0.00
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	0
Debt #3 Corp? Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: LOAN 5. Date Debt Was Incurred: 06/19/2025 6. Original Amount of Debt: \$ 500.00	07/03/25 _{\$} 500.00 \$	\$_500.00	
If bank loan, name of endorser or guarantor:		<u> </u>	nount Endorsed: \$_	0
			(Outstanding debt)	70.40

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.

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

Page 4 of 7



DEBTS AND OBLIGATIONS

1. Committee I.D. Number

140567

SCHEDULE 1E CANDIDATE COMMITTEE	2. Committee Name	CTE RICK MCKIDDY

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the co	ommittee OR b. Debt heck either a or b. Use only for the pu	s and obligations owed <u>to</u> urpose checked.)	or forgiven <u>by</u> the cor	mmittee.
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? Yes Owed to or by: RICK MCKIDDY	4. Type: LOAN	07/03/25 _{\$} 500.00)	
43586 PERIGNON DR	5. Date Debt Was Incurred:	\$	-	
STERLING HEIGHTS, MI 48314	06/20/2025	\$	\$ 500.00	\$ 0.00
	6. Original Amount of Debt	\$	\$ 300.00	Ψ
	\$ <u>500.00</u>		-	FORGIVEN
If bank loan, name of endorser or guarantor:		\$	- mount Endorsed: $\frac{C}{C}$)
		AI	Πουπι Επασιsea. φ —	
Debt #2 Corp? Yes Owed to or by: RICK MCKIDDY	4. Type: LOAN	07/03/25\$ 551.57		
43586 PERIGNON DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48314	06/23/2025	\$		71.00
OTERLING TIERRITO, INITIOOTT	6. Original Amount of Debt:		\$ 551.57	\$_71.92
	_{\$} 623.49	\$		FORGIVEN
		\$		<u> </u>
If bank loan, name of endorser or guarantor:		<i>F</i>	Amount Endorsed: \$_	<u> </u>
Debt #3 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
RICK MCKIDDY	5. Date Debt Was Incurred:	\$		
43586 PERIGNON DR	07/02/2025	<u>.</u>	•	
STERLING HEIGHTS, MI 48314	6. Original Amount of Debt:		\$ 0.00	\$_234.00
	_{\$} 234.00	\$		FORGIVEN
	*	\$		T ONGIVER
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	
		Page Subtot	al (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

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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DEBTS AND OBLIGATIONS 1. Committee I.D. Number 140567

CANDIDATE COMMITTEE	2. Committee Name	OTE THON WORLDOT	
SCHEDULE 1E		CTE RICK MCKIDDY	
	1. Committee i.D. Nu	IIDGI	

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com	mittee OR b. Debts	s and obligations owed to	or forgiven <u>by</u> the con	nmittee.
	ck either a or b. Use only for the pu	rpose checked.)		
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation (Description)	7. Date and amount of each payment	8. Cumulative	9. Outstanding Balance at close
infancial institution to whom dept is owed.	5. Indicate date debt was	еасп раушеш	payment to date on debt	of this period
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please	incurred 6. Indicate original amount			(Item 6 minus Item 8)
provide information regarding the endorsers or	of debt			item o)
guarantors, if any.				
Debt #1 Corp? Yes Owed to or by:	4. Type: LOAN	¢		
RĬČĶ MĊĶIDDY	Type	Ψ		
43586 PERIGNON DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48314	07/06/2025	\$	0.00	\$ 500.00
,	6. Original Amount of Debt:	Φ	\$ 0.00	\$_500.00_
	\$ 500.00	\$		FORGIVEN
	Ψ	\$	1	
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #2 Corp? Yes	4. Type: LOAN			
Owed to or by:	4. Type:	\$		
43586 PERIGNON DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48314	07/11/2025	\$		00.00
	6. Original Amount of Debt:	· ·	\$ 0.00	\$_90.00
	\$ 90.00	\$		FORGIVEN
		\$		I ONGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_)
Debt #3 Corp? Yes	4. Type: LOAN			
Owed to or by: RICK MCKIDDY	4. Type: LO7 (14	\$		
43586 PERIGNON DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48314	07/15/2025	\$		
	6. Original Amount of Debt:	\$	\$_0.00	\$_500.00
	\$ 500.00			FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:			mount Endorsed: \$_	
				1 000 00
		Page Subtota	l (Outstanding debt)	1,090.00
Grand Total of all Schedules 1E				
(Co	omplete on last page of Schedule s	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.

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DEBTS AND OBLIGATIONS

1. Committee L.D. Number

140567

	1. Committee i.B. Number	
SCHEDULE 1E	2 Committee Name CTE RICK MCKIDDY	
CANDIDATE COMMITTEE	2. Committee Name	
his Schedule itemizes:		

This Schedule itemizes:					
a Debts and obligations owed by or forgiven the commodities (Check Check)	mittee OR b. Debtsk either a or b. Use only for the pu	s and obligations owed <u>to</u> o rpose checked.)	r forgiven <u>by</u> the cor	nmittee.	
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? Yes Owed to or by: RICK MCKIDDY	4. Type: LOAN	\$			
43586 PERIGNON DR	5. Date Debt Was Incurred:	\$			
STERLING HEIGHTS, MI 48314	07/17/2025	\$		44.07	
	6. Original Amount of Debt		\$ 0.00	\$ <u>44.37</u>	
	\$ 44.37	\$		FORGIVEN	
	\$	 		I ONGIVEN	
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ 0		
Debt #2 Corp? Yes Owed to or by:	4. Type: LOAN	\$			
RICK MCKIDDY	5. Date Debt Was Incurred:				
43586 PERIGNON DR	07/17/2025	\$			
STERLING HEIGHTS, MI 48314	6. Original Amount of Debt:	\$	\$ 0.00	_{\$} 76.96	
	70.00	\$	1 \$ 0.00	Ψ	
	\$ <u>76.96</u>	\$		FORGIVEN	
		Ψ			
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$		
Debt #3 Corp? Yes Owed to or by:	4. Type: LOAN	\$			
RICK MCKIDDY	5. <u>Date Debt Was Incurred</u> :	\$			
43586 PERIGNON DR	07/19/2025	Φ.			
STERLING HEIGHTS, MI 48314	6. Original Amount of Debt:	<u> </u>	\$ 0.00	\$ 68.18	
	\$ 68.18	\$	Ψ	FORGIVEN	
	Ψ	\$		FONGIVEN	
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_		
		Dana Cukhini	(Outotopolis s. dalid)	189.51	
		rage Subtotal	(Outstanding debt)		

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

1,726.78

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

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Page	1	of	1	