

CANDIDATE COMMITTEE COVER PAGE

FILED 23 OCT 2025 PM 02:03

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

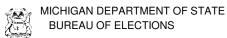
FOR OFFICIAL USE ONLY

3. This Statement covers From: 08/26/2025 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 10/19/2025 1. Committee I.D. Number 4. Candidate Last Name M.I. **RICKEY** MCKIDDY 140567 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name **COUNCIL, STERLING HEIGHTS** CTE RICK MCKIDDY 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 43586 PERIGNON DRIVE DARLENE A MCKIDDY STERLING HEIGHTS, MI 48314 43586 PERIGNON DRIVE STERLING HEIGHTS, MI 48314 Area Code and Phone (937) 367-5570
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (937) 367-5570 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 43586 PERIGNON DRIVE STERLING HEIGHTS, MI 48314 Area Code and Phone (937) 367-5570 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. October Quarterly X General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 11/04/2025 10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete. Submitted electronically. Current Treasurer or signature on file 10/23/2025 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 10/23/2025 signature on file Candidate Date Signature Type or Print Name

1. Committee I.D. Number 140567

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Camalante une ciosación eyele
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 7,146.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 7,146.00	(18.) \$ 26,919.78
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.) \$ _7,146.00	(20.) \$ 26,919.78
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.) \$ 5,723.71	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 65.89	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 5,789.60	(23.) \$ 22,251.29
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 2,076.78	
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) 	(13.) \$ 3,312.09 (14.) + \$ 7,146.00 (15.) = \$ 10,458.09 (16.) - \$ 5,789.60 (17.) \$ 4,668.49	*



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

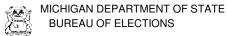
1. Committee I.D. Number

140567

CANDIDATE COMMITTEE 2. Committee Name

CTE RICK MCKIDDY

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 PAW MICHIGAN V-PAC 8000 E JEFFERSON AVE DETROIT, MI 48214	pt 08/26/2025	_{\$} 2,500.00	_{\$} 2,500.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address GARY BARNES 23 IRONWOOD DR DAYTON, OH 45449	pt 08/26/2025	_{\$} 35.00	_{\$} 70.00
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 YES 4. Date	08/27/2025	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt YES 4. Date	eipt <u>08/28/2025</u>	_{\$} 350.00	_{\$_} 7,386.78_
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	2,935.00	
(Comp	rand Total of All Schedules 1A blete on last page of Schedule)	Enter this total on	
Page 1 of 9		line 3a of Summary Page.	

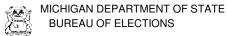


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

140567

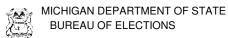
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/28/2025 Name & Address: TRISH AVERY 2200 HIGHLAND RIDGE RD GEORGETOWN, TX 78628	_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/28/2025 Name & Address FRANK WALTERS 4786 MEDLAR RD MIAMISBURG, OH 45342 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 200.00
Occupation NOT EMPLOYED Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/30/2025 Name & Address: RACHEL PHIPPS 26 WILDERNESS COVE BROOKVILLE, OH 45309	<u>\$10.00</u>	_{\$} 10.00
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 08/31/2025 Name & Address DENISE OLESKA 2015 E CROSS ST PENSACOLA, FL 32503	_{\$} 25.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer		
Business Address Type of Contribution:		
Page Subtotal	235.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of 9	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

140567 1. Committee I.D. Number

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 09/02/2025 Name & Address: REGINALD MCGHEE 1356 JOLIET PL DETROIT, MI 48207	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/02/2025		
MICHAEL PICKARD 35212 MALIBU DR STERLING HEIGHTS, MI 48312	_{\$} 50.00	§ 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/02/2025 MICHAEL ORLANDO 18809 LIVINGSTON DR MACOMB, MI 48042	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/02/2025 Name & Address ARTURO REYES 642 S WILSON AVE ROYAL OAK, MI 48067	_{\$} 50.00	_{\$} _50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



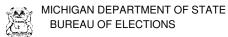
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

140567

CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/02/2025 YVONNE D KNIAZ 14016 PERNELL DR STERLING HEIGHTS, MI 48313	_{\$} 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 09/03/2025		
JUSTEN GRECH 3950 TROUT CREEK LN OAKLAND TWP, MI 48363	\$ 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer GRECH LAW FIRM		
Business Address 45161 CASS AVE, UTICA, MI 48317		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/03/2025 JASON GORDAN 10464 ELGIN AVE HUNTINGTON WOODS, MI 48070	\$500.00	§ 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 10464 ELGIN AVE, HUNTINGTON WOODS, MI 48070		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/06/2025 Name & Address RUDY HOBBS 23795 RIVERVIEW DR SOUTHFIELD, MI 48034	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation LOBBYIST Employer MLC		
Business Address 110 W MICHIGAN AVE, LANSING, MI 48933		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	850.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 4 of 9	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 1405

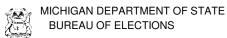
140567

CANDIDATE COMMITTEE

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 PASSANDRA ULBRICH S88 LONGPOINTE DR LAKE ORION, MI 48362	09/07/2025	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	ipt 09/08/2025		
EDWARD LEONARD 11314 COOPER AVE LAKEVIEW, OH 43331		<u>\$</u> 20.00	_{\$} 20.00
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 PAC Receipt? YES 4. Date of Receipt PAC RECEIPT PACE PACE PACE PACE PACE PACE PACE PACE	eipt <u>09/10/2025</u> AC	\$ 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address	Fund Raiser		
	eipt 09/17/2025		
STERLING HEIGHTS FIRE FIGHTERS UNION LO 38911 VAN DYKE AVE STERLING HEIGHTS, MI 48313	OCAL 1557 PAC	_{\$} 1,000.00	_{\$_} 1,000.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address	Fund Raiser		
	Page Subtotal	1,545.00	
	rand Total of All Schedules 1A plete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



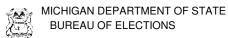
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

140567

CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/21/2025 Name & Address: ELAINE ARNOLD 36118 DELRAY	_{\$} 5.00	. 5.00
STERLING HEIGHTS, MI 48310 5. If over \$100.00 cumulative, please provide:	§ 3.00	§ 3.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/22/2025		
Name & Address		
ALYSA DIEBOLT 23225 OAKWOOD AVE	25 00	25.00
EASTPOINTE, MI 48021	\$ 25.00	_{\$} 25.00
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 09/23/2025 Name & Address: DENISE OLESKA 2015 E CROSS ST PENSACOLA, FL 32503	_{\$} 50.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/26/2025 Name & Address GARY PAQUETTE 2285 SETTLERS TRAIL VANDALIA, OH 45377	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	130.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 6 of 9	line 3a of Summary Page.	

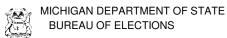


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number _____140567

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 09/27/2025 Name & Address: KRISTIE SHULTZ 22492 ALEXANDER ST ST CLAIR SHORES, MI 48081	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/01/2025 Name & Address JEFFREY LEONARDI 2819 BURNINGBUSH DR STERLING HEIGHTS, MI 48314	\$ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer		
Occupation NOT ENPLOYED Employer Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/01/2025 Name & Address: REALTORS PAC OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906	§ 500.00	_{\$} 1,000.00
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 10/13/2025 Name & Address JASON ORAM 2585 ARLINE DR W. BLOOMFIELD TWP, MI 48323	§200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer 5 STAR BILLBOARDS		
Business Address 2187 ORCHARD LAKE RD, KEEGO HARBOR, MI 48320 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 7 of 9	950.00 Enter this total on line 3a of Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

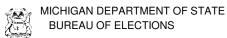
CANDIDATE COMMITTEE 2. Com

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? YES 4. Date of Receipt Address: JOSEPH HASANJAGER 615 CARRICK DR DAYTON, OH 45458	ipt 10/13/2025	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED 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 CHERYLE HAMMONS 13756 BRUNSWICK DR STERLING HEIGHTS, MI 48312	ipt 10/13/2025	\$ <u>100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation NOT EMPLOYED 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	10/13/2025	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Rec Name & Address FRANK KOSCIELSKI 1314 LAKEPOINTE GROSSE POINTE, MI 48230	eipt 10/13/2025	_{\$} 50.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer RETIRED)		
Business Address	Fund Raiser		
	Page Subtotal	275.00	
(Com	rand Total of All Schedules 1A olete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 8 of 9		Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

140567

2. Committee Name

1. Committee I.D. Number

CTE RICK MCKIDDY

middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount.		6. Amount	Commutative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	Receipt 10/13/2025	_{\$} 1.00	_{\$} 7,387.78
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Name & Address SUZANNE WILLIAMS 14291 LAKESHORE DR STERLING HEIGHTS, MI 48313	Receipt 10/14/2025	_{\$} 25.00	_{\$} 25.00
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 o Name & Address:5. If over \$100.00 cumulative, please provide:	f Receipt	\$Click Here for	\$ Memo Itemization
Occupation Employer			
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Name & Address	of Receipt		
		\$	\$
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	26.00	
9 9	Grand Total of All Schedules 1A (Complete on last page of Schedule)	7,146.00 Enter this total on line 3a of Summary	
Page of of		Page.	



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		L.	
Name METRO PRINTS		08/26/2025	• 2F0 00
METRO Trusto	SIGNS	Date	\$ <u>250.00</u>
Address 5580 GATEWOOD DR	Purpose: SIGNS	24.0	
STERLING HEIGHTS, MI 48310			
OTEREN ATERITO, WI 40010	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name SIGNATURE IMAGEWEAR		08/26/2025	\$ 500.00
	Purpose: HATS AND SHIRTS	Date	<u> </u>
Address	Purpose: The Purpose:		
720 LONE PINE RD			
BLOOMFIELD HILLS, MI 48304			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name DODGE PARK CONEY ISLAND		08/26/2025	F0 00
	CAMBAICNI MEETINIC	Date	\$ <u>52.02</u>
Address 35252 DODGE PARK RD	Purpose: CAMPAIGN MEETING	Dale	
STERLING HEIGHTS, MI 48312			
STEREING FIEIGITTS, WII 40012	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name WILLIAM WILSON		08/26/2025	. 500 00
Address	Burnosa: CAMPAIGN SUPPORT	Date	\$ <u>500.00</u>
Address 44598 BAYVIEW AVE	Purpose: CAIVIFAIGIN SUFFURI		
APT 12112			
CLINTON TWP, MI 48038			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name ROGERS ROOST		08/27/2025	
	Purpose: DEPOSIT		\$ 100.00
Address 33626 SCHOENHERR RD	Purpose: DLI OSII	Date	
STERLING HEIGHTS, MI 48312			
orenema rierarrio, im 10012	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	1 400 00
	Subio	na ins paye	1,402.02
	Grand Total of all s		
	(Complete on last page	or ocheane)	



1. Committee I. D. Number 140567

2 Committee Name CTE RICK MCKIDDY

	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ROGERS ROOST Address 33626 SCHOENHERR RD STERLING HEIGHTS, MI 48312	Purpose: CAMPAIGN MEETING	08/27/2025 Date	\$ <u>40.90</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name CHRISTOPHER MARCHIONE	Purpose: CAMPAIGN SUPPORT	08/28/2025 Date	\$ <u>500.00</u>
Address 29837 ROAN AVE WARREN, MI 48093	Purpose:		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name THE GREAT GREEK	Purpose: CAMPAIGN MEETING	09/03/2025 Date	\$ <u>42.11</u>
Address 708 W BIG BEAVER RD TROY, MI 48084	Purpose: OAIVII AIGIV IVILLETIIVG	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name ROGERS ROOST		09/04/2025 Date	\$ 448.10
Address 33626 SCHOENHERR RD STERLING HEIGHTS, MI 48312	Purpose: FUNDRAISER VENUE	Dale	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name YVONNE D KNIAZ		00/05/0005	
Address 14016 PERNELL DR STERLING HEIGHTS, MI 48313	Purpose: BOOKKEEPING	09/05/2025 Date	\$ <u>100.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	1,131.11
	Grand Total of all S (Complete on last page		



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. Fulpose (Flequilled Information)	o. Buto	o. 7 inount
Expenditure #1		00/44/0005	
Name SCALE TO WIN		09/11/2025	\$ 834.74
Address	Purpose: TEXTING	Date	
455 MARKET ST			
#1940			
SF, CA 94105	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name FLAMING GRILL		09/14/2025	\$ 34.66
	Purpose: CAMPAIGN MEETING	Date	⊕ <u>34.00</u>
Address	Purpose: CAMPAIGN MEETING		
43474 MOUND RD STERLING HEIGHTS, MI 48314			
STEREING FIEIGITTS, WII 40314	Check how if this expanditure is payment of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
	statement		
Expenditure #3			
Name ALKABEER CAFE		09/17/2025	\$ 15.66
Address	Purpose: CAMPAIGN MEETING	Date	Ψ <u>13.00</u>
37700 VAN DYKE AVE	Fulpose.		
STERLING HEIGHTS, MI 48312			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name YVONNE D KNIAZ		09/22/2025	
TVOITE BITTUINE	DOGUUEEDING	Date	\$ 100.00
Address	Purpose: BOOKKEEPING	Date	
14016 PERNELL DR			
STERLING HEIGHTS, MI 48313			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name WILLIAM WILSON		09/28/2025	
	Purpose: CAMPAIGN SUPPORT	Date	\$ <u>250.00</u>
Address 44598 BAYVIEW AVE	Purpose:	Date	
APT 12112			
CLINTON TWP, MI 48038	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	otal this page	1,235.06
		-	1,200.00
	Grand Total of all ((Complete on last page)		



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
Name CHRISTOPHER MARCHIONE Address 29837 ROAN AVE WARREN, MI 48093	Purpose: CAMPAIGN SUPPORT	09/28/2025 Date	\$ <u>250.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name WILLIAM WILSON Address 44598 BAYVIEW AVE	Purpose: CAMPAIGN SUPPORT	10/02/2025 Date	\$ <u>250.00</u>
APT 12112 CLINTON TWP, MI 48038 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name CHRISTINA THORPE Address 29837 ROAN AVE	Purpose: CAMPAIGN SUPPORT	10/02/2025 Date	\$ <u>300.00</u>
WARREN, MI 48093 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name LOWES Address 2000 METRO PKWY	Purpose: CAMPAIGN SUPPLIES	10/10/2025 Date	\$ <u>33.79</u>
STERLING HEIGHTS, MI 48310 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name WAL-MART Address 44575 MOUND RD STERLING HEIGHTS, MI 48314	Purpose: CAMPAIGN SUPPLIES Check box if this expenditure is payment of	10/11/2025 Date	\$ <u>94.54</u>
Fund Raiser	debt or obligation reported on previous statement	al this page	928.33
	Grand Total of all S (Complete on last page		323.33



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 140567

SCHEDULE ID			
CANDIDATE COMMITTEE 2. C	committee Name CTE RICK MCKIE	DY	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NGP VAN Address 655 15TH ST NW	Purpose: TEXTING	10/13/2025 Date	\$ <u>125.00</u>
#650 WASHINGTON, DC 20005 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name FEDEX OFFICE Address 37160 VAN DYKE AVE STERLING HEIGHTS, MI 48312	Purpose: CAMPAIGN SUPPLIES	10/15/2025 Date	\$ <u>3.60</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name ROBERT SEMBARSKI Address 12412 VINEWOOD CT SHELBY TWP, MI 48315 Fund Raiser	Purpose: CAMPAIGN SUPPORT Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2025 Date	\$ <u>250.00</u>
Expenditure #4 Name RICK MCKIDDY Address 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	Purpose: MISCELLANEOUS CAMPAIGN SUPPLIES	10/17/2025 Date	\$ <u>298.59</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name WILLIAM WILSON Address 44598 BAYVIEW AVE APT 12112 CLINTON TWP, MI 48038 Fund Raiser	Purpose: CAMPAIGN SUPPORT Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/2025 Date	\$ <u>350.00</u>

Subtotal this page

1,027.19

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

5,723.71



SCHEDULE 1E CANDIDATE COMMITTEE 2. C	ommittee I.D. Number 1405 Ommittee Name CTE RIC	567 CK MCKIDDY		
This Schedule itemizes: Debts and obligations owed by or forgiven the composition (Check the composition) of the composition o	mittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the cor	mmittee.
3. Name and Mailing Address of person, vendor or inancial 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 clos of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: RICK MCKIDDY 3586 PERIGNON DR BTERLING HEIGHTS, MI 48314	4. Type: LOAN 5. <u>Date Debt Was Incurred</u> :	\$ \$ \$	\$ 0.00	_{\$} _71.00

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 Colligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	each payment	payment to date on debt	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. Date Debt Was Incurred: 05/07/2025 6. Original Amount of Debt: \$ 71.00	\$ \$ \$ \$	\$ 0.00	\$_71.00 FORGIVEN
If bank loan, name of endorser or guarantor:		Am	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> : 06/03/2025 6. <u>Original Amount of Debt</u> : \$ 70.40	\$ \$ \$ \$	\$ 0.00	\$_70.40
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: 06/23/2025 6. Original Amount of Debt: \$623.49	07/03/25 _{\$} 551.62	\$_551.62	\$ 71.87 FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	0
		Page Subtota	(Outstanding debt)	213.27
(C	omplete on last page of Schedule :	Grand Total showing amounts owed by	of all Schedules 1E 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

Page 1 of 4



EDTE AND ODLICATIONS

140567

DEBIS AND OBLIGATIONS	 Committee I. 	D. Num	ber	
SCHEDULE 1E		(CTE BICK MCKIDDY	
CANDIDATE COMMITTEE	2. Committee N	Name _	STETHOR MORIBUT	
This Schedule itemizes:				
✓ Debts and obligations owed <u>by</u> or forgiven th	e committee	OR		

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the composition (Chec	mittee OR b. Debteck either a or b. Use only for the pu	s and obligations owed <u>to</u> orpose checked.)	or 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 STERLING HEIGHTS, MI 48314	5. <u>Date Debt Was Incurred</u> : 07/02/2025 6. <u>Original Amount of Debt</u> :	\$ \$ \$	\$ 0.00	\$_234.00_
If bank loan, name of endorser or guarantor:	\$ 234.00	\$Am	nount Endorsed: \$ _	FORGIVEN
Debt #2 Corp? Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR	4. Type: LOAN 5. Date Debt Was Incurred:	\$		
STERLING HEIGHTS, MI 48314	07/06/2025 6. Original Amount of Debt: \$ 500.00	\$ \$	\$_0.00	\$_500.00
If bank loan, name of endorser or guarantor:		\$A	mount Endorsed: \$_	FORGIVEN
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: 07/11/2025 6. Original Amount of Debt: 90.00	\$ \$ \$ \$	\$_0.00	\$ 90.00 FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	0
		Page Subtota	al (Outstanding debt)	824.00
(Co	omplete on last page of Schedule s	Grand Tota showing amounts owed by	I of all Schedules 1E 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

Page 2 of 4



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

140567

SCHEDULE IE	CTF RIC	CK MCKIDDY	7	
CANDIDATE COMMITTEE 2. C	ommittee Name			
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the composition (Chec	mittee OR b. Debt	s and obligations owed <u>to</u> ourpose checked.)	or 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> : 07/15/2025	\$ \$	\$ 0.00	s 500.00
	6. Original Amount of Debt:	\$	\$ <u>0.00</u>	FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: LOAN 5. Date Debt Was Incurred: 07/17/2025 6. Original Amount of Debt: \$44.37	\$ \$ \$ \$ \$	\$ 0.00	\$_44.37
If bank loan, name of endorser or guarantor:		Δ.	mount 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: 07/17/2025 6. Original Amount of Debt: \$ 76.96	\$ \$ \$ \$ \$	\$_0.00	\$_76.96
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtota	al (Outstanding debt)	621.33
(C	omplete on last page of Schedule	Grand Tota	l of all Schedules 1E	

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

Page 3 of 4



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

	1. Committee i.D. Nu	IIIDEI	
SCHEDULE 1E		CTE RICK MCKIDDY	
CANDIDATE COMMITTEE	2. Committee Name	OTE THON WORLD I	
nic Schodula itamizac:			

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the common (Check	mittee OR b. Debtsck 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 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	\$		
43586 PERIGNON DR	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48314	07/19/2025	\$	0.00	s 68.18
	6. Original Amount of Debt	\$	\$ 0.00	\$_00.10
	\$ <u>68.18</u>			FORGIVEN
If hank loop, name of andersor or quaranter:		\$		•
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
RICK MCKIDDY	5. Date Debt Was Incurred:			
43586 PERIGNON DR	08/28/2025	<u> </u>		
STERLING HEIGHTS, MI 48314	6. Original Amount of Debt:	\$	\$ 0.00	\$_350.00
	_{\$} 350.00	\$		
	·	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
Debt #3 Corp? Yes	4. Type:			
Owed to or by:		\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
	C Ovininal Amount of Baht.	\$		Φ.
	6. Original Amount of Debt:	\$	\$	\$
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			mount Endorsed: \$	
in bank loan, name of endorser of guarantor.			πουπι Επασίσεα. ψ_	
		Page Subtotal	(Outstanding debt)	418.18
		Grand Total	of all Schedules 1F	2 076 78

(Complete on last page of Schedule showing amounts owed by or to the committee) 2,076.78

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

Page	4	of	4	



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

	- USE A SEPARATE SHI	EET FOR EACH EVENT -	
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. ROGER'S ROOST
09/02/2025	30	PIZZA PARTY	33626 SCHOENHERR RD STERLING HEIGHTS, MI 4831 Private Residence
7. Total Contributions	975.00		
3. Other Receipts	0.00		
9. Gross Receipts (Add lines 7 a	and 8) 975.00		
Total Cost of Event Total Cost includes In-Kind Cor	548.10 Attributions and All Expenditures	Made For the Event)	
1. Check if event was a joi	nt fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
	· -		
-	· -		
	<u></u>		
			

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

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Page		of I