MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
23 OCT 2025 PM 02:03
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE COVER PAGE

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

3. This Statement covers From: 08/26/2025 to 10/19/2025

1. Committee I.D. Number
140567

2. Committee Name
CTE RICK MCKIDDY

4. Candidate Last Name: MCKIDDY First Name: RICKEY M.I.

4a. Office Sought Including District # or Community Served (If applicable)
COUNCIL, STERLING HEIGHTS

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

5. Committee's Mailing Address
43586 PERIGNON DRIVE
STERLING HEIGHTS, MI 48314

Area Code and Phone (937) 367-5570
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
DARLENE A MCKIDDY
43586 PERIGNON DRIVE
STERLING HEIGHTS, MI 48314

Area Code & Phone (937) 367-5570

7. Treasurer's Business Address
43586 PERIGNON DRIVE
STERLING HEIGHTS, MI 48314

Area Code and Phone (937) 367-5570

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

9. **TYPE OF STATEMENT**

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

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
- ☒ General
- ☐ Convention
- ☐ Special
- ☐ School
- ☐ Caucus

Date of Election, Convention or Caucus
11/04/2025

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
- ☐ October Quarterly

9c. ☐ Annual Statement ( ) Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution
_____

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper _____ / _____ Submitted electronically, signature on file Date 10/23/2025
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 10/23/2025
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140567

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name CTE RICK MCKIDDY

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	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	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	3,312.09
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	7,146.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	10,458.09
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	5,789.60
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	4,668.49 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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 08/26/2025

Name & Address:
UAW MICHIGAN V-PAC
8000 E JEFFERSON AVE
DETROIT, MI 48214

$ 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 08/26/2025

Name & Address
GARY BARNES
23 IRONWOOD DR
DAYTON, OH 45449

$ 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 08/27/2025

Name & Address:
LAWRENCE MINEHART
2013 OLD NORTH FAIRFIELD RD
DAYTON, OH 45432

$ 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 08/28/2025

Name & Address
RICK MCKIDDY
43586 PERIGNON DR
STERLING HEIGHTS, MI 48314

$ 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

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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 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: ☑ Direct ☐ 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

$ 100.00 $ 200.00

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 08/30/2025

Name & Address:
RACHEL PHIPPS
26 WILDERNESS COVE
BROOKVILLE, OH 45309

$ 10.00 $ 10.00

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

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: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 235.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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

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

Name & Address
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

Name & Address:
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)

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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

Name & Address:
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

Name & Address
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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/03/2025

Name & Address:
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

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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

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Page Subtotal 850.00

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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 09/07/2025

Name & Address:
CASSANDRA ULBRICH
588 LONGPOINTE DR
LAKE ORION, MI 48362

$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/08/2025

Name & Address
EDWARD LEONARD
11314 COOPER AVE
LAKEVIEW, OH 43331

$ 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 09/10/2025

Name & Address:
WARREN STERLING HEIGHTS DEMOCRATS PAC
13250 IRVINGTON DR
WARREN, MI 48088

$ 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 # 4 PAC Receipt? ☑ YES 4. Date of Receipt 09/17/2025

Name & Address
STERLING HEIGHTS FIRE FIGHTERS UNION LOCAL 1557 PAC
38911 VAN DYKE AVE
STERLING HEIGHTS, MI 48313

$ 1,000.00 $ 1,000.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 1,545.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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
STERLING HEIGHTS, MI 48310

$ 5.00 $ 5.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/22/2025

Name & Address
ALYSA DIEBOLT
23225 OAKWOOD AVE
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

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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

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Page Subtotal 130.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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: ☑ Direct ☐ Loan from a person ☑ Fund Raiser

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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

Business Address

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: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

---

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: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 950.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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 10/13/2025

Name & Address:
JOSEPH HASANJAGER
615 CARRICK DR
DAYTON, OH 45458

$ 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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/13/2025

Name & Address
CHERYLE HAMMONS
13756 BRUNSWICK DR
STERLING HEIGHTS, MI 48312

$ 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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/13/2025

Name & Address:
CHARLES ROBINSON
18760 AUTUMN LN
SOUTHFIELD, MI 48076

$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/13/2025

Name & Address
FRANK KOSCIELSKI
1314 LAKEPOINTE
GROSSE POINTE, MI 48230

$ 50.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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Page Subtotal 275.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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 10/13/2025

Name & Address:
RICK MCKIDDY
43586 PERIGNON DR
STERLING HEIGHTS, MI 48314

$ 1.00 $ 7,387.78

5. If over $100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/14/2025

Name & Address
SUZANNE WILLIAMS
14291 LAKESHORE DR
STERLING HEIGHTS, MI 48313

$ 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

Name & Address:

$ $

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address

$ $

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

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Page Subtotal 26.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) 7,146.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140567

2. Committee Name CTE RICK MCKIDDY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name METRO PRINTS Address 5580 GATEWOOD DR STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2025 Date	$ 250.00
Expenditure #2 Name SIGNATURE IMAGEWEAR Address 720 LONE PINE RD BLOOMFIELD HILLS, MI 48304 ☐ Fund Raiser	Purpose: HATS AND SHIRTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2025 Date	$ 500.00
Expenditure #3 Name DODGE PARK CONEY ISLAND Address 35252 DODGE PARK RD STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: CAMPAIGN MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2025 Date	$ 52.02
Expenditure #4 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	08/26/2025 Date	$ 500.00
Expenditure #5 Name ROGERS ROOST Address 33626 SCHOENHERR RD STERLING HEIGHTS, MI 48312 ☑ Fund Raiser	Purpose: DEPOSIT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/27/2025 Date	$ 100.00

Subtotal this page	1,402.02
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140567

2. Committee Name CTE RICK MCKIDDY

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

Subtotal this page	1,131.11
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140567

2. Committee Name CTE RICK MCKIDDY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SCALE TO WIN Address 455 MARKET ST #1940 SF, CA 94105 ☐ Fund Raiser	Purpose: TEXTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2025 Date	$ 834.74
Expenditure #2 Name FLAMING GRILL Address 43474 MOUND RD STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: CAMPAIGN MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/14/2025 Date	$ 34.66
Expenditure #3 Name ALKABEER CAFE Address 37700 VAN DYKE AVE STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: CAMPAIGN MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/17/2025 Date	$ 15.66
Expenditure #4 Name YVONNE D KNIAZ Address 14016 PERNELL DR STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: BOOKKEEPING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/22/2025 Date	$ 100.00
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	09/28/2025 Date	$ 250.00

Subtotal this page	1,235.06
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140567

2. Committee Name CTE RICK MCKIDDY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CHRISTOPHER MARCHIONE Address 29837 ROAN AVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: CAMPAIGN SUPPORT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/28/2025 Date	$ 250.00
Expenditure #2 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	10/02/2025 Date	$ 250.00
Expenditure #3 Name CHRISTINA THORPE Address 29837 ROAN AVE WARREN, MI 48093 ☐ Fund Raiser	Purpose: CAMPAIGN SUPPORT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2025 Date	$ 300.00
Expenditure #4 Name LOWES Address 2000 METRO PKWY STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: CAMPAIGN SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2025 Date	$ 33.79
Expenditure #5 Name WAL-MART Address 44575 MOUND RD STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: CAMPAIGN SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/2025 Date	$ 94.54

Subtotal this page	928.33
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140567

2. Committee Name CTE RICK MCKIDDY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NGP VAN Address 655 15TH ST NW #650 WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: TEXTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/2025 Date	$ 125.00
Expenditure #2 Name FEDEX OFFICE Address 37160 VAN DYKE AVE STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: CAMPAIGN SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2025 Date	$ 3.60
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	$ 250.00
Expenditure #4 Name RICK MCKIDDY Address 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: MISCELLANEOUS CAMPAIGN SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/2025 Date	$ 298.59
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	$ 350.00

Subtotal this page	1,027.19
Grand Total of all Schedules 1B (Complete on last page of Schedule)	5,723.71

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ 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: _____ Amount Endorsed: $ 0				
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**: 06/03/2025 6. **Original Amount of Debt**: $ 70.40	$ $ $ $ $	$ 0.00	$ 70.40 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount 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: _____ Amount Endorsed: $ 0				

Page Subtotal (Outstanding debt) 213.27

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

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

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

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: LOAN 5. **Date Debt Was Incurred**: 07/02/2025 6. **Original Amount of Debt**: $ 234.00	$ $ $ $ $	$ 0.00	$ 234.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount 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**: 07/06/2025 6. **Original Amount of Debt**: $ 500.00	$ $ $ $ $	$ 0.00	$ 500.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount 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**: 07/11/2025 6. **Original Amount of Debt**: $ 90.00	$ $ $ $ $	$ 0.00	$ 90.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ 0				

Page Subtotal (Outstanding debt) 824.00

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

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

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

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: LOAN 5. **Date Debt Was Incurred**: 07/15/2025 6. **Original Amount of Debt**: $ 500.00	$ $ $ $ $	$ 0.00	$ 500.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount 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 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount 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**: 07/17/2025 6. **Original Amount of Debt**: $ 76.96	$ $ $ $ $	$ 0.00	$ 76.96 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) 621.33

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

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

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

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: LOAN 5. **Date Debt Was Incurred**: 07/19/2025 6. **Original Amount of Debt**: $ 68.18	$ $ $ $ $	$ 0.00	$ 68.18 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount 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**: 08/28/2025 6. **Original Amount of Debt**: $ 350.00	$ $ $ $ $	$ 0.00	$ 350.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #3 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: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) 418.18

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) 2,076.78

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

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

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. 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.
09/02/2025	30	PIZZA PARTY	ROGER'S ROOST 33626 SCHOENHERR RD STERLING HEIGHTS, MI 48312 ☐ Private Residence

7. Total Contributions 975.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 975.00

10. Total Cost of Event 548.10
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)

- 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.