



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

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

FILED
03 DEC 2025 AM 11:22

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

| | | |
|---|--|---|
| <p>1. Committee I.D. Number 140567</p> <p>2. Committee Name CTE RICK MCKIDDY</p> <p>5. Committee's Mailing Address 43586 PERIGNON DRIVE STERLING HEIGHTS, MI 48314</p> <p>Area Code and Phone <u>(937) 367-5570</u> 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.</p> <p>7. Treasurer's Business Address 43586 PERIGNON DRIVE STERLING HEIGHTS, MI 48314</p> <p>Area Code and Phone <u>(937) 367-5570</u></p> | | <p>3. This Statement covers From: <u>10/20/2025</u> to <u>11/24/2025</u></p> <p>4. Candidate Last Name MCKIDDY First Name RICKY M.I.</p> <p>4a. Office Sought Including District # or Community Served (If applicable) COUNCIL, STERLING HEIGHTS</p> <p>4b. County of Residence MACOMB COUNTY</p> <p>6. Treasurer's Name & Residential Address DARLENE A MCKIDDY 43586 PERIGNON DRIVE STERLING HEIGHTS, MI 48314</p> <p>Area Code & Phone <u>(937) 367-5570</u></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone <u>() -</u></p> |
| <p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/04/2025</u></p> | | <p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement () Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p> <p>9e. DISSOLUTION OF CANDIDATE COMMITTEE</p> <p><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p> |
| <p>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.</p> <p>Current Treasurer or Designated Record keeper _____ / _____ Submitted electronically, signature on file Date <u>12/03/2025</u></p> <p>Candidate _____ / _____ Submitted electronically, signature on file Date <u>12/03/2025</u></p> | | |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
|---|---------------------------------|---|
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>12,601.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>12,601.00</u> | (18.) \$ <u>39,520.78</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ <u>0.00</u> | (19.) \$ <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>12,601.00</u> | (20.) \$ <u>39,520.78</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>0.00</u> | (21.) \$ <u>0.00</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ <u>0.00</u> | (22.) \$ <u>0.00</u> |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>14,523.83</u> | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ <u>0.00</u> | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ <u>18.40</u> | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>14,542.23</u> | (23.) \$ <u>36,793.52</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ <u>0.00</u> | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ <u>0.00</u> | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ <u>0.00</u> | (24.) \$ <u>0.00</u> |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ <u>2,076.78</u> | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ <u>0.00</u> | |
| | BALANCE STATEMENT | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ <u>4,668.49</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>12,601.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>17,269.49</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>14,542.23</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>2,727.26</u> | * |



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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 10/21/2025

Name & Address:

DAVE SHOEMAKER
27542 BENTLEY ST
LIVONIA, MI 48154

\$ 300.00 \$ 300.00

5. If over \$100.00 cumulative, please provide:

Occupation UAW COORDINATOR Employer UAW-FCA-FORD-GM LEGAL SERVICES PLAN

Business Address 1400 WOODBRIDGE ST, DETROIT, MI 48207

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/21/2025

Name & Address

RICK MCKIDDY
43586 PERIGNON DR
STERLING HEIGHTS, MI 48314

\$ 1.00 \$ 7,388.78

5. If over \$100.00 cumulative, please provide:

Occupation NOT EMPLOYED Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/05/2025

Name & Address:

YOUSEF ALADRAHI
30389 BRADMORE RD
WARREN, MI 48092

\$ 2,450.00 \$ 2,450.00

5. If over \$100.00 cumulative, please provide:

Occupation SELF EMPLOYED Employer SCG

Business Address 44056 MOUND RD, #105, STERLING HEIGHTS, MI 48314

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/05/2025

Name & Address

MICHAEL YATOOMA
13323 EAGLE NEST TR
UTICA, MI 48315

\$ 2,450.00 \$ 2,450.00

5. If over \$100.00 cumulative, please provide:

Occupation SELF EMPLOYED Employer YATOOMA OIL

Business Address DANVIEW TECHNOLOGY CT, UTICA, MI 48315

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 5,201.00

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

Enter this total on
line 3a of Summary
Page.



**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 11/05/2025

Name & Address:

MARVIN YATOOMA
16392 VIA MERA
MACOMB, MI 48042

\$ 2,450.00 \$ 2,450.00

5. If over \$100.00 cumulative, please provide:

Occupation BUSINESS OWNER Employer RED BARN WHOLESALE

Business Address 51300 DANVIEW TECHNOLOGY CT, UTICA, MI 48315

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/05/2025

Name & Address:

JIMMY YATOOMA
12933 RED MAPLE
UTICA, MI 48315

\$ 2,450.00 \$ 2,450.00

5. If over \$100.00 cumulative, please provide:

Occupation SELF EMPLOYED Employer RED BARN OPERATING

Business Address 51300 DANVIEW TECHNOLOGY CT, UTICA, MI 48315

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/06/2025

Name & Address:

UAW MICHIGAN V-PAC
8000 E JEFFERSON AVE
DETROIT, MI 48214

\$ 2,500.00 \$ 5,000.00

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 _____

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

Page Subtotal 7,400.00

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

12,601.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

140567

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 THEOS FAMILY RESTAURANT Address 11747 E THIRTEEN MILE RD WARREN, MI 48093 <input type="checkbox"/> Fund Raiser | Purpose: <u>CAMPAIGN MEETING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/25/2025 Date | \$ <u>46.36</u> |
| Expenditure #2 Name WILLIAM WILSON Address 44598 BAYVIEW AVE APT 12112 CLINTON TWP, MI 48038 <input type="checkbox"/> Fund Raiser | Purpose: <u>CO-CAMPAIGN MANAGER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/25/2025 Date | \$ <u>250.00</u> |
| Expenditure #3 Name CHRISTOPHER MARCHIONE Address 29837 ROAN AVE WARREN, MI 48093 <input type="checkbox"/> Fund Raiser | Purpose: <u>CO-CAMPAIGN MANAGER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/25/2025 Date | \$ <u>500.00</u> |
| Expenditure #4 Name RICK MCKIDDY Address 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 <input type="checkbox"/> Fund Raiser | Purpose: <u>CAMPAIGN SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/28/2025 Date | \$ <u>3,158.71</u> |
| Expenditure #5 Name ADOBE Address 345 PARK AVE SAN JOSE, CA 95110 <input type="checkbox"/> Fund Raiser | Purpose: <u>SOFTWARE UPDATE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/28/2025 Date | \$ <u>(21.19)</u> |

Subtotal this page 3,955.07

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|--|--------------------|----------------------|
| Expenditure #1 Name SCALE TO WIN Address 455 MARKET ST #1940 SF, CA 94105 <input type="checkbox"/> Fund Raiser | Purpose: <u>DIGITAL CAMPAIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/28/2025 Date | \$ <u>(3,137.52)</u> |
| Expenditure #2 Name SIGNATURE IMAGEWEAR Address 720 LONE PINE RD BLOOMFIELD HILLS, MI 48304 <input type="checkbox"/> Fund Raiser | Purpose: <u>SHIRTS, CAR MAGNETS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/29/2025 Date | \$ <u>660.00</u> |
| Expenditure #3 Name WAL-MART Address 44575 MOUND RD STERLING HEIGHTS, MI 48314 <input type="checkbox"/> Fund Raiser | Purpose: <u>FOOD FOR WATCH PARTY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/03/2025 Date | \$ <u>193.17</u> |
| Expenditure #4 Name UAW LOCAL 228 Address 39209 MOUND RD STERLING HEIGHTS, MI 48310 <input type="checkbox"/> Fund Raiser | Purpose: <u>HALL RENTAL FOR WATCH PARTY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/03/2025 Date | \$ <u>225.00</u> |
| Expenditure #5 Name FLAMING GRILL Address 43474 MOUND RD STERLING HEIGHTS, MI 48314 <input type="checkbox"/> Fund Raiser | Purpose: <u>"POST MORTEM" CAMPAIGN MEETING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/04/2025 Date | \$ <u>79.59</u> |

| | |
|--|-----------------|
| Subtotal this page | 1,157.76 |
| Grand Total of all Schedules 1B (Complete on last page of Schedule) | |

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

140567

1. Committee I. D. Number 140567

2. Committee Name CTE RICK MCKIDDY

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|--------------------|----------------------|
| Expenditure #1 Name RICK MCKIDDY Address 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 <input type="checkbox"/> Fund Raiser | Purpose: <u>CAMPAIGN EXPENSES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/07/2025 Date | \$ <u>1,056.74</u> |
| Expenditure #2 Name SCALE TO WIN Address 455 MARKET ST #1940 SF, CA 94105 <input type="checkbox"/> Fund Raiser | Purpose: <u>DIGITAL ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/06/2025 Date | \$ <u>(1,039.00)</u> |
| Expenditure #3 Name KROGER GAS Address 2051 18 MILE RD STERLING HEIGHTS, MI 48314 <input type="checkbox"/> Fund Raiser | Purpose: <u>GASOLINE FOR CAMPAIGN VEHICLE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/06/2025 Date | \$ <u>(17.74)</u> |
| Expenditure #4 Name ACT BLUE Address 366 SUMMER ST SOMMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser | Purpose: <u>ACT BLUE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/07/2025 Date | \$ <u>147.00</u> |
| Expenditure #5 Name ACT BLUE Address 366 SUMMER ST SOMMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser | Purpose: <u>ACT BLUE STRIPE FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/07/2025 Date | \$ <u>216.52</u> |

Subtotal this page 1,420.26

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

140567

1. Committee I. D. Number 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 OAKLAND COUNTY DEMOCRATIC PARTY Address 17100 W 12 MILE RD SOUTHFIELD, MI 48076 <input checked="" type="checkbox"/> Fund Raiser | Purpose: PHIL HART DINNER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/14/2025 | \$ 165.00 |
| Expenditure #2 Name UNITED STATES POSTAL SERVICE Address 8785 HALL RD UTICA, MI 48317 <input type="checkbox"/> Fund Raiser | Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/15/2025 | \$ 11.90 |
| Expenditure #3 Name BLAZE INVESTMENTS LLC Address 115 W ALLEGAN ST LANSING, MI 48933 <input type="checkbox"/> Fund Raiser | Purpose: MAIL AND DIGITAL COMMUNICATIONS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/17/2025 | \$ 7,813.84 |
| Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ | \$ _____ |
| Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ | \$ _____ |

Subtotal this page **7,990.74**

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

14,523.83

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

This Schedule itemizes:

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

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the 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 Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 | 4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/07/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 71.00</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ <u>71.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Amount Endorsed: \$ <u>0</u> | | |
| Debt #2 Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 | 4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/03/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 70.40</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ <u>70.40</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Amount Endorsed: \$ _____ | | |
| Debt #3 Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 | 4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/23/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 623.49</u> | 07/03/25 <u>\$ 551.62</u> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 551.62 | \$ <u>71.87</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Amount Endorsed: \$ <u>0</u> | | |

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 Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 | 4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/02/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 234.00</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ <u>234.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ | | | Amount Endorsed: \$ _____ | |
| Debt #2 Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 | 4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/06/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ <u>500.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ | | | Amount Endorsed: \$ _____ | |
| Debt #3 Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 | 4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/11/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 90.00</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ <u>90.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ | | | Amount Endorsed: \$ <u>0</u> | |
| | | | Page Subtotal (Outstanding debt) | <u>824.00</u> |
| | | | Grand Total of all Schedules 1E | |

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

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

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



DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 140567

2. Committee Name CTE RICK MCKIDDY

This Schedule itemizes:

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

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the 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 Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 | 4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/15/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ <u>500.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ | | Amount Endorsed: \$ _____ | | |
| Debt #2 Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 | 4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/17/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 44.37</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ <u>44.37</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ | | Amount Endorsed: \$ <u>0</u> | | |
| Debt #3 Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 | 4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/17/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 76.96</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ <u>76.96</u> <input type="checkbox"/> 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.



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. | 4. Type of Obligation (Description) | 5. Indicate date debt was incurred | 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) |
|---|-------------------------------------|--|---|---------------------------------------|--|
| 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. | 6. Indicate original amount of debt | | | | |
| Debt #1 Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 | 4. Type: <u>LOAN</u> | 5. <u>Date Debt Was Incurred:</u> <u>07/19/2025</u> | 6. <u>Original Amount of Debt:</u> <u>\$ 68.18</u> | \$ <u>0.00</u> | \$ <u>68.18</u> <input type="checkbox"/> FORGIVEN |

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

| | | | | | |
|---|----------------------|--|--|----------------|---|
| Debt #2 Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 | 4. Type: <u>LOAN</u> | 5. <u>Date Debt Was Incurred:</u> <u>08/28/2025</u> | 6. <u>Original Amount of Debt:</u> <u>\$ 350.00</u> | \$ <u>0.00</u> | \$ <u>350.00</u> <input type="checkbox"/> FORGIVEN |
|---|----------------------|--|--|----------------|---|

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

| | | | | | |
|---------------------------|----------------|--|--|----------|---|
| Debt #3 Owed to or by: | 4. Type: _____ | 5. <u>Date Debt Was Incurred:</u> _____ | 6. <u>Original Amount of Debt:</u> \$ _____ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
|---------------------------|----------------|--|--|----------|---|

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

| | |
|----------------------------------|-----------------|
| Page Subtotal (Outstanding debt) | <u>418.18</u> |
| Grand Total of all Schedules 1E | <u>2,076.78</u> |

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

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

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