



FILED

03 DEC 2025 AM 11:22

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: 10/20/2025 to 11/24/2025

1. Committee I.D. Number

140567

4. Candidate Last Name First Name M.I.

MCKIDDY RICKEY

2. Committee Name

CTE RICK MCKIDDY

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

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

Date of Election, Convention or Caucus

11/04/2025

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/03/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/03/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140567

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE RICK MCKIDDY

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/21/2025</u> Name & Address: DAVE SHOEMAKER 27542 BENTLEY ST LIVONIA, MI 48154		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UAW COORDINATOR</u> Employer <u>UAW-FCA-FORD-GM LEGAL SERVICES PLAN</u> Business Address <u>1400 WOODBRIDGE ST, DETROIT, MI 48207</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/21/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>1.00</u>	\$ <u>7,388.78</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/05/2025</u> Name & Address: YOUSEF ALADRAHI 30389 BRADMORE RD WARREN, MI 48092		\$ <u>2,450.00</u>	\$ <u>2,450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SCG</u> Business Address <u>44056 MOUND RD, #105, STERLING HEIGHTS, MI 48314</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/05/2025</u> Name & Address: MICHAEL YATOOMA 13323 EAGLE NEST TR UTICA, MI 48315		\$ <u>2,450.00</u>	\$ <u>2,450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>YATOOMA OIL</u> Business Address <u>DANVIEW TECHNOLOGY CT, UTICA, MI 48315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/05/2025</u>	
Name & Address: MARVIN YATOOMA 16392 VIA MERA MACOMB, MI 48042		\$ <u>2,450.00</u>	\$ <u>2,450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>RED BARN WHOLESALE</u> Business Address <u>51300 DANVIEW TECHNOLOGY CT, UTICA, MI 48315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/05/2025</u>	
Name & Address: JIMMY YATOOMA 12933 RED MAPLE UTICA, MI 48315		\$ <u>2,450.00</u>	\$ <u>2,450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>RED BARN OPERATING</u> Business Address <u>51300 DANVIEW TECHNOLOGY CT, UTICA, MI 48315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>11/06/2025</u>	
Name & Address: UAW MICHIGAN V-PAC 8000 E JEFFERSON AVE DETROIT, MI 48214		\$ <u>2,500.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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

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	<u>10/25/2025</u> 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	<u>10/25/2025</u> 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	<u>10/25/2025</u> 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 Memo Itemization Below	<u>10/28/2025</u> 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 (Memo Itemization)	<u>10/28/2025</u> 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> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/2025</u> 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	<u>10/29/2025</u> 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	<u>11/03/2025</u> 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	<u>11/03/2025</u> 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	<u>11/04/2025</u> 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

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> Memo Itemization Below <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2025</u> 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> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/06/2025</u> 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> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/06/2025</u> 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	<u>11/07/2025</u> 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	<u>11/07/2025</u> 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

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	<u>11/14/2025</u> Date	\$ <u>165.00</u>
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	<u>11/15/2025</u> Date	\$ <u>11.90</u>
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	<u>11/17/2025</u> Date	\$ <u>7,813.84</u>
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 Click Here for Memo Itemization Type	_____ Date	\$ _____
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 Click Here for Memo Itemization Type	_____ Date	\$ _____

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 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/07/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 71.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 71.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/03/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 70.40</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 70.40</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/23/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 623.49</u>	<u>07/03/25 \$ 551.62</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 551.62</u>	<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)

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/02/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>234.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>234.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/06/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/11/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>90.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>90.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

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)

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/15/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/17/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>44.37</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>44.37</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/17/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>76.96</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>76.96</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

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)

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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

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

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.