



FILED

07 NOV 2025 AM 11:41

MACOMB COUNTY CLERK
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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

4. Candidate Last Name

First Name

M.I.

MCKIDDY

RICKEY

4a. Office Sought Including District # or Community Served (If applicable)

COUNCIL, STERLING HEIGHTS

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

2. Committee Name

CTE RICK MCKIDDY

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

11/07/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/07/2025



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 <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2025</u> Date	\$ <u>250.00</u>
Expenditure #2 Name SIGNATURE IMAGEWEAR Address 720 LONE PINE RD BLOOMFIELD HILLS, MI 48304 <input type="checkbox"/> Fund Raiser	Purpose: <u>HATS AND SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2025</u> Date	\$ <u>500.00</u>
Expenditure #3 Name DODGE PARK CONEY ISLAND Address 35252 DODGE PARK RD STERLING HEIGHTS, MI 48312 <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>08/26/2025</u> Date	\$ <u>52.02</u>
Expenditure #4 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>08/26/2025</u> Date	\$ <u>500.00</u>
Expenditure #5 Name ROGERS ROOST Address 33626 SCHOENHERR RD STERLING HEIGHTS, MI 48312 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>DEPOSIT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/27/2025</u> Date	\$ <u>100.00</u>

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



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 <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>08/27/2025</u> Date	\$ <u>40.90</u>
Expenditure #2 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>08/28/2025</u> Date	\$ <u>500.00</u>
Expenditure #3 Name THE GREAT GREEK Address 708 W BIG BEAVER RD TROY, MI 48084 <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>09/03/2025</u> Date	\$ <u>42.11</u>
Expenditure #4 Name ROGERS ROOST Address 33626 SCHOENHERR RD STERLING HEIGHTS, MI 48312 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER VENUE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/04/2025</u> Date	\$ <u>448.10</u>
Expenditure #5 Name YVONNE D KNIAZ Address 14016 PERNELL DR STERLING HEIGHTS, MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>BOOKKEEPING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/2025</u> Date	\$ <u>100.00</u>

Subtotal this page

1,131.11

Grand Total of all Schedules 1B
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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>TEXTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2025</u> Date	\$ <u>834.74</u>
Expenditure #2 Name FLAMING GRILL Address 43474 MOUND RD STERLING HEIGHTS, MI 48314 <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>09/14/2025</u> Date	\$ <u>34.66</u>
Expenditure #3 Name ALKABEER CAFE Address 37700 VAN DYKE AVE STERLING HEIGHTS, MI 48312 <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>09/17/2025</u> Date	\$ <u>15.66</u>
Expenditure #4 Name YVONNE D KNIAZ Address 14016 PERNELL DR STERLING HEIGHTS, MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>BOOKKEEPING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/2025</u> Date	\$ <u>100.00</u>
Expenditure #5 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>09/28/2025</u> Date	\$ <u>250.00</u>

Subtotal this page **1,235.06**

Grand Total of all Schedules 1B
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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 <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>09/28/2025</u> Date	\$ <u>250.00</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>10/02/2025</u> Date	\$ <u>250.00</u>
Expenditure #3 Name CHRISTINA THORPE Address 29837 ROAN AVE WARREN, MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2025</u> Date	\$ <u>300.00</u>
Expenditure #4 Name LOWES Address 2000 METRO PKWY STERLING HEIGHTS, MI 48310 <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	<u>10/10/2025</u> Date	\$ <u>33.79</u>
Expenditure #5 Name WAL-MART Address 44575 MOUND RD 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	<u>10/11/2025</u> Date	\$ <u>94.54</u>

Subtotal this page **928.33**

Grand Total of all Schedules 1B
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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 <input type="checkbox"/> Fund Raiser	Purpose: <u>TEXTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2025</u> Date	\$ <u>125.00</u>
Expenditure #2 Name FEDEX OFFICE Address 37160 VAN DYKE AVE STERLING HEIGHTS, MI 48312 <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	<u>10/15/2025</u> Date	\$ <u>3.60</u>
Expenditure #3 Name ROBERT SEMBARSKI Address 12412 VINEWOOD CT SHELBY TWP, MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>PHONE BANKING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2025</u> Date	\$ <u>250.00</u>
Expenditure #4 Name RICK MCKIDDY Address 43586 PERIGNON DR STERLING HEIGHTS, MI 48314 <input type="checkbox"/> Fund Raiser	Purpose: <u>MISCELLANEOUS CAMPAIGN SUPPLIES</u> Memo Itemization Below <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/2025</u> Date	\$ <u>298.59</u>
Expenditure #5 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>10/17/2025</u> Date	\$ <u>350.00</u>

Subtotal this page **1,027.19**
Grand Total of all Schedules 1B
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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 OFFICE DEPOT Address 44835 SCHOENHERR RD STERLING HEIGHTS, MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>PAPER, TONER, AND COPIES</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/2025</u> Date	\$ <u>(298.59)</u>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	5,723.71

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