



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
07 NOV 2025 AM 11:41

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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<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>08/26/2025</u> to <u>10/19/2025</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)</p> <p>Area Code and Phone <u>() -</u></p>
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input 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 checked="" 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>11/07/2025</u></p> <p>Candidate _____ / _____ Submitted electronically, signature on file _____ Date <u>11/07/2025</u></p>		



**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 METRO PRINTS Address 5580 GATEWOOD DR STERLING HEIGHTS, MI 48310 <input type="checkbox"/> Fund Raiser	Purpose: SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2025	\$ <u>250.00</u>
Expenditure #2 Name SIGNATURE IMAGEWEAR Address 720 LONE PINE RD BLOOMFIELD HILLS, MI 48304 <input type="checkbox"/> Fund Raiser	Purpose: HATS AND SHIRTS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2025	\$ <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: CAMPAIGN MEETING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2025	\$ <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: CO-CAMPAIGN MANAGER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2025	\$ <u>500.00</u>
Expenditure #5 Name ROGERS ROOST Address 33626 SCHOENHERR RD STERLING HEIGHTS, MI 48312 <input checked="" type="checkbox"/> Fund Raiser	Purpose: DEPOSIT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/27/2025	\$ <u>100.00</u>

Subtotal this page

1,402.02

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

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**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 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	08/27/2025 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	08/28/2025 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	09/03/2025 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	09/04/2025 Date	\$ <u>448.10</u>
Expenditure #5 Name YVONNE D KNAZ 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	09/05/2025 Date	\$ <u>100.00</u>

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1,131.11

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

140567

1. Committee I. D. Number

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: TEXTING <input type="checkbox"/> 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 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN MEETING <input type="checkbox"/> 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 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN MEETING <input type="checkbox"/> 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 <input type="checkbox"/> Fund Raiser	Purpose: BOOKKEEPING <input type="checkbox"/> 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 <input type="checkbox"/> Fund Raiser	Purpose: CO-CAMPAIGN MANAGER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/28/2025 Date	\$ 250.00

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1,235.06

Grand Total of all Schedules 1B
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**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 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	09/28/2025 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	10/02/2025 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	10/02/2025 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	10/10/2025 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	10/11/2025 Date	\$ <u>94.54</u>

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928.33

Grand Total of all Schedules 1B
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**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 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	10/13/2025 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	10/15/2025 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	10/15/2025 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	10/17/2025 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	10/17/2025 Date	\$ <u>350.00</u>

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1,027.19

Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

140567

1. Committee I. D. Number

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: PAPER, TONER, AND COPIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/2025 Date	\$ (298.59)
Expenditure #2 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	 Date	 \$
Expenditure #3 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	 Date	 \$
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	 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	 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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