



FILED

04 DEC 2025 PM 02:28

OAKLAND COUNTY CLERK
PONTIAC, 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

98752

4. Candidate Last Name First Name M.I.

RAHMAN SADEK S

2. Committee Name

ELECT SADEK RAHMAN

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

CITY COUNCIL, TROY

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

5. Committee's Mailing Address

**542 TRILLIUM DR
TROY, MI 48085**

6. Treasurer's Name & Residential Address

**SADEK S RAHMAN
542 TRILLIUM DR
TROY, MI 48085**

Area Code and Phone (248) 971-5540
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.

Area Code & Phone (248) 971-5540

7. Treasurer's Business Address

**542 TRILLIUM DR
TROY, MI 48085**

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

**PATRICIA KAMMERER
23 EXETER ST
PROVIDENCE, RI 02906**

Area Code and Phone (248) 971-5540

Area Code and Phone (401) 374-1270

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 lates 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

12/04/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/04/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98752

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name ELECT SADEK RAHMAN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>12,450.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>12,450.00</u>	(18.) \$ <u>55,576.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>5.40</u>	(19.) \$ <u>5.40</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>12,455.40</u>	(20.) \$ <u>55,581.40</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>16,881.24</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>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>16,881.24</u>	(23.) \$ <u>55,307.11</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>30,745.00</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>4,700.13</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>12,455.40</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>17,155.53</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>16,881.24</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>274.29</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98752
2. Committee Name ELECT SADEK RAHMAN

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? ☐ YES	4. Date of Receipt <u>10/20/2025</u>	
Name & Address: HEATHER HADLEY 3924 BRISTOL DR TROY, MI 48083		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/20/2025</u>	
Name & Address: RAHMAT AWAN 2781 WAGONWHEEL DR TROY, MI 48085		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2025</u>	
Name & Address: VERA LUCKSTED 34660 BRITTANY DR FARMINGTON HILLS, MI 48335		\$ <u>20.00</u>	\$ <u>20.00</u>
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 <u>10/22/2025</u>	
Name & Address: ASAD S ALI 2168 RADCLIFFE DR TROY, MI 48085		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 270.00

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 98752
2. Committee Name ELECT SADEK RAHMAN

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? ☐ YES	4. Date of Receipt <u>10/22/2025</u>	
Name & Address: SHAHID AHMED 5299 FEDORA DR TROY, MI 48085		\$ <u>100.00</u>	\$ <u>100.00</u>
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 <u>10/23/2025</u>	
Name & Address: SARWAT SIDDIQUI 3962 MESA DR TROY, MI 48083		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SELF</u> Business Address <u>3962 MESA DR, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/24/2025</u>	
Name & Address: AMIN HASHMI 5818 MARBLE DR TROY, MI 48085		\$ <u>50.00</u>	\$ <u>50.00</u>
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 <u>10/24/2025</u>	
Name & Address: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085		\$ <u>3,500.00</u>	\$ <u>26,245.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>STELLANTIS</u> Business Address <u>1000 CHRYSLER DR, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			

Page Subtotal 3,850.00

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 98752
2. Committee Name ELECT SADEK RAHMAN

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? ☐ YES	4. Date of Receipt <u>10/24/2025</u>	
Name & Address: AMANULLAH KHAN 5547 VIKING DR TROY, MI 48085		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>GENERAL MOTORS</u> Business Address <u>300 RENAISSANCE CENTER, DETROIT, MI 48243</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/2025</u>	
Name & Address: SHAFIQL ISLAM 2456 LORENZO DR STERLING HEIGHTS, MI 48314		\$ <u>50.00</u>	\$ <u>50.00</u>
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 <u>10/26/2025</u>	
Name & Address: NIAMUL KHAN 15466 TANNER RIDGE CIR SAN DIEGO, CA 92127		\$ <u>50.00</u>	\$ <u>50.00</u>
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 <u>10/26/2025</u>	
Name & Address: NOOR J SARWAR 1284 E MEAD DR CHANDLER, AZ 85249		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 400.00

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

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98752
2. Committee Name ELECT SADEK RAHMAN

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? ☐ YES	4. Date of Receipt <u>10/26/2025</u>	
Name & Address: BORHAN U CHOWDHURY 24160 FOX HOLLOW RUN NEW BOSTON, MI 48164		\$ <u>30.00</u>	\$ <u>30.00</u>
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 <u>10/26/2025</u>	
Name & Address: USMAN MASTER 4812 ADAMS POINTE CT TROY, MI 48098		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>MICHIGAN KIDNEY CONSULTANTS PC</u> Business Address <u>44200 WOODWARD AVE, STE 209, PONTIAC, MI 48341</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/27/2025</u>	
Name & Address: SAIFUL SIDDIQUE 44917 LIGHTSWAY DR NOVI, MI 48375		\$ <u>50.00</u>	\$ <u>50.00</u>
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 <u>10/27/2025</u>	
Name & Address: KAZI AHAMED 1014 WHISPERING KNOLL LN ROCHESTER HILLS, MI 48306		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ALGOMATCH LLC</u> Business Address <u>11817 DEQUINDRE ST, HAMTRAMCK, MI 48212</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 580.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98752
2. Committee Name ELECT SADEK RAHMAN

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? ☐ YES 4. Date of Receipt <u>10/28/2025</u> Name & Address: MUHAMMAD A JABBAR 6095 ANDOVER CT GRAND BLANC, MI 48439		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>MUHAMMAD A JABBAR</u> Business Address <u>6095 ANDOVER CT, GRAND BLANC, MI 48439</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/28/2025</u> Name & Address: MUHAMMAD A JABBAR 6095 ANDOVER CT GRAND BLANC, MI 48439		\$ <u>300.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>MUHAMMAD A JABBAR</u> Business Address <u>6095 ANDOVER CT, GRAND BLANC, MI 48439</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/29/2025</u> Name & Address: MONIR ZAMAN 3527 CEDAR SHAKE DR ROCHESTER HILLS, MI 48309		\$ <u>150.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>GENERAL MOTORS</u> Business Address <u>30001 VAN DYKE AVE, WARREN, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/30/2025</u> Name & Address: MOHAMED ALAMGIR 1416 CLEAR CREEK DR ROCHESTER HILLS, MI 48306		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,150.00**

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 98752
2. Committee Name ELECT SADEK RAHMAN

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? ☐ YES 4. Date of Receipt <u>10/31/2025</u> Name & Address: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>STELLANTIS</u> Business Address <u>1000 CHRYSLER DR, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		\$ <u>4,000.00</u>	\$ <u>30,245.00</u>
3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/31/2025</u> Name & Address: UAW MICHIGAN V-PAC 8000 E JEFFERSON AVE DETROIT, MI 48214 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/31/2025</u> Name & Address: ZIAUL HAQ 2801 DINA DR TROY, MI 48085 5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS</u> Employer <u>RAIZAN SOLUTIONS</u> Business Address <u>888 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>300.00</u>	\$ <u>1,300.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/01/2025</u> Name & Address: MOHAMMED ZAHIDUL HASAN 21722 SE 298TH PL KENT, WA 98042 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **5,400.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98752
2. Committee Name ELECT SADEK RAHMAN

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? ☐ YES 4. Date of Receipt <u>11/02/2025</u> Name & Address: ATIF I QAZI 3377 MORGAN ST WEST LAFAYETTE, IN 47906	\$ 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 <u>11/08/2025</u> Name & Address: MUSTAFIZ CHOUDHURY 19224 BROOKVIEW DR SARATOGA, CA 95070	\$ 250.00	\$ 250.00
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>SELF</u> Business Address <u>19224 BROOKVIEW DR, SARATOGA, CA 95070</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/24/2025</u> Name & Address: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085	\$ 500.00	\$ 30,745.00
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>STELLANTIS</u> Business Address <u>1000 CHRYSLER DR, AUBURN HILLS, MI 48326</u> 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: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		

Page Subtotal **800.00**

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

12,450.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number **98752**

2. Committee Name **ELECT SADEK RAHMAN**

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: STRIPE 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	Date of Receipt 11/14/2025	☐ Loan from a Lending Institution ☐ Interest ☒ Refund \Rebate ☐ Other (Specify) _____	\$ 5.40
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____

Page Subtotal **5.40**

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) **5.40**

Enter this total on
line 4 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98752**
2. Committee Name **ELECT SADEK RAHMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name C & G PUBLISHING Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/2025 Date	\$ 2,073.00
Expenditure #2 Name C & G PUBLISHING Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/28/2025 Date	\$ 2,073.00
Expenditure #3 Name PRINTMASTERS Address 26039 DEQUINDRE RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: MAILING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2025 Date	\$ 2,969.48
Expenditure #4 Name NEEHEE'S Address 4924 ROCHESTER RD TROY, MI 48085 ☐ Fund Raiser	Purpose: FOOD FOR VOLUNTEERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2025 Date	\$ 128.58
Expenditure #5 Name MASS MAILING, LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: MAILING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	10/31/2025 Date	\$ 2,276.88

Subtotal this page **9,520.94**

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 **98752**
2. Committee Name **ELECT SADEK RAHMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MASS MAILING, LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: POSTCARDS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2025 Date	\$ (756.84)
Expenditure #2 Name MASS MAILING, LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: POSTCARDS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2025 Date	\$ (1,520.04)
Expenditure #3 Name TROY ESCAPE Address 1950 E SQUARE LAKE RD TROY, MI 48085 ☐ Fund Raiser	Purpose: DEPOSIT FOR ROOM RENTAL FOR WATCH PARTY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/2025 Date	\$ 150.00
Expenditure #4 Name TK CAMPAIGN SOLUTIONS Address 23 EXETER ST PROVIDENCE, RI 02906 ☐ Fund Raiser	Purpose: COMPLIANCE SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2025 Date	\$ 1,798.00
Expenditure #5 Name NEEHHEE'S Address 4924 ROCHESTER RD TROY, MI 48085 ☐ Fund Raiser	Purpose: FOOD FOR VOLUNTEERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2025 Date	\$ 207.35
Subtotal this page			2,155.35
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 **98752**
2. Committee Name **ELECT SADEK RAHMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name LOWES Address 3277 S ROCHESTER RD ROCHESTER HILLS, MI 48307 ☐ Fund Raiser	Purpose: POLES FOR BANNER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2025 Date	\$ 50.37
Expenditure #2 Name MUHAMMAD JABBAR Address 6095 ANDOVER CT GRAND BLANC, MI 48439 ☐ Fund Raiser	Purpose: CONTRIBUTION REFUND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2025 Date	\$ 300.00
Expenditure #3 Name TROY ESCAPE Address 1950 E SQUARE LAKE RD TROY, MI 48085 ☐ Fund Raiser	Purpose: CATERING AND ROOM RENTAL FOR ELECTION NIGHT PARTY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2025 Date	\$ 661.29
Expenditure #4 Name TIM HORTONS Address 3331 ROCHESTER RD TROY, MI 48083 ☐ Fund Raiser	Purpose: FOOD FOR VOLUNTEERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2025 Date	\$ 28.58
Expenditure #5 Name EINSTEIN BROS BAGELS Address 3042 CROOKS ROAD TROY, MI 48085 ☐ Fund Raiser	Purpose: FOOD FOR VOLUNTEERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2025 Date	\$ 88.87

Subtotal this page **1,129.11**
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 **98752**
2. Committee Name **ELECT SADEK RAHMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NEEHIE'S Address 4924 ROCHESTER RD TROY, MI 48085 ☐ Fund Raiser	Purpose: FOOD FOR VOLUNTEERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2025 Date	\$ 55.64
Expenditure #2 Name WIX Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 ☐ Fund Raiser	Purpose: FEE FOR CAMPAIGN EMAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2025 Date	\$ 8.40
Expenditure #3 Name ADOBE Address 345 PARK AVE SAN JOSE, CA 95110 ☐ Fund Raiser	Purpose: SOFTWARE SUBSCRIPTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/2025 Date	\$ 21.19
Expenditure #4 Name LISA KIEFER Address 3030 SERENITY RD OAKLAND TOWNSHIP, MI 48363 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	11/13/2025 Date	\$ 448.37
Expenditure #5 Name STAPLES Address 1129 W 14 MILE RD CLAWSON, MI 48017 ☐ Fund Raiser	Purpose: COPIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	11/13/2025 Date	\$ (52.47)

Subtotal this page **533.60**
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 **98752**
2. Committee Name **ELECT SADEK RAHMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CITY OF TROY MICHIGAN Address 500 W BIG BEAVER RD TROY, MI 48084 ☐ Fund Raiser	Purpose: VOTER AV DATA (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/13/2025 Date	\$ (20.00)
Expenditure #2 Name US POSTAL SERVICE Address 2960 AUBURN RD AUBURN HILLS, MI 48326 ☐ Fund Raiser	Purpose: POSTAGE (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/13/2025 Date	\$ (312.00)
Expenditure #3 Name TK CAMPAIGN SOLUTIONS Address 23 EXETER ST PROVIDENCE, RI 02906 ☐ Fund Raiser	Purpose: COMPLIANCE SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/13/2025 Date	\$ 200.00
Expenditure #4 Name BLUEPRINT EVOLUTION LLC Address 3030 SERENITY ROAD OAKLAND, MI 48363 ☐ Fund Raiser	Purpose: CAMPAIGN CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/14/2025 Date	\$ 1,160.00
Expenditure #5 Name RJ BENSON-PEDERSSSEN Address 5759 GLASGOW DR TROY, MI 48085 ☐ Fund Raiser	Purpose: CAMPAIGN CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/24/2025 Date	\$ 2,105.00

Subtotal this page **3,465.00**
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 **98752**
2. Committee Name **ELECT SADEK RAHMAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>CREDIT CARD FEES - 10/20-11/24</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/24/2025</u> Date	\$ <u>77.24</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	77.24
Grand Total of all Schedules 1B (Complete on last page of Schedule)	16,881.24

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98752
2. Committee Name ELECT SADEK RAHMAN

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? ☐ Yes Owed to or by: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/08/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>245.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>245.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/16/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/30/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2,745.00

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98752
2. Committee Name ELECT SADEK RAHMAN

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.
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Debt #1 Corp? ☐ Yes Owed to or by: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/01/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/05/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/22/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

9,000.00

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98752
2. Committee Name ELECT SADEK RAHMAN

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? ☐ Yes Owed to or by: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/04/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/29/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/01/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

9,000.00

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 98752
2. Committee Name ELECT SADEK RAHMAN

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.
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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? ☐ Yes Owed to or by: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/17/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/24/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>3,500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>3,500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/31/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>4,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

9,500.00

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98752
2. Committee Name ELECT SADEK RAHMAN

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? ☐ Yes Owed to or by: SADEK RAHMAN 542 TRILLIUM DR TROY, MI 48085	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/24/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

500.00

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

30,745.00

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.