



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

<p>1. Committee I.D. Number 137189</p> <p>2. Committee Name CTE MARIA G. SCHMIDT</p>	<p>3. This Statement covers From: <u>10/21/16</u> to <u>10/22/17</u></p> <p>4. Candidate Last Name SCHMIDT First Name MARIA M.I. G</p> <p>4a. Office Sought Including District # or Community Served (If applicable) STERLING HEIGHTS CITY COUNCIL</p> <p>4b. County of Residence MACOMB</p>	
<p>5. Committee's Mailing Address 35755 WOODVILLA DR. STERLING HEIGHTS, MI 48312</p> <p>Area Code and Phone <u>(586) 264-9242</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>6. Treasurer's Name & Residential Address ROBERT J. SCHMIDT 35755 WOODVILLA DR STERLING HGTS, MI 48312</p> <p>Area Code & Phone <u>(586) 264-9242</u></p>	
<p>7. Treasurer's Business Address SAME</p> <p>Area Code and Phone _____</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 _____</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</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/07/17</u></p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	<p>9e. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is 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.</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 <u>ROBERT J. SCHMIDT</u> Signature <u>[Signature]</u> Date <u>10/25/17</u></p> <p>Candidate <u>MARIA G. SCHMIDT</u> Signature <u>[Signature]</u> Date <u>10/25/17</u></p>		

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137189

2. Committee Name CTE Maria Gr. Schmidt

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,375.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4,375.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>4,375.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>6,887.00</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>6,887.00</u>	(23.) \$ _____
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.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>2,180.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2,681.77</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>4,375.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>7,056.77</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6,887.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>169.77</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137189
2. Committee Name CTE MARIA G. SCHMIDT

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>04/02/17</u> Name & Address: BRIAN KERN 54482 RIDGEVIEW DR. SHELBY TWP, MI 48316 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF-EMPLOYED</u> Employer <u>J.G.KERN</u> Business Address <u>44044 MERRILL STERLING HGTS, MI 48314</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/02/17</u> Name & Address: LUKE BONNER 4875 SAWGRASS W. ANN ARBOR, MI 48108 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>75.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/05/17</u> Name & Address: LAWRENCE SCOTT 12900 HALL RD STERLING HGTS, MI 48313 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>O'REILLY/RANCILIO</u> Business Address <u>12900 HALL RD STERLING HGTS, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/05/17</u> Name & Address: MICHAEL MACDONALD 18890 SAN QUENTIN DR LATHRUP VILLAGE, MI 48076 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>HRC</u> Business Address <u>18890 SANQUENTIN DR LATHRUP VILLAGE MI 48076</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$525.00**

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 137189
2. Committee Name CTE MARIA G. SCHMIDT

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>04/10/17</u> Name & Address: ROBERT ABRATOWSKI 30406 WESTMORE MADISON HGTS, MI 48071 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/10/17</u> Name & Address: GEORGE PARKER 13899 BROGHAM DR STERLING HGTS, MI 48312 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/14/17</u> Name & Address: JOHN BALOGNA 19135 SAXON DR. BEVERLY HILLS, MI 48025 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>JHB AND ASSOC</u> Business Address <u>19135 SAXON DR BEVERLY HILLS, MI 48025</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/14/17</u> Name & Address: PHILLIP RUGGERI 55764 ST. REGIS SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>43231 SCHOENHERR STERLING HGTS MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>300.00</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$600.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137189
2. Committee Name CTE MARIA G. SCHMIDT

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>04/14/17</u>	
Name & Address: MICHAEL GILSON 37308 VAN DYKE STERLING HGTS, MI 48312		\$ <u>250.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>CROSSROADS PLAZA</u> Business Address <u>37308 VAN DYKE STERLING HGTS MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/19/17</u>	
Name & Address: ROY ROSE 55620 WOODRIDGE SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AEW INC</u> Business Address <u>51301 SCHOENHERR SHELBY TWP, MI 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/18/17</u>	
Name & Address: LINDA MCGRAIL BELAU 43561 SALTCREEK CLINTON TWP, MI 48038		\$ <u>75.00</u>	\$ _____
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/18/17</u>	
Name & Address: CHARLES TURNBULL 53957 SUTHERLAND CT SHELBY TWP, MI 48316		\$ <u>75.00</u>	\$ _____
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	

Page Subtotal \$600.00

Grand Total of All Schedules 1A
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CANDIDATE COMMITTEE**

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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>04/18/17</u> Name & Address: JOHN NITZ 57477 WILLOW WAY WASHINGTON, MI 48094 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>75.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/17</u> Name & Address: DONALD DENAULT 15731 MARCIE FRASER, MI 48026 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>75.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/17</u> Name & Address: CLARK ANDREWS 53985 SUTHERLAND LN SHELBY TWP, MI 48316 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>75.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/17</u> Name & Address: MARC KASZUBSKI 1096 BROMPTON ROCHESTER HILLS, MI 48309 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OREILY/RANCILIO</u> Business Address <u>12900 HALL RD STERLING HGTS, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$375.00**

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

1. Committee I.D. Number 137189
2. Committee Name CTE MARIA G. SCHMIDT

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>04/20/17</u> Name & Address: LAWERENCE CALCATERRA 36900 SCHOENHERR STERLING HGTS MI 48312 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>75.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/20/17</u> Name & Address: MICHAEL MIHALICH 41000 WOODWARD #135 BLOOMFIELD HILLS, MI 48304 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>75.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/10/17</u> Name & Address: YVONNE KNIAZ 14016 PERNELL STERLING HGTS, MI 48313 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/02/17</u> Name & Address: SAM DORCHEN 28689 VENICE CT FARMINGTON HILLS, MI 48334 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>75.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal \$275.00

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

1. Committee I.D. Number 137189
2. Committee Name CTE MARIA G. SCHMIDT

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>04/27/17</u> Name & Address: DANNY LIKOWSKI 400 SHORTRIDGE ROCHESTER HILLS, MI 48307 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>75.00</u> \$ _____	Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/27/17</u> Name & Address: D. JUNCEVIC 43500 UTICA RD. STERLING HGTS, MI 48314 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>UTICA VANDYKE TOWING</u> Business Address <u>43500 UTICA RD STERLING HGTS,MI 48314</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>400.00</u> \$ _____	Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/27/17</u> Name & Address: BRUCE LIKOWSKI 2809 GALWAY BAY METAMORA MI 48455 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u> \$ _____	Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/27/17</u> Name & Address: CRIS FUDALA 15769 ASPEN MACOMB, MI 48044 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u> \$ _____	Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal **\$625.00**

Grand Total of All Schedules 1A
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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>04/27/17</u> Name & Address: GRACE BACKUS 45550 VANKER UTICA, MI 48317 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>75.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/27/17</u> Name & Address: CTE JOSEPH V ROMANO 12236 GRINDLEY STERLING HGTS, MI 48312 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>75.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/01/17</u> Name & Address: TIM MALONE 14708 CARMEL STERLING HGTS, MI 48312 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>75.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/27/17</u> Name & Address: STEVEN HARNES 14143 BRANDYWINE STERLING HGTS, MI 48312 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	\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal **\$325.00**

Grand Total of All Schedules 1A
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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>04/05/17</u> Name & Address: KEVIN DENHA 40700 WOODWARD BLOOMFIELD HILLS, MI 48304	\$ 75.00	\$ _____
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/27/17</u> Name & Address: FRED STEFFEN 19240 WOODMONT HARPER WOODS, MI 48225	\$ 100.00	\$ _____
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/27/17</u> Name & Address: BRIAN EASTMAN 1005 N. BLAIR ROYAL OAK, MI 48067	\$ 100.00	\$ _____
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/07/17</u> Name & Address: CARL DALLO 49136 VAN DYKE SHELBY TWP, MI 48317	\$ 150.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF</u> Business Address <u>49136 VAN DYKE SHELBY TWP MI 48317</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal **\$425.00**

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 137189
2. Committee Name CTE MARIA G. SCHMIDT

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>04/01/17</u> Name & Address: CAROL FROLING 5440 BROOKDALE RD BLOOMFIELD HILLS, MI 48304	\$ 150.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>TITAN MGT</u> Business Address <u>3715 15 MILE RD STERLING HGTS, MI48310</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/01/17</u> Name & Address: DR. MARTIN BROWN 14300 E. 15 MILE RD STERLING HGTS, MI 48312	\$ 25.00	\$ _____
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/01/17</u> Name & Address: ELINOR CASMERE FAMILY TRUST 28836 PANAMA WARREN, MI 48092	\$ 300.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>FRIENDLY OUTDOOR STORAGE</u> Business Address <u>33400 MAPLE LANE STERLING HGTS, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/01/17</u> Name & Address: VIRGINIA LIKOWSKI 3006 N. VERMONT ROYAL OAK, MI 48073	\$ 150.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal	\$625.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$4,375.00

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137189
2. Committee Name CTE MARIA G. SCHMIDT

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CENTURY BANQUET CENTER Address 33204 MAPLE LANE STERLING HGTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>HOT DOG DINNER FOR ABS VOTERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/05/17</u> Date	<u>\$ 118.00</u>
Expenditure #2 Name AMERICAN POLISH CENTURY CLUB Address 33204 MAPLE LANE STERLING HGTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>POLISH FEST SIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/17</u> Date	<u>\$ 100.00</u>
Expenditure #3 Name ST MALACHY CHURCH FEST Address 14115 E. 14 MILE RD. STERLING HGTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/17</u> Date	<u>\$ 100.00</u>
Expenditure #4 Name BRONCO PRINTING Address 21841 DEQUINDRE HAZEL PARK, MI 48030 <input type="checkbox"/> Fund Raiser	Purpose: <u>DOOR HANGERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/28/17</u> Date	<u>\$ 551.20</u>
Expenditure #5 Name BRONCO PRINTING Address 21841 DEQUINDRE HAZEL PARK, MI 48030 <input type="checkbox"/> Fund Raiser	Purpose: <u>PASTA DINNER POSTCARD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/24/17</u> Date	<u>\$ 75.72</u>

Subtotal this page **\$944.92**
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 137189
2. Committee Name CTE MARIA G. SCHMIDT

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name OFFICE MAX Address 33840 S. GRATIOT CLINTON TWP, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTER PAPER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/03/17</u> Date	<u>\$ 28.61</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #2 Name SHHS BAND BOOSTERS Address 12901 15 MILE RD STERLING HGTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>HOLE SPONSER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/19/17</u> Date	<u>\$ 75.00</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #3 Name VINCE AND JOES MKT Address 41790 GARFIELD CLINTON TWP, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/17</u> Date	<u>\$ 63.59</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #4 Name SAM'S CLUB Address 45600 UTICA PARK UTICA MI, 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/17</u> Date	<u>\$ 43.94</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #5 Name CENTURY BANQUET CENTER Address 33204 MAPLE LANE STERLING HGTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/17</u> Date	<u>\$ 710.84</u> Click Here for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page **\$921.98**
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 137189
2. Committee Name CTE MARIA G. SCHMIDT

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SHFF CHARITIES Address 38911 VANDYKE RD STERLING HGTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/27/17</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name BRONCO PRINTING Address 21841 DEQUINDRE HAZEL PARK, MI 48030 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING POSTCARD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/03/17</u> Date	<u>\$ 88.33</u> Click Here for Memo Itemization Type
Expenditure #3 Name MANHATTAN MAILERS Address 51132 MILANO MACOMB, MI 48042 <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTCARD MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/03/17</u> Date	<u>\$ 257.05</u> Click Here for Memo Itemization Type
Expenditure #4 Name POSTMASTER Address 16925 MASONIC FRASER, MI 48026 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/20/17</u> Date	<u>\$ 98.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name SHPD HONOR GAURD Address 40333 UTICA RD STERLING HTS, MI 48311 <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION SPAGHETTI DINNER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/29/17</u> Date	<u>\$ 25.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$518.38**

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 137189
2. Committee Name CTE MARIA G. SCHMIDT

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MANHATTAN MAILERS Address 51132 MILANO MACOMB, MI 48042 <input type="checkbox"/> Fund Raiser	Purpose: <u>PASTA MAILER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/28/17</u> Date	<u>\$ 220.30</u>
Expenditure #2 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>LIT MAILER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/17</u> Date	<u>\$ 1953.05</u>
Expenditure #3 Name MANHATTAN MAILER Address 51132 MILANO MACOMB, MI 48042 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRICE ADJUST FOR PASTA MAILER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/20/17</u> Date	<u>\$ 17.86</u>
Expenditure #4 Name MANHATTAN MAILER Address 51132 MILANO MACOMB, MI 48042 <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE/MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/24/17</u> Date	<u>\$ 2310.51</u>
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 **\$4,501.72**
Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$6,887.00**

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 137189

2. Committee Name CTE MARIA G. SCHMIDT

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: ROBERT J. SCHMIDT 35755 WOODVILLA DR STERLING HGTS, MI.48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>01/24/03</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,600.00</u>	12/17/07 \$ 720.00 \$ \$ \$ \$	\$ 720.00	\$ 880.00 <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: ROBERT J. SCHMIDT 35755 WOODVILLA DR STERLING HGTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>5/30/03</u> 6. <u>Original Amount of Debt:</u> <u>\$ 300.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 300.00 <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: ROBERT J. SCHMIDT 35755 WOODVILLA DR. STERLING HGTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>2/23/05</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,000.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$2,180.00**

Grand Total of all Schedules 1E **\$2,180.00**
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137189
2. Committee Name CTE MARIA G. SCHMIDT

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>04/27/17</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>35</u>	5. Type of Fund Raising Activity <u>PASTA DINNER</u>	6. Address and Name (if any) of the place where the activity was held. <u>CENTURY BANQUET CENTER</u> <u>33204 MAPLE LANE</u> <u>STERLIG HGTS, MI 48312</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$4,375.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$4,375.00

10. Total Cost of Event \$944.98
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.