



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

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05 NOV 29 AM 11:56
CARHELLA SABAUGH
MACOMB COUNTY CLERK
117 CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

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: 1/1/2005 To: 10/23/2005
Mo Day Year Mo Day Year

1. Committee I.D. Number

137 189

2. Committee Name

Committee to Elect
Maria G. Schmidt

4. Candidate Last Name

Schmidt

First Name

Maria

M.I.

G.

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

City Council Sterling Heights

4b. County of Residence

Macomb

Driver License # (Optional)

5. Committee's Mailing Address

35755 Woodville
Sterling Hts, MI 48312

Area Code and Phone

586 264-9242

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Robert J. Schmidt
35755 Woodville
Sterling Hts, MI 48312

Area Code & Phone

(586) 264-9242

Driver License # (Optional)

7. Treasurer's Business Address

Area Code and Phone ()

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

Area Code and Phone ()

Driver License # (Optional)

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ Convention

☐ Special

☐ General

☐ School

☐ Caucus

Date of Election, Convention or Caucus

Nov 8 2005
Month Day Year

9c. ☐ Annual Statement (Coverage Year)

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

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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

Robert J. Schmidt
Type or Print Name

Signature

Date 11 28 05
Mo Day Year

Candidate

Maria G. Schmidt
Type or Print Name

Signature

Date 11 28 05
Mo Day Year



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

137189

2. Committee Name

CTE maria G. Schmidt

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$

9255.00

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$

NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$

9255.00

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$

0

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$

0

Column I
This Period

Column II
Cumulative this election cycle

(18.) \$

0

(19.) \$

0

(20.) \$

0

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-K, Column 7)

(6.) \$

0

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$

0

(21.) \$

0

(22.) \$

0

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$

4176.25

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$

0

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$

0

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$

4176.25

(23.) \$

0

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$

0

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$

0

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$

0

(24.) \$

0

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$

2900.00

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.) \$

83.77

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$

9255.00

15. SUBTOTAL Add lines 13 and 14

(15.) = \$

9338.77

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$

4176.25

17. ENDING BALANCE

(Subtract line 16 from line 15)

(17.) \$

5162.52 *



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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 all contributions from committees 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 2/23/05

Name: Robert J. Schmidt

Address: 35755 Woodville Sterling Hgts, MI 48312

5. If over \$100.00 cumulative, please provide:

Occupation Pattern Maker Employer Jeron Ind

Business Address 41239 Production Dr Mt Clemens, MI

Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser

1,000.00

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 3/24/05

Name: Lou Backus

Address: 45550 Vanker Ave Utica, MI 48317

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

60.00

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 3/24/05

Name: Vic Martin

Address: 34911 Van Dyke Sterling Hgts, MI 48312

5. If over \$100.00 cumulative, please provide:

Occupation Hotel Manager Employer Sterling Inn

Business Address 34911 Van Dyke Sterling Hgts, MI 48312

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

120.00

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 3/24/05

Name: John Balogna Jr

Address: 19135 Saxon Dr Beverly Hills, MI 48025

5. If over \$100.00 cumulative, please provide:

Occupation Developer Employer Bmes Property

Business Address 19135 Saxon Dr Beverly Hills, MI 48025

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

120.00

Page Subtotal
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 all contributions from committees regardless of amount.

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 3/26/05

Name: James Giftos

Address: 2747 Groesbeck Hwy
Roseville, MI 48066

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person

☒ Fund Raiser

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

75.00

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 3/26/05

Name: Armenag Kallaydian

Address: 845 Orchard Ridge Rd
Sloanfield, MI 48304

5. If over \$100.00 cumulative, please provide:

Occupation Self Employer Liberty Park

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person

☒ Fund Raiser

200.00

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 3/26/05

Name: SL Tejpal

Address: 8000 Ford Country Lane
Sterling Hts, MI 48313

5. If over \$100.00 cumulative, please provide:

Occupation Auto Dealer Employer Jerome Duncan Ford

Business Address 8000 Ford Country Lane St. Hgt MI 48313

Type of Contribution: ☐ Direct ☐ Loan from a person

☒ Fund Raiser

60.00

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 3/26/05

Name: Joan Lepine

Address: 14732 Howell Ct
Sterling Hts, MI 48312

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person

☒ Fund Raiser

100.00

Page Subtotal

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

435.00

Enter this total on
line 3a of
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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137189

2. Committee Name CTE Maria G. Schmitt

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 from committees 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>5/24/05</u>		
Name: <u>Lillian Adams</u> Address: <u>8155 Clay Ct</u> <u>Sterling Hgts MI 48313</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				<u>60.00</u>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>3/26/05</u>		
Name: <u>Eugene Jettis</u> Address: <u>37177 Mound</u> <u>Sterling Hgts, MI 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self Emp</u> Employer <u>Jettis Pizza</u> Business Address <u>37177 Mound Sterling Hgts 48310</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>	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>3/26/05</u>		
Name: <u>Anthony Marrocco</u> Address: <u>39655 Moravian Dr</u> <u>Clinton twp, MI 48036</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				<u>60.00</u>	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>4/2/05</u>		
Name: <u>Richard Mueller</u> Address: <u>3501 Shakespeare</u> <u>Way MI 48081</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				<u>60.00</u>	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)					

Enter this total on
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Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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 all contributions from committees 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

4/14/05

Name: Teamsters 214 Pacommittee

Address: 2741 Trumbull Ave
Detroit, MI 48216

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

240.00

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt

4/14/05

Name: Adorno Piccinini #700

Address: 21600 Novi Rd #700
Novi MI 48375

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☒ Fund Raiser

100.00

3. Contribution #3

PAC Receipt? ☐ YES

4. Date of Receipt

4/14/05

Name: Pyang Hong

Address: 6125 Center Dr
Sterling Hts, MI 48312

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

120.00

3. Contribution #4

PAC Receipt? ☒ YES

4. Date of Receipt

4/14/05

Name: SHELL #1557

Address: P.O. Box 308
Sterling Hts, MI 48311

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

300.00

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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 all contributions from committees 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 4/14/05

Name: Wayne Oehmk
Address: 48075 Vandike
Utica, MI 48317

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

10.00

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 5/12/05

Name: Paul Jankowski
Address: 806 Michaux Ln
Grosse Pointe Shores, MI 48236

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

60.00

3. Contribution #3 PAC Receipt? ☒ YES

4. Date of Receipt 6/14/05

Name: Ford MD Co
Civic Action Fund - MI Pac
Address: The American Rd
Dearborn, MI 48121

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

120.00

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 6/17/05

Name: Jane Gleason
Address: 3340 Marlene
Warren, MI 48092

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

50.00

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137189
2. Committee Name Mr Maria B. 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 all contributions from committees 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>3/24/05</u>		
Name: <u>Larry Calcaterra</u> Address: <u>36900 Schoenherr Sterling Hts MI 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Tunneler Director</u> Employer <u>Wujek Calcaterra Tunnels</u> Business Address <u>36900 Schoenherr Sterling Hts MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				120.00	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>4/14/05</u>		
Name: <u>Anthony Thomas</u> Address: <u>8100 Lynch Rd Detroit MI 48234</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>owner/self</u> Employer <u>B46. Towing</u> Business Address <u>8100 Lynch Rd Detroit MI 48234</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				400.00	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>4/14/05</u>		
Name: <u>Angelo Grillo</u> Address: <u>14675 Towering Oaks Shelby Twp, MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>AG Construction</u> Business Address <u>50775 Richard W. Blvd Chesterfield MI 48051</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				120.00	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
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