



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

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

**FILED**  
**05 DEC 19 AM 11:51**  
CARHELLA SABAUGH  
MACOMB COUNTY CLERK  
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FOR OFFICIAL USE ONLY

|   |   |
|---|---|
| 3. This Statement covers From: <u>10/24/05</u> To: <u>11/28/05</u><br>Mo Day Year Mo Day Year   |   |
| 1. Committee I.D. Number<br><u>137189</u>   | 4. Candidate Last Name <u>Schmidt</u> First Name <u>Maria</u> M.I. <u>G</u>   |
| 2. Committee Name<br><u>Committee to Elect Maria G. Schmidt</u>   | 4a. Office Sought Including District # or Community Served (if applicable)<br><u>City Council Sterling Hgts</u>   |
|   | 4b. County of Residence <u>Macomb</u> Driver License # (Optional)   |
| 5. Committee's Mailing Address<br><u>35755 Woodville</u><br><u>Sterling Hgts, MI 48312</u><br>Area Code and Phone <u>586 264 9242</u>   | 6. Treasurer's Name & Residential Address<br><u>Robert J. Schmidt</u><br><u>35755 Woodville</u><br><u>Sterling Hgts, MI 48312</u><br>Area Code & Phone <u>(586) 264-9242</u><br>Driver License # (Optional) |
| 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.   |   |
| 7. Treasurer's Business Address<br><br>Area Code and Phone ( )  | 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)<br><br>Area Code and Phone ( )<br>Driver License # (Optional)                                      |
| 9. TYPE OF STATEMENT<br>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election<br>Pre-Election or Post-Election Statement relates to:<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Convention <input type="checkbox"/> School<br><input type="checkbox"/> Special <input type="checkbox"/> Caucus<br>Date of Election, Convention or Caucus<br><u>11</u> <u>9</u> <u>05</u><br>Month Day Year  |   |
| 9c. <input type="checkbox"/> Annual Statement ( Coverage Year)<br>9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)<br>9e. <input type="checkbox"/> Dissolution of Candidate Committee<br>Effective Date of Dissolution<br>Month Day Year<br>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 <u>Robert J. Schmidt</u><br>Type or Print Name  | Signature <u>[Signature]</u> Date <u>12-16-05</u><br>Mo Day Year  |
| Candidate <u>Maria G. Schmidt</u><br>Type or Print Name   | Signature <u>[Signature]</u> Date <u>12/16/05</u><br>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

|   | Column I<br>This Period |
|---|-------------------------|
| a. Itemized (Schedule 1A - Column 6)                                | (3a.) \$ <u>0</u>       |
| b. Unitemized (less than \$20.01 each - no Schedule)                | (3b.) \$ <u>0</u>       |
| c. Subtotal of "Contributions"                                      | (3c.) \$ <u>0</u>       |
| 4. Other Receipts (Schedule 1A -1, Column 6)                        | (4.) \$ <u>0</u>        |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS<br>(Add Line 3c + Line 4) | (5.) \$ <u>0</u>        |

Column II  
Cumulative this election cycle

(18.) \$ 9255.00  
(19.) \$ 0  
(20.) \$ 9255.00

**IN-KIND CONTRIBUTIONS & EXPENDITURES**

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

(6.) \$ 0  
(7.) \$ 0

(21.) \$ 0  
(22.) \$ 0

**EXPENDITURES**

8. Expenditures

a. Itemized (Schedule 1B, Column 6)  
b. Itemized Get-Out-the-Vote (Schedule 1B-G)  
c. Unitemized (less than \$50.01 each - no Schedule)

(8a.) \$ 1530.05  
(8b.) \$ 0  
(8c.) \$ 0  
(9.) \$ 1530.05

(23.) \$ 4176.25

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

**INCIDENTAL EXPENSE DISBURSEMENTS**  
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)  
b. Unitemized (less than \$50.01 each - no Schedule)

(10a.) \$ 0  
(10b.) \$ 0  
(11.) \$ 0

(24.) \$ 0

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

**DEBTS AND OBLIGATIONS**

12. Debts and Obligations

- a. Owed by the Committee (Schedule 1E)  
b. Owed to the Committee (Schedule 1E)

(12a.) \$ 2900.00  
(12b.) \$ 0

**BALANCE STATEMENT**

(13.) \$ 5162.52  
(14.) + \$ 0  
(15.) = \$ 5162.52  
(16.) - \$ 1530.05  
(17.) \$ 3632.47

13. Ending Balance of last report filed  
(Enter zero if no previous reports have been filed.)  
14. Amount received during reporting period  
(Line 5, Total Contributions & Other Receipts)  
15. SUBTOTAL Add lines 13 and 14  
16. Amount expended during reporting period  
(Add lines 9 and 11)  
17. ENDING BALANCE  
(Subtract line 16 from line 15)

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.  
All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.  
Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number

137189

2. Committee Name

LT 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.<br><br>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 (Indicate type and you may assign an expenditure code)<br>5. Indicate date debt was incurred<br>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<br>Owed to or by:<br>Robert J. Schmidt<br>35755 Woodville<br>Sterling Hgts, MI 48312  | 4. Type: <u>Loan</u><br>Code <u>LO</u><br>5. Date Debt Was Incurred: <u>1/24/03</u><br>6. Original Amount of Debt: <u>\$ 1600.00</u>                      | <u>1 1</u> \$<br><u>1 1</u> \$<br><u>1 1</u> \$<br><u>1 1</u> \$ | \$                                    | \$ <u>1600.00</u><br><input type="checkbox"/> FORGIVEN               |
| If bank loan, name of endorser or guarantor: Amount Endorsed: \$   |   |  |                                       |  |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Robert J. Schmidt<br>35755 Woodville<br>Sterling Hgts, MI 48312  | 4. Type: <u>Loan</u><br>Code <u>LO</u><br>5. Date Debt Was Incurred: <u>5/30/03</u><br>6. Original Amount of Debt: <u>\$ 300.00</u>                       | <u>1 1</u> \$<br><u>1 1</u> \$<br><u>1 1</u> \$<br><u>1 1</u> \$ | \$                                    | <u>300.00</u><br><input type="checkbox"/> FORGIVEN                   |
| If bank loan, name of endorser or guarantor: Amount Endorsed: \$   |   |  |                                       |  |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Robert J. Schmidt<br>35755 Woodville<br>Sterling Hgts, MI 48312  | 4. Type: <u>Loan</u><br>Code <u>LO</u><br>5. Date Debt Was Incurred: <u>2/23/05</u><br>6. Original Amount of Debt: <u>\$ 1000.00</u>                      | <u>1 1</u> \$<br><u>1 1</u> \$<br><u>1 1</u> \$<br><u>1 1</u> \$ | \$                                    | <u>1000.00</u><br><input type="checkbox"/> FORGIVEN                  |
| If bank loan, name of endorser or guarantor: Amount Endorsed: \$   |   |  |                                       |  |

Page Subtotal (Outstanding debt)

2900.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

2900.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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.