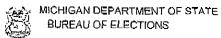


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: 01/01/13 to 10/20/13 1. Committee I.D. Number 4. Candidate Last Name SCHMIDT MARIA G. 4a. Office Sought Including District # or Community Served (If applicable)				
137189 SCHMIDT MARIA G. 4a. Office Sought Including District # or Community Served (If applicable)				
4a. Office Sought Including District # or Community Served (If applicable)				
14. Suppose Name				
CTE MARIA G. SCHMIDT STERLING HEIGHTS CITY COUNCIL	٠,			
4b. County of Residence MACOMB				
5. Committee's Mailing Address 6. Treasurer's Name & Rosidential Address				
35755 WOODVILLA DR. ROBERT J. SCHMIDT				
STERLING HEIGHTS, MI 48312 35755 WOODVILLA DR.				
STERLING HEIGHTS MI 48312	٠.			
Area Code and Phone (586) 264-9242				
Area Code and Phone (586) 264-9242 If the address in this box is different from the committee				
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 (586) 264-9242	•			
7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the sumittee has Designated Record keeper)				
Designated Record keeper)				
in the second se				
	-			
Area Code and Phone Area Code and Phone	Area Code and Phone			
9. TYPE OF STATEMENT				
9a. Pre-Election OR 9b. Post-Election 9c. Annual Statement (Coverage Year)	School Statement (Coverage Year)			
J. Post-cleckion				
9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9ere-Election or Post-Election Statement relates to:	3 ¢			
Primary General 9e. Dissolution of Candidate Committee				
Convention School Effective Date of Dissolution	Effective Date of Dissolution			
Special Caucus				
By checking this item, I/We certify that the committee has no assets o outstanding debts, including late filing fees. Further, I/We request that				
Date of Election, Convention or Caucus the dissolution cannot be granted, that this be considered a request for				
11/05/13 the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule	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 applications 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 Walver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.				
10. Verification: IWe 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				
Candidate MARIA G. SCHMIDT MCLL 13				
Type or Print Name Signature				

Authority granted under P.A. 388 of 1976



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 regardless of amount.	6. Amount	7 Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/11/13 Name & Address:	n' 101 '11 1 1 1990' to 1021 1 1 102 1 1 1 1 1 1 1 1 1 1 1 1 1	
ARMEN KALAYDJIAN 845 ORCHARD RIDGE BLOOMFIELD, MI 48304	_{\$} 100.00	. \$
5. If over \$100.00 cumulative, please provide:	Click Hore f	or Memo Itemizes
Occupation Employer	Click neie i	Of Mento Repairment
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/10/13 Name & Address		
DINO JUNCEVIC 43500 UTICA STERLING HGTS, MI 48314	<u>\$ 400.00</u>	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation OWNER Employer UTICAVANDYKE TOWING		
Business Address 43500 UTICA RD STERLING HGTS, MI 48314		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/10/13 Name & Address;	and the second s	<u> </u>
NAJY JABORO 3951 METRO PKWY STERLING HEIGHTS, MI 48310	\$ 200.00	- \$
5. If over \$100.00 cumulative, please provide:	Click Here to	r Memo Itemization
Occupation OWNER Employer RUSTY KEG PARTY SHOPPE		
Business Address Type of Contribution; Direct Loan from a person V Fund Reiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:		8.4 N 1 N
Occupation Employer	Click Here to	r Merno Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		and the state of t
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Pageof	Enter this total on line 3a of Summary Page.	_ '