



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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 <b>137189</b></p> <p>2. Committee Name <b>CTE MARIA G. SCHMIDT</b></p> <p>5. Committee's Mailing Address <b>35755 WOODVILLA DR. STERLING HEIGHTS, MI 48312</b></p> <p>Area Code and Phone (586) 264-9242</p> <p><small>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.</small></p> <p>7. Treasurer's Business Address</p> <p>Area Code and Phone _____</p>		<p>3. This Statement covers From: <u>01/01/13</u> to <u>10/20/13</u></p> <p>4. Candidate Last Name <u>SCHMIDT</u> First Name <u>MARIA</u> M.I. <u>G.</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>STERLING HEIGHTS CITY COUNCIL</b></p> <p>4b. County of Residence <u>MACOMB</u></p> <p>6. Treasurer's Name &amp; Residential Address <b>ROBERT J. SCHMIDT 35755 WOODVILLA DR. STERLING HEIGHTS MI 48312</b></p> <p>Area Code &amp; Phone (586) 264-9242</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 <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/05/13</u></p>		<p>9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)</p> <p>9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>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.</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></p> <p>Type or Print Name _____ Signature <u>[Signature]</u> Date <u>11-18-13</u></p>		<p>Candidate <u>MARIA G. SCHMIDT</u></p> <p>Type or Print Name _____ Signature <u>[Signature]</u> Date <u>11/18/13</u></p>	

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 13 NOV 19 PM 1:48  
 CARHELLA  
 MACOMB COUNTY CLERK  
 MT. CLEMENS, MICHIGAN



**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)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/11/13</u></p> <p>Name &amp; Address: <b>ARMEN KALAYDJIAN</b> <b>845 ORCHARD RIDGE</b> <b>BLOOMFIELD, MI 48304</b></p> <p>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</p>		\$ <u>100.00</u>	\$ _____
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/10/13</u></p> <p>Name &amp; Address: <b>DINO JUNCEVIC</b> <b>43500 UTICA</b> <b>STERLING HGTS, MI 48314</b></p> <p>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</p>		\$ <u>400.00</u>	\$ _____
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/10/13</u></p> <p>Name &amp; Address: <b>NAJY JABORO</b> <b>3951 METRO PKWY</b> <b>STERLING HEIGHTS, MI 48310</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RUSTY KEG PARTY SHOPPE</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ _____
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name &amp; Address: _____ _____ _____</p> <p>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</p>		\$ _____	\$ _____

Page Subtotal

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

Enter this total on  
line 3a of Summary  
Page.