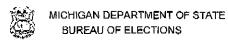


CANDIDATE COMMITTEE COVER PAGE

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 St	nent covers From: 10/21/13	to 11/25/13		
1. Committee I.D. Number	4. Cand	e Last Name F	irst Name M.I.		
137189	SCHM	MARI	A G		
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable) STERLING HEIGHTS CITY COUNCIL				
CTE MADIA C SCHMIDT	SIEF	NG HEIGHTS CITY	COUNCIL		
CTE MARIA G. SCHMIDT		4b, County of Residence MACOMB			
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address				
35755 WOODVILLA DR	ROBERT J SCHMIDT 350 55				
STERLING HEIGHTS, MI 48312	35755 WOODVILLA DR				
	35755 WOODVILLA DR STERLING HEIGHTS, MI 48312				
·	ı	·	HOL OR		
Area Code and Phone (586) 264-9242	25.25				
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	Area Code & Phone (586) 264-9242			
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (if the complete has a Designated Record keeper)				
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·		:			
Area Code and Phone	Area Cod	nd Phone	A		
9. TYPE OF STATEMENT					
9a. Pre-Election OR 9b. 🗸 Post	-Election	9¢. Annual Statement	(Coverage Year)		
B. Charing a Dark Charles Charles and related to		9d, Amendment to Came	paign Statement (Complete Item 9a, 9b, 9c ch Statement is being amended)		
Pre-Election or Post-Election Statement relates to:		:			
Primary Gen	eral	9e. Dissolution of Candi	date Committee		
		Effective	Date of Dissolution		
Convention Sch	ool				
Special	cus	Du ab a bline there WA's	enify that the committee has no assets or		
		outstanding debts, including	late filing fees. Further, I/We request that if		
Date of Election, Convention or Caucus		the dissolution cannot be gra the Reporting Waiver.	inted, that this be considered a request for		
11/05/13			dual funds must be reported on Schedule		
		1B and the Summary Page.			
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, expe	quired Can	gn Statements. The Campaign S utstanding debts count against the	atements must include all applicable \$1,000 Reporting Waiver threshold.		
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany to before the filing deadline of a required campalgn statement, the	ed since the	formation was shown on the committee of a Rep	nittee's Statement of Organization, an orting Waiver is not received on or		
before the filing deadline of a required campaign statement, the	nat campai	statement cannot be waived.			
10. Verification: IWe certify that all reasonable diligence was used my/our knowledge and belief the contents are true, accurate and co	in the preparent	on of this statement and attached	schedules (it any) and to the best of		
Current Treasurer or ROBERT J SCHMIDT		11/1/11)		
Designated Record keeper	ييلر ا	W III	Date		
Type or Print Name		ure			
Candidate MARIA G SCHMIDT	<u>, m</u>	in de	Date 12/17/13		
Type or Print Name	s	ture			



1. Committee I.D. Number 137189

SUMMARY PAGE CANDIDATE COMMITTEE

2, Committee Name CTE MARIA G SCHMIDT

CANDIDATE COMMITTEE	2. Committee Name OTE WARIA G SCHWIDT		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle	
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 100.00		
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE		
c. Subtotal of "Contributions"	(3c.) \$ \$100.00	(18.) \$ \$8,165.00	
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$100.00	(20.) \$ \$8,165.00	
IN-KIND CONTRIBUTIONS & EXPENDITURES	:		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21,) \$	
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$	
EXPENDITURES	· ·		
8, Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$534.20		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00		
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$534.20	(23.) \$ \$8,166.59	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	-	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$_\$2,180.00		
b. Owed to the Committee (Schedule 1E)	(126.) \$ \$0.00		
 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) 	### BALANCE STATEMENT (13.) \$ \$1,444.53 (14.) + \$ \$100.00 (15.) = \$ \$1,544.53 (16.) - \$ \$534.20 (17.) \$ \$1,010.33		