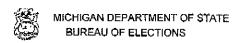


CANDIDATE COMMITTEE COVER PAGE

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 Statemen					
1. Committee I.D. Number	4. Candidate La					
137189	SCHMIDT	MARIA G				
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)					
CTE MADIA C. SCHMIDT	STERLING 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					
STERLING HEIGHTS, MI 48312	35755 WOODVILLA DR					
	STERLING	HEIGHTS, MI 48312				
		HEIGHTS, 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.	Anna Carla A St.	one (586) 264-9242				
	Area Code & Pho					
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)					
Area Code and Phone	Area Code and P	Phone				
9. TYPE OF STATEMENT						
00 1		9c. Annual Statement (Coverage Year)				
9a. Pre-Election QR 9b. Post	Post-Election 9c. Annual Statement (Coverage Year)					
Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)				
Primary Gen	9e. Dissolution of Candidate Committee					
	1	Effective Date of Dissolution				
Convention	001					
December 1						
Special Cauc	us	By checking this item, I/We certify that the committee has no assets or				
Date of Election, Convention or Caucus	outstanding debts, including late filling fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for					
11/05/13		the Reporting Waiver.				
<u> </u>		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 re- Schedules. Direct contributions, in-kind contributions, loans, exper	guired Campaign S	statements. The Campaign Statements must include all applicable				
Schedules. Direct contributions, in-kind contributions, loans, exper If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change	iditures, and outsta id since the inform:	anding debts count against the \$1,000 Reporting Walver threshold. ation was shown on the committee's Statement of Organization, an				
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany to before the filing deadline of a required campaign statement, the	is Campaign State at campaign state	ment. If a request for a Reporting Waiver is not received on or ement cannot be waived,				
10. Verification: I/We certify that all reasonable diligence was used i my/our knowledge and belief the contents are true, accurate and co						
Designated Record keeper Date Date						
Type or Print Name	Signature	ΨV, '				
Candidate MARIA G SCHMIDT	, Mari	Date 12/11/13				
Type or Print Name	Signature					

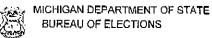


1. Committee I.D. Number 137189

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE MARIA G SCHMIDT

CANDIDATE COMMITTEE	<u> </u>	
RECEIPTS	Column) This Period	Column II
3. Contributions	This reliod	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 8,065.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$8,065.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$8,065.00	(20,) \$
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.) \$ \$7,632.39	
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)	(e.) \$ \$7.632.39	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b, Unitemized (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)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	
13, Ending Balance of last report filed	(13.) \$ \$1,011.92	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$8,065.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ \$9,076.92	
15, SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$7,632.39	
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$ \$1,444.53	
(Subtract line 16 from line 15)		



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee I.D. Number 13	/	_	l	ł	
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CANDIDATE COMMITTEE 2. Committee Name	ne	CTE MARIA G SCHMIDT			
Enter contributor's name and address. If contribution is from an individual, enter last name, first namiddle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	name, nt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/04/13 SHPOA PAC					
PO BOX 546 STERLING HGTS, MI 48311		_{\$} 300.00	\$		
5. If over \$100.00 cumulative, please provide:		08.1.11			
Occupation Employer	·	Click Here to -	or Memo Itemization		
Business Address	<u>. </u>				
Type of Contribution: Direct Loan from a person V Fund Raiser					
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address		_	, v		
		\$	\$		
5. If over \$100.00 cumulative, please provide:		Click Here fo	or Memo Itemization		
OccupationEmployer					
Business Address					
Type of Contribution: Direct Loan from a person Fund Raiser					
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Vame & Address:					
· ·		\$	\$		
5. If over \$100,00 cumulative, please provide:		Click Here for	Memo Itemization		
Occupation Employer					
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	···-				
Contribution # 4 PAC Receipt? YES 4. Date of Receipt					
Name & Address		_			
·	•				

Loan from a person Fund Raiser Page Subtotal \$300.00 Grand Total of All Schedules 1A \$300.00

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

Click Here for Memo Itemization

Page _____ of ____

Occupation_

Business Address _ Type of Contribution:

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

Direct

Employer _