

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This State	ement covers Fro	om: 10/21/16	to 10/2	22/17	
1. Committee I.D. Number		4. Candida	ite Last Name		First Name	M.I.	
137189		scнии	TC	MAF	RIA	G	
Committee Name		l	-	District # or Comm		applicable)	
2. Committee Name	.	STERLIN	G HEIGHTS	CITY COUNC	CIL	60	_
CTE MARIA G. SCHM	וטו	4b. County of	of Residence M	ACOMB	\Box	Maria San San San San San San San San San Sa	
35755 WOODVILLA DR. STERLING HEIGHTS, MI 48312			6. Treasurer's Name & Residential Address ROBERT J. SCHMIDT 35755 WOODVILLA DR STERLING HGTS, MI 48312				
mailing address on the Statement of Organization, r be sent to this address by the filing official.	mail may	Area Code	& Phone (586)	264-9242			
7. Treasurer's Business Address SAME			ed Record keep Record keeper		ailing Address (If	the committee has a	*
Area Code and Phone		Area Code	and Phone				
9. TYPE OF STATEMENT		1 / aca code	and more	9e. Dissolut	ion of Candidate	e Committee	
9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Primary	is not on the current year	terly	ate	by the commit by discharged the committee	ttee to the candid and forgiven, an	e certify any outstanding date or his or her spous nd no longer collectible e has no oustanding assoustanding debt.	e is here from
☑ General ☐ Convention	October C	Quarterly			dissolution canno request for the Re	ot be granted, that this leporting Waiver.	be
Special School	9c. Annua	al Statement C	() overage Year	Effe	ective date of diss	solution	
Caucus	(Com	plete Item 9a te which Stat	mpaign Stateme 9b, 9c or 9e to ement is being	Note: The dis	position of residu and the Summar	ual funds must be repor y Page.	ted on
Date of Election, Convention or Caucus							
11/07/17							
10. Verification: I/We certify that all reasonable dilig my/our knowledge and belief the contents are true,	ence was used	in the prepar	ation of this stat	ement and attache	ed schedules (if a	any) and to the best of	
Current Treasurer or Designated Record keeper Type or Print Name		120	Pature Pature	Sut	Date	10/25/17	
Candidate MARIA G. SCHMIDT		/ W	an	#	Date	10/25/17	
Type or Print Name	•	Sig	nature				

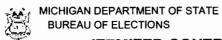
1. Committee I.D. Number ___

1.	3	7	1	४	7

SUMMARY PAGE CANDIDATE COMMITTEE

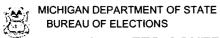
Committee Name CTE Maria Gr. Schmidt

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Cumulative and diceton cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 4,375.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$4,375.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$4,375.00	(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.) \$ \$6,887.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$6,887.00	(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.) \$	
	BALANCE STATEMENT	······································
13. Ending Balance of last report filed	(13.) \$ \$2,681.77	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$4,375.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$7,056.77	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.)- \$ \$6,887.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$169.77	*



CANDIDATE COMMITTEE

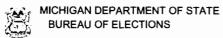
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/02/17 Name & Address: BRIAN KERN 54482 RIDGEVIEW DR. SHELBY TWP, MI 48316	_{\$} 150.00	\$
5. If over \$100.00 cumulative, please provide: Occupation SELF-EMPLOYED Employer J.G.KERN Business Address 44044 MERRILL STERLING HGTS, MI 48314 Type of Contribution: Direct Loan from a person Fund Raiser	Click Here fo	r Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/02/17 Name & Address LUKE BONNER 4875 SAWGRASS W. ANN ARBOR, MI 48108	\$75.00	\$
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here to	Memo Itemization ▼
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/05/17 Name & Address: LAWRENCE SCOTT 12900 HALL RD STERLING HGTS, MI 48313 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer O'REILLY/RANCILIO Business Address 12900 HALL RD STERLING HGTS, MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser	\$ 150.00 Click Here for	\$ Memo Itemization ▼
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/05/17 Name & Address MICHAEL MACDONALD 18890 SAN QUENTIN DR LATHRUP VILLAGE, MI 48076	_{\$} 150.00	\$
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer HRC	Click Here for	Memo Itemization ▼
Business Address 18890 SANQUENTIN DR LATHRUP VILLAGE MI 48076 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	\$525.00 Enter this total on line 3a of Summary Page.	_



CANDIDATE COMMITTEE

1. Committee I.D. Number _____137189

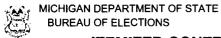
	ox to indicate if contr	ibution is from	a Political Comr	, enter last name, first name nittee or an Independent	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: ROBERT ABRA		YES	4. Date of Reco	olpt 04/10/17		
30406 WESTM					100 00	
MADISON HGT	S, MI 48071				_{\$} 100.00	\$
5. If over \$100.00 cun	ulative, please prov	vide:			Click Here fo	or Memo Itemization
Occupation		_ Employer_			—	or Memo Remization
Business Address						
Type of Contribution:	Direct	Loan from	a person	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES	4. Date of Reco	eipt <u>04/10/17</u>		
GEORGE PAR 13899 BROGH					,50.00	e
STERLING HG	TS, MI 48312				Ψ	. J
5. If over \$100.00 cum	ulative, please prov	vide:			Click Here for	or Memo Itemization 🔻
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a	a person	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES	4. Date of Rec	eeipt <u>04/14/17</u>		
JOHN BALOGN	IA				150.00	
19135 SAXON					_{\$} 150.00	. \$
BEVERLY HILL	.S, MI 48025				Click Here fo	r Memo Itemization
5. If over \$100.00 cun					Click Here ic	r Werno Remization
Occupation SELF E	MPLOYED		HB AND A			
Business Address 191	35 SAXON DR	BEVERLY H	ILLS, MI 480)25		
Type of Contribution:	Direct	Loan from	a person (Fund Raiser		· · · · · · · · · · · · · · · · · · ·
Contribution # 4 Name & Address	PAC Receipt?	YES	4. Date of Re	ceipt <u>04/14/17</u>		
PHILLIP RUGG					000.00	
55764 ST. REG SHELBY TWP,					§300.00	. \$
5. If over \$100.00 cur	nulative, please pro				Click Here fo	r Memo Itemization
Occupation ATTO	RNEY	_ Employe	, <u>SELF</u>			
Business Address 43	3231 SCHOEN	NHERR ST	TERLING H	HGTS MI 48313		
Type of Contribution:	_	Loan from	-	Fund Raiser		
·				Page Sul	ototal \$600.00	
				Grand Total of All Schedule	•	
			(Cor	nplete on last page of Sche	Enter this total on	
Page 2 of 15					line 3a of Summar Page.	у



CANDIDATE COMMITTEE

1. Committee I.D. Number _____137189

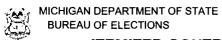
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/14/17 Name & Address: MICHAEL GILSON 37308 VAN DYKE STERLING HGTS, MI 48312	_{\$} 250.00	\$
5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE CROSSROADS PLAZA	Ψ	r Memo Itemization
Business Address 37308 VAN DYKE STERLING HGTS MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/19/17 Name & Address	•	
ROY ROSE 55620 WOODRIDGE SHELBY TWP, MI 48316	<u>\$</u> 200.00	\$
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer AEW INC	Click Here for	r Memo Itemization ▼
Business Address 51301 SCHOENHERR SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/18/17 Name & Address:		
LINDA MCGRAIL BELAU 43561 SALTCREEK CLINTON TWP, MI 48038	§ 75.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization ▼
Occupation Employer		
Business Address	1	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/18/17 Name & Address		
CHARLES TURNBULL 53957 SUTHERLAND CT SHELBY TWP, MI 48316	_{\$} 75.00	\$
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		
Page Subtotal	\$600.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	j
Page $\frac{3}{15}$ of	line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number _____137189

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)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/18/17 Name & Address: JOHN NITZ 57477 WILLOW WAY WASHINGTON, MI 48094	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	Short Horo for the me tremization.
Business Address	
Type of Contribution: Direct Loan from a person 🗸 Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/18/17 Name & Address	
DONALD DENAULT 15731 MARCIE FRASER, MI 48026	_{\$} 75.00 _{\$}
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	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/18/17 Name & Address: CLARK ANDREWS 53985 SUTHERLAND LN SHELBY TWP, MI 48316	_{\$} 75.00 _{\$}
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/18/17	
MARC KASZUBSKI 1096 BROMPTON ROCHESTER HILLS, MI 48309	_{\$} 150.00 _{\$}
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation ATTORNEY Employer OREILY/RANCILIO	
Business Address 12900 HALL RD STERLING HGTS, MI 48313	
Type of Contribution: ☐ Direct ☐ Loan from a person ✔ Fund Raiser	
Page Subtotal	\$375.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

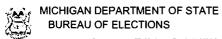
1. Committee I.D. Number 137189

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.	me, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/20/17 Name & Address: LAWERENCE CALCATERRA 36900 SCHOENHERR STERLING HGTS MI 48312	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	Click Here for Metho Remization
Business Address	_
Type of Contribution: Direct Loan from a person 🗸 Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/20/17 Name & Address	
MICHAEL MIHALICH 41000 WOODWARD #135 BLOOMFIELD HILLS, MI 48304	\$ 75.00 <u>\$</u>
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	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/10/17 Name & Address: YVONNE KNIAZ	_s 50.00
14016 PERNELL STERLING HGTS, MI 48313	\$
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	-
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/02/17 Name & Address	
SAM DORCHEN 28689 VENICE CT FARMINGTON HILLS, MI 48334	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization ▼
Occupation Employer	Check riefe for Memo Remization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page S	ubtotal \$275.00
Grand Total of All Schedu	· · · · · · · · · · · · · · · · · · ·
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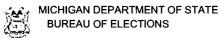
CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Comr Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
3. Contribution # 1 PAC Receipt? YES 4. Date of Rec Name & Address: DANNY LIKOWSKI 400 SHORTRIDGE ROCHESTER HILLS, MI 48307	eipt <u>04/27/17</u>	_{\$} 75.00	\$
5. If over \$100.00 cumulative, please provide:		Clink Horn fo	. Mama (taminatian [m]
Occupation Employer		Click Here to	r Memo Itemization ▼
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt YES Address	eipt 04/27/17		
D. JUNCEVIC 43500 UTICA RD. STERLING HGTS, MI 48314		<u>\$400.00</u>	\$
5. If over \$100.00 cumulative, please provide:		Click Here for	r Memo Itemization 🔻
Occupation OWNER Employer UTICA VANI	OYKE TOWING		_
Business Address 43500 UTICA RD STERLING HGTS	MI 48314		
Type of Contribution: Direct Loan from a person	/ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Rec	eipt 04/27/17		
Name & Address: BRUCE LIKOWSKI		_s 50.00	
2809 GALWAY BAY METAMORA MI 48455		3000	\$
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization ▼
Occupation Employer			
Business Address	V		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Re	ceipt 04/27/17		
CRIS FUDALA			
15769 ASPEN		,100.00	•
MACOMB, MI 48044		\$	\$
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		
	Page Subtotal	\$625.00	
	Grand Total of All Schedules 1A		
	nplete on last page of Schedule)	Enter this total on	_
Page 6 of 15		line 3a of Summary Page.	



CANDIDATE COMMITTEE

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 <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/27/17 Name & Address: GRACE BACKUS 45550 VANKER		
UTICA, MI 48317	_s 75.00	\$
5. If over \$100.00 cumulative, please provide:	<u> </u>	
Occupation Employer	Click Here fo	r Memo Itemization ▼
Business Address		
Type of Contribution: Direct Loan from a person		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/27/17 Name & Address		
CTE JOSEPH V ROMANO 12236 GRINDLEY STERLING HGTS, MI 48312	_{\$} 75.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		<u> </u>
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/01/17		
TIM MALONE 14708 CARMEL STERLING HGTS, MI 48312	_{\$} 75.00	\$
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 V Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/27/17 Name & Address		
STEVEN HARNESS 14143 BRANDYWINE STERLING HGTS, M I 48312	_{\$} 100.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	Onor Field To	Morrio Romazación
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	,	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 7 of	\$325.00 Enter this total on line 3a of Summary Page.	_



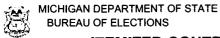
CANDIDATE COMMITTEE

2. Committee Name CTE MARIA G. SCHMIDT

Enter contributor's nan middle initial. Check b Committee (PAC) Rep	ox to indicate if cont	ribution is froi	m a Political C		iter last name, first name, se or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: KEVIN DENHA 40700 WOODW BLOOMFIELD I		لسبا	4. Date of	Receipt	04/05/17	_ _{\$} 75.00	\$
5. If over \$100.00 cum	nulative, please pro	vide:				011.4.4.4	
Occupation		_ Employer				Click Here to	or Memo Itemization
Business Address							
Type of Contribution:	Direct	Loan from	m a person	V	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES	4. Date of	Receipt	04/27/17	_	
FRED STEFFE 19240 WOODM HARPER WOO	IONT	5				<u>\$ 100.00</u>	\$
5. If over \$100.00 cum	ulative, please pro	vide:				Click Here fo	or Memo Itemization 🔻
Occupation		_ Employer					
Business Address		<u></u>					
Type of Contribution:	Direct	Loan fror	n a person	V	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES	4. Date of	Receip	04/27/17		
BRIAN EASTM 1005 N. BLAIR						_{\$} 100.00	_ \$
ROYAL OAK, N						Click Here fo	r Memo Itemization
5. If over \$100.00 cum	•						-
	·*************************************	_ Employer					
Business Address Type of Contribution:	Direct	Loan fro	m a person	V	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES	4. Date o	f Receip	ot 06/07/17		
CARL DALLO							
49136 VAN DY SHELBY TWP,						_{\$} 150.00	\$
5. If over \$100.00 cur	nulative, please pro	ovide:				Click Horo fo	or Memo Itemization
Occupation REAL	ESTATE	Emplo	yer <u>SELF</u>			- Click Hele ic	i Memo Remization
Business Address 49	9136 VAN DY	KE SHEL	BY TWP	MI 4	8317		
Type of Contribution:	Direct	Loan fro	om a person	V	Fund Raiser		
					Page Subt	otal \$425.00	
					nd Total of All Schedules		
	_			Comple	ete on last page of Sched	Enter this total on	

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line 3a of Summary Page.



CANDIDATE COMMITTEE

2. Committee Name CTE MARIA G. SCHMIDT

CANDIDATE COMMITTEE 2. Committee Name		
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 <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/01/17 Name & Address: CAROL FROLING 5440 BROOKDALE RD BLOOMFIELD HILLS, MI 48304	_{\$} 150.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization ▼
Occupation OWNER Employer TITAN MGT	CHOK TIOTO TO	Wollie Remization
Business Address 3715 15 MILE RD STERLING HGTS, MI48310		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/01/17 Name & Address		
DR. MARTIN BROWN 14300 E. 15 MILE RD STERLING HGTS, MI 48312	_{\$} 25.00	\$
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		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/01/17 Name & Address: ELINOR CASMERE FAMILY TRUST 28836 PANAMA WARREN, MI 48092	§300.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization ▼
Occupation SELF Employer FRIENDLY OUTDOOR STORAGE		
Business Address 33400 MAPLE LANE STERLING HGTS, MI 48312		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/01/17 Name & Address VIRGINIA LIKOWSKI 3006 N. VERMONT ROYAL OAK, MI 48073	_{\$} 150.00	\$
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	Click Here for	Memo Itemization
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser Page Subtotal	\$625.00	
Grand Total of All Schedules 1A		-

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



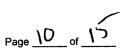
SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

137189

2. Committee Name CTE MARIA G. SCHMIDT

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name CENTURY BANQUET CENTER		04/05/17	s 118.00
	HOT DOG DINNER FOR ABS VOTERS	Date	- 110100
33204 MAPLE LANE	Purpose:		
STERLING HGTS, MI 48312	Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name AMERICAN POLISH CENTURY CLUB		07/08/17	s 100.00
	DOLISH FEST SIGN	Date	\$ 100.00
Address	Purpose: POLISH FEST SIGN		
33204 MAPLE LANE	Click H	ere for Memo I	temization Type
STERLING HGTS, MI 48312			المحما
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name ST MALACHY CHURCH FEST		08/05/17	100.00
C	SIGN	Date	\$ <u>100.00</u>
Address 14115 E. 14 MILE RD.	Purpose: SIGN		
STERLING HGTS, MI 48312	Click H	ere for Memo I	temization Type ▼
37ENERIO 11010, IVII 40012	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
'			•
Name BRONCO PRINTING		08/28/17	\$ 551.20
Address	Purpose: DOOR HANGERS	Date	
21841 DEQUINDRE			_
HAZEL PARK, MI 48030	Click H	lere for Memo I	temization Type ▼
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name BRONCO PRINTING		08/24/17	
DIVOITO I MITTING	Burnage: PASTA DINNER POSTCARD		\$75.72
Address	Purpose: PASTA DINNER FOSTCARD	Date	
21841 DEQUINDRE	Click +	Here for Memo	Itemization Type
HAZEL PARK, MI 48030	Check box if this expenditure is payment of		lemil
Fund Raiser	debt or obligation reported on previous statement		
		otal this page	\$944.92
			ψ377.32
	Grand Total of all (Complete on last page		



Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

137189 1. Committee I. D. Number

2. Committee Name CTE MARIA G. SCHMIDT

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name OFFICE MAX		04/03/17	s 28.61
	Purpose: PRINTER PAPER	Date	20.01
Address 33840 S. GRATIOT			,,
CLINTON TWP, MI 48035	Click H	ere for Memo It	emization Type ▼
CLINTON TWIT, WII 70000	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2		04/10/17	
Name SHHS BAND BOOSTERS		04/19/17	\$ 75.00
Address	Purpose: HOLE SPONSER	Date	
12901 15 MILE RD			
STERLING HGTS, MI 48312	Click H	ere for Memo If	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
·			
Name VINCE AND JOES MKT		04/25/17	\$63.59
Address	Purpose: FUNDRAISER SUPPLIES	Date	
41790 GARFIELD	-		irotion T
CLINTON TWP, MI 48038	 1	ere for Memo I	temization Type ▼
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement	<u>,. ,</u>	
Expenditure #4			
Name SAM'S CLUB		04/25/17	10.01
		Date	\$ <u>43.94 </u>
Address	Purpose: FUNDRAISER SUPPLIES		
45600 UTICA PARK	Click H	lere for Memo I	temization Type
UTICA MI, 48315	 		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name CENTURY BANQUET CENTER		04/25/17	
	Purpose: FUNDRAISER	Date	\$ <u>710.84</u>
Address 33204 MAPLE LANE			_
STERLING HGTS, MI 48312	Click F	lere for Memo l	temization Type ▼
012(CINO 11010, IIII 40012	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	otal this page	\$921.98
	Grand Total of all	Schedules 1B	
	(Complete on last page		

Page \\ of \\

Enter this total on line 8a of Summary Page

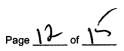


ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 137189

2. Committee Name CTE MARIA G. SCHMIDT

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SHFF CHARITIES Address	Purpose: DONATION FUNDRAISER	01/27/17 Date	\$ <u>50.00</u>
38911 VANDYKE RD STERLING HGTS, MI 48312		lere for Memo I	temization Type
Fund Raiser	debt or obligation reported on previous statement		
Name BRONCO PRINTING	Purpose: PRINTING POSTCARD	03/03/17 Date	\$ <u>88.33</u>
21841 DEQUINDRE HAZEL PARK, MI 48030		lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name MANHATTAN MAILERS	DOOTOADD MAILING	03/03/17	\$ <u>257.05</u>
Address 51132 MILANO MACOMB, MI 48042	Purpose: POSTCARD MAILING Click F	Date lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	,, ,	
Expenditure #4 Name POSTMASTER		03/20/17	\$ 98.00
Address 16925 MASONIC FRASER, MI 48026	Purpose: POSTAGE Click F	Date Here for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name SHPD HONOR GAURD Address 40333 UTICA RD	Purpose:	03/29/17 Date	\$ <u>25.00</u>
STERLING HTS, MI 48311	Click I Check box if this expenditure is payment of debt or obligation reported on previous statement	Here for Memo	Itemization Type
	Subto	tal this page	\$518.38
	Grand Total of all (Complete on last page		



Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number _______

2. Committee Name CTE MARIA G. SCHMIDT

	4. Purpose (Required Information)	5. Date	6. Amount
Name and address of person or vendor to whom paid	4. Fulpose (Required information)	U. Date	
Expenditure #1			
		08/28/17	220.20
Name MANHATTAN MAILERS			s <u>220.30</u>
Address	Purpose: PASTA MAILER	Date	
Address 51122 MIL ANO	-		
51132 MILANO	Click H	lere for Memo Ite	emization Type
MACOMB, MI 48042			
	Check box if this expenditure is payment of		
Fund Paisor	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name AMERICAN GRAPHICS		09/19/17	s 1953.05
MILITIOAN ORAL HICO		Data	φ 1303.00
	Purpose: LIT MAILER	Date	
Address	1 агрозе.		
34895 GROESBECK HWY	Click to	lere for Memo It	emization Type
CLINTON TWP, MI 48035	Silek 1		البسا
	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
·			
Name MANHATTAN MAILER		09/20/17	s 17.86
	DOING AD HIST FOR DASTA MAN CO	Date	¥ <u>17.00</u>
Address	Purpose: PRICE ADJUST FOR PASTA MAILER	Date	
51132 MILANO		lana facilities	emization Time
MACOMB, MI 48042	Click	nere for Memo It	emization Type
in to diring the 100 th	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
		00/04/1=	
Name MANHATTAN MAILER		09/24/17	\$ 2310.51
	DOCTACE/MAILING	Date	¥ £010.01
Address	Purpose: POSTAGE/MAILING		
51132 MILANO			_
3 —	Click	Here for Memo I	temization Type
MACOMB, MI 48042		1	اجسيا
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Luliu Maisei	Jaconon		
Expenditure #5			
Name			
			\$
Address	Purpose:	Date	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	f	
	debt or obligation reported on previous		
Fund Raiser	statement		
	Cubi	total this page	\$4 501 72
	Sub	uno page	\$4,501.72
	Grand Total of al	Schedules 1B	\$6,887.00
	/A	of Cabadula)	Ι ΦΌ,ΟΟ Ι . Ο Ο

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Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

137189

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CTE MARIA G. SCHMIDT

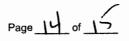
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the composition (Check	nittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> ourpose checked.)	or forgiven by the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 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? Yes Owed to or by:	4. Type: LOAN	12/17/07 _{\$} 720.00		
ROBERT J. SCHMIDT 35755 WOODVILLA DR STERLING HGTS, MI.48312	5. <u>Date Debt Was Incurred</u> : 01/24/03	\$	\$ 720.00	\$_880.00
	6. <u>Original Amount of Debt</u> : \$ 1,600.00	\$ \$		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: ROBERT J. SCHMIDT 35755 WOODVILLA DR STERLING HGTS, MI 48312	4. Type: LOAN 5. Date Debt Was Incurred: 5/30/03 6. Original Amount of Debt: \$ 300.00	\$\$ s\$ s\$	\$ 0.00	\$_300.00 FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by: ROBERT J. SCHMIDT 35755 WOODVILLA DR. STERLING HGTS, MI 48312	4. Type: LOAN 5. Date Debt Was Incurred: 2/23/05 6. Original Amount of Debt: \$ 1,000.00	\$	\$ 0.00	\$
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	
				\$2,180.00
		Page Subtots	al (Outstanding debt)	. ,

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

\$2,180.00

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

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.





FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 137189

2. Committee Name CTE MARIA G. SCHMIDT

	- USE A	A SEPARATE SH	EET FOR EACH EV	ENT -		
		of Individuals Attending ating (whichever is	5. Type of Fund Raising Activity		6. Address and Name (If any) of the place where the activity was held. CENTURY BANQUET CENTURY BANQUET CENTURY	
04/27/17	,	35	PASTA DINNER		33204 MAPLE LANE STERLIG HGTS, MI 48312 Private Residence	
7. Total Contributions		\$4,375.00				
8. Other Receipts 9. Gross Receipts (Add lines 7 and 8)		\$0.00				
		\$4,375.00				
10. Total Cost of Event (Total Cost includes In-Kind Co	ntributions	\$944.98 and All Expenditures	Made For the Event			
11. Check if event was a jo		·				
Co-Sponsor(s)		Contribution S (%)	Split		Expenditure Split (%)	
	_					
	-		·····			
	- -					
						
	-				A	

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

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