





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.

1. Committee I.D. Number <b>137189</b>		3. This Statement covers From: <u>1/1/2019</u> to <u>10/20/2019</u>	
2. Committee Name <b>CTE MARIA G. SCHMIDT</b>		4. Candidate Last Name <b>SCHMIDT</b> First Name <b>MARIA</b> M.I. <b>G</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>Board Member - Local</b> 4b. County of Residence <b>MACOMB</b>	
5. Committee's Mailing Address <b>35755 WOODVILLA DR. STERLING HEIGHTS, MI 48312</b>  Area Code and Phone <u>5862649242</u> 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.		6. Treasurer's Name & Residential Address <b>ROBERT J. SCHMIDT 35755 WOODVILLA DR. STERLING HEIGHTS, MI 48312</b>  Area Code & Phone <u>5862649242</u>	
7. Treasurer's Business Address <b>SAME</b>  Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)  Area Code and Phone _____	
<b>9. TYPE OF STATEMENT</b> 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <u>11/5/2019</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		<b>9e. Dissolution of Candidate Committee</b> <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution _____  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
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.			
Current Treasurer or Designated Record keeper <b>ROBERT J. SCHMIDT</b> Type or Print Name		Signature  Date <u>10/21/2019</u>	
Candidate <b>MARIA G. SCHMIDT</b> Type or Print Name		Signature  Date <u>10/21/2019</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 137189

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE MARIA G. SCHMIDT

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>6820.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>6820.00</u>	(18.) \$ _____
<b>4. Other Receipts</b> (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>6820.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions</b> (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$ _____
<b>7. In-Kind Expenditures</b> (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$ _____
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>3544.95</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>3544.95</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>2180.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>355.36</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>6820.00</u>	
<b>15. SUBTOTAL</b> Add lines 13 and 14	(15.) = \$	<u>7175.36</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>3544.95</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>3630.41</u>	*



**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 <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? <input type="checkbox"/> YES      4. Date of Receipt <u>3/14/19</u> Name & Address: LAWRENCE CALCATERRA 36900 SCHOENHERR STERLING HGTS, MI 48312		\$ <u>200</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>CFO</u> Employer <u>WUJEK-CALCATERRA FUNERA</u> Business Address <u>36900 SCHOENHERR STERLING HGTS, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3/14/19</u> Name & Address: BRIAN KERN 44044 MERRILL RD STERLING HGTS, MI 48314		\$ <u>100</u>	
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		Click Here for Memo Itemization	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3/15/19</u> Name & Address: ROY ROSE 55620 WOODBRIDGE DR. SHELBY TWP, MI 48316		\$ <u>100</u>	
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		Click Here for Memo Itemization	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3/16/19</u> Name & Address: WAYNE OEHMKE 17610 21 MILE RD MACOMB, MI 48044		\$ <u>100</u>	
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		Click Here for Memo Itemization	

Page Subtotal 500.00

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

Enter this total on  
line 3a of Summary  
Page.



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 <u>all</u> 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>3/18/19</u></p> <p>Name &amp; Address: MARC KASZUBSKI 1096 BROMPTON RD ROCHESTER HILLS, MI 48309</p>		\$ <u>200</u>	\$ _____
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>ATTORNEY</u>      Employer <u>O'REILLY-RANCILIO</u></p> <p>Business Address <u>12900 HALL RD #350 STERLING HGTS, MI 48314</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		<p>Click Here for Memo Itemization</p>	
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3/18/19</u></p> <p>Name &amp; Address: MELISSA COHEN 15553 Sugar Maple Fraser, MI 48026</p>		\$ <u>100</u>	\$ _____
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		<p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3/18/19</u></p> <p>Name &amp; Address: Clark Andrews 53985 Sutherland Ln Shelby Twp, MI 48316</p>		\$ <u>100</u>	\$ _____
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		<p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3/16/19</u></p> <p>Name &amp; Address: Lawrence Scott 12900 Hall Rd Sterling Heights, MI 48314</p>		\$ <u>100</u>	\$ _____
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		<p>Click Here for Memo Itemization</p>	

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line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 3/18/19

Name & Address:  
Craig Schoenherr  
27655 Colony St.  
Farmington Hills, MI 48334

\$ 100

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3/18/19

Name & Address:  
Charles Turnbull  
53957 Sutherland Ct  
Shelby Twp, MI 48316

\$ 100

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

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3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 3/18/19

Name & Address:  
Donald Denault  
15731 Marcie  
Fraser, MI 48026

\$ 100

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

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3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 3/18/19

Name & Address:  
Robin Yono  
6186 Windemere Ln  
Shelby Twp, MI 48316

\$ 100

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

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**ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 137189  
2. Committee Name CTE Maria G. Schmidt

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 3/18/19  
Name & Address:  
Alan Casmere  
28836 Panama St  
Warren, MI

\$ 200

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

Occupation owner Employer Friendly Storage

[Click Here for Memo Itemization](#)

Business Address 33400 Maple Lane Sterling Hgts MI 48312

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3/18/19  
Name & Address:  
Hank Riberas  
6471 Metro Pkwy  
Sterling Hgts, MI 48312

\$ 100

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 3/20/19  
Name & Address:  
Sterling Hgts POA  
PO Box 546  
Sterling Hgts, MI 48311

\$ 200

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 3/18/19  
Name & Address:  
Linda Belau  
43561 Salt Creek Dr  
Clinton Twp, MI 48038

\$ 100

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

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**ITEMIZED CONTRIBUTIONS  
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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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>3/21/19</u>	
Name & Address: Robert Abratowski 30406 Westmore Madison Hgts, MI 48071		\$ <u>100</u>	\$ _____
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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/18/19</u>	
Name & Address: Ralph Maccarone 13921 Basilisco Chase Dr Shelby Twp, MI 48315		\$ <u>100</u>	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/19/19</u>	
Name & Address: Lukas Bonner 4875 Sawgrass W Ann Arbor, MI 48108		\$ <u>100</u>	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/18/19</u>	
Name & Address: John Bologna 19135 Saxon Dr Beverly Hills, MI 48025		\$ <u>200</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Developer</u> Employer <u>Self</u> Business Address <u>Same</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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**ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 137189

2. Committee Name CTE MARIA G. SCHMIDT

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 3/25/19  
Name & Address:  
GEORGE PARKER  
13899 BROUGHAM  
STERLING HGTS, MI 48312

\$ 50.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3/25/19  
Name & Address:  
MICHAEL MACDONALD  
18890 SAN QUENTIN  
LATHRUP VILLAGE, MI 48076

\$ 200.00

\$ \_\_\_\_\_

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

Occupation ENGINEER Employer HRC

Business Address 555 HULET DR. BLOOMFIELD HILLS MI 48302

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 3/25/19  
Name & Address:  
LAWRENCE SCOTT  
12900 HALL RD #350  
STERLING HGTS, MI 48314

\$ 100.00

\$ 200.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 4/4/19  
Name & Address:  
EDWARD MANCINI  
7464 19 MILE RD  
STERLING HGTS, MI 48314

\$ 200.00

\$ \_\_\_\_\_

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

Occupation OWNER Employer MANCINI HOLDINGS

Business Address SAME

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137189

2. Committee Name CTE MARIA G. SCHMIDT

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6. Amount

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Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 4/3/19

Name & Address:  
MICHAEL GILSON  
37308 VANDYKE RD  
STERLING HGTS, MI 48312

\$ 100

\$ \_\_\_\_\_

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

Occupation Developer Employer Self

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Business Address 37308 Vandyke Sterling Hgts, MI 48312

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 4/11/19

Name & Address  
DILJA JUNCEVIC  
52756 BLUERIDGE DR  
SHELBY TWP, MI 48316

\$ 500

\$ \_\_\_\_\_

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

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Occupation HOMEMAKER Employer \_\_\_\_\_

Business Address SAME

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 4/11/19

Name & Address:  
PHILIP RUGGERI  
55764 ST. REGIS  
SHELBY TWP, MI 48315

\$ 500

\$ \_\_\_\_\_

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

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Occupation ATTORNEY Employer SELF

Business Address 43231 SCHOENHERR STERLING HGTS, MI 48312

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 4/11/19

Name & Address  
IQBAL SINGH  
PO BOX 1281  
STERLING HGTS, MI 48311

\$ 100

\$ \_\_\_\_\_

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 1200.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
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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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>4/11/19</u>	
Name & Address: TONY GALLO 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>100</u>	\$ _____
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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/11/19</u>	
Name & Address: LISA HARNESS 14142 BRANDYWINE STERLING HGTS, MI 48312		\$ <u>50</u>	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/11/19</u>	
Name & Address: FRIENDS OF NATE SHANNON 43313 INTERLAKEN DR STERLING HGTS, MI 48313		\$ <u>50</u>	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/11/19</u>	
Name & Address: DEBRA STEFFEN 19240 WOODMONT HARPER WOODS, MI 48225		\$ <u>75</u>	\$ _____
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		Click Here for Memo Itemization	

Page Subtotal 275.00

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

Enter this total on  
line 3a of Summary  
Page.



**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 <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? <input type="checkbox"/> YES      4. Date of Receipt <u>4/11/19</u> Name & Address: MONDI RAKAJ 47465 BARBARA RD MACOMB, MI 48044		\$ <u>200</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>DU-ALL</u> Business Address <u>35474 MOUND RD STERLING HGTS, MI 48310</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/11/19</u> Name & Address: CHRIS FUDALA 15769 ASPEN DR MACOMB, MI 48044		\$ <u>75</u>	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/11/19</u> Name & Address: GERALD POTAPA 35411 KENSINGTON STERLING HGTS, MI 48312		\$ <u>100</u>	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/11/19</u> Name & Address: CTE JOE ROMANO 12236 GRINDLEY STERLING HGTS, MI 48312		\$ <u>100</u>	\$ _____
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		Click Here for Memo Itemization	

Page Subtotal 475.00

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

Enter this total on  
line 3a of Summary  
Page.



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)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 4/11/2019

Name & Address:  
BRUCE LIKOWSKI  
2809 GALWAY BAY  
METAMORA, MI 48455

\$ 100

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 4/11/2019

Name & Address:  
DEBBIE LIKOWSKI  
400 SHORTRIDGE  
ROCHESTER HILLS, MI 48067

\$ 120

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

Occupation HOMEMAKER Employer \_\_\_\_\_

Business Address SAME

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 4/11/2019

Name & Address:  
KELLY EASTMAN  
930 RIDGEVIEW  
LAKE ORION, MI 48326

\$ 100

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 4/13/2019

Name & Address:  
ROBERT MIJAC  
43710 VIA ANTONIO  
STERLING HGTS, MI 48314

\$ 100

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal 420.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 5/2/2019

Name & Address:  
JOHN NITZ  
57477 WILLOW WAY CT  
WASHINGTON, MI 48094

\$ 100

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 6/29/2019

Name & Address:  
PASHKO UJKIC  
38346 PHYLLIS CT  
STERLING HGTS, MI 48312

\$ 200

\$ \_\_\_\_\_

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

Occupation SELF EMPLOYED Employer DODGE PARK CONEY ISLAND

Business Address 35252 DODGE PARK STERLING HGTS, MI 48312

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 7/1/2019

Name & Address:  
PAUL CALMI  
37437 ALMONT DR W.  
STERLING HGTS, MI 48310

\$ 100

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt 10/7/2019

Name & Address:  
UAW MICHIGAN V-PAC  
8000 E. JEFFERSON  
DETROIT, MI 48214

\$ 1000

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal 1400.00

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

6820.00

Enter this total on  
line 3a 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
<b>Expenditure #1</b> Name <b>SAM'S CLUB</b>  Address 45600 UTICA PARK UTICA MI 8315  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>FLOWERS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>4/10/20</b> Date	<b>\$ 24.32</b>
<b>Expenditure #2</b> Name <b>VINCE AND JOES MARKET</b>  Address 41790 GARFIELD CLINTON TWP, MI 48038  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>FRUIT PLATTER</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>4/11/20</b> Date	<b>\$ 49.99</b>
<b>Expenditure #3</b> Name <b>CENTURY BANQUET</b>  Address 33204 MAPLE LANE STERLING HGTS, MI 48312  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>FUNDRAISER</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>4/11/19</b> Date	<b>\$ 1049.74</b>
<b>Expenditure #4</b> Name <b>APCC</b>  Address 33204 MAPLE LANE STERLING HGTS, MI 48312  <input type="checkbox"/> Fund Raiser	Purpose: <b>FESTIVAL SIGN</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>6/28/19</b> Date	<b>\$ 100</b>
<b>Expenditure #5</b> Name <b>ST MALACHY CHURCH FESTIVAL</b>  Address 14115 FOURTEEN MILE RD STERLING HGTS, MI 48312  <input type="checkbox"/> Fund Raiser	Purpose: <b>FESTIVAL SIGN</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>8/13/19</b> Date	<b>\$ 100</b>

Subtotal this page

**1324.05**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

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 <b>AMERICAN GRAPHICS</b>  Address 34895 GROESBECK CLINTON TWP, MI 48035  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINTING LIT</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>9/18/19</b> Date	<b>\$ 1287.90</b>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>WHITLOCK</b>  Address 275 E. 12 MILE RD MADISON HGTS, MI 48071  <input type="checkbox"/> Fund Raiser	Purpose: <b>STICKERS FOR SIGN</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>9/20/19</b> Date	<b>\$ 53.00</b>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>MASS MAILING</b>  Address 35468 MOUND RD STERLING HGTS, MI 48310  <input type="checkbox"/> Fund Raiser	Purpose: <b>MAIL HOUSE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/5/19</b> Date	<b>\$ 152</b>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>POSTMASTER</b>  Address 200 W 2ND ST ROYAL OAK, MI 48068  <input type="checkbox"/> Fund Raiser	Purpose: <b>POSTAGE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/5/19</b> Date	<b>\$ 728</b>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name  Address	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page

**2220.90**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

**3544.95**

Enter this total  
on line 8a of  
Summary Page



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 137189

2. Committee Name CTE MARIA G. SCHMIDT

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. 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 endorser 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? <input type="checkbox"/> Yes Owed to or by: <b>ROBERT J. SCHMIDT</b> <b>35755 WOODVILLA DR</b> <b>STERLING HGTS, MI.48312</b>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>01/24/03</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,600.00</u>	12/17/07 \$ 720.00 \$ \$ \$ \$	\$ 720.00	\$ 880.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>ROBERT J. SCHMIDT</b> <b>35755 WOODVILLA DR</b> <b>STERLING HGTS, MI 48312</b>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>5/30/03</u> 6. <u>Original Amount of Debt:</u> <u>\$ 300.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 300.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>ROBERT J. SCHMIDT</b> <b>35755 WOODVILLA DR.</b> <b>STERLING HGTS, MI 48312</b>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>2/23/05</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,000.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$2,180.00**

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 SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>4/11/2019</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>50</u>	5. Type of Fund Raising Activity  <u>PASTA DINNER</u>	6. Address and Name (If any) of the place where the activity was held. <u>CENTURY BANQUET CENTER 33204 MAPLE LANE STEPLING HILLS MI 48212</u> <input type="checkbox"/> Private Residence
------------------------------------------------	---------------------------------------------------------------------------------------------------	-------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

7. Total Contributions 5520.00  
8. Other Receipts 0  
9. Gross Receipts (Add lines 7 and 8) 5520.00  
10. Total Cost of Event 1124.05  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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.