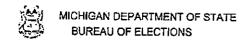
CANDIDATE COMMITTEE COVER PAGE

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 Statement covers From: 10/21/2020 to 131/2020			
Committee I.D. Number		4. Candidate Last Name	First Name	1931/2020	
137189		Schmidt Maria. 61.			
		4a. Office Sought Including District # or Community Served (If applicable)			
CTE Maria G., Schmidt		Board member - Local			
		4b. County of Residence Maionb			
5. Committee's Malling Address 35755 Woodvilla 5+erling Heights HI 48311		6. Treasurer's Name & Residential Address			
		Robert J. Schmidt			
		SAME			
		SHUTE.		FILED 21FEB - 5 AH PHY-CYTEHENS-TH	
Area Code and Phone 566 2049242 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may				三 三	
		S ED			
be sent to this address by the filing official.		Area Code & Phone			
7. Treasurer's Business Address		8. Designated Record Keeper's Name and Address (If the committee has a			
		Designated Record Keeper)			
Area Code and Phone		Area Code and Phone		•	
9. TYPE OF STATEMENT			9e. Dissolution of Candida	ite Committee	
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the current year:		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,		
Primary	July Quarte	eriy	owes no lates fees or has any	oustanding debt.	
General	October Quarterly		Further, if the dissolution cannot be granted, that this be		
Convention			considered a request for the F	Reporting Waiver.	
Special	9c. Annua	Statement (2023)			
School	Coverage Year		Effective date of dissolution		
Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to		 -		
	indicat	e which Statement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
Date of Cleating Community on Com	amend	ed.)	•	.,	
Date of Election, Convention or Caucus					
		·			
 Verification: I/We certify that all reasonable dilige my/our knowledge and belief the contents are true, a 	ence was used in	n the preparation of this statement	ent and attached schedules (if	any) and to the best of	
Outrand Transcription	,	- // 100	Ky A	2/11/200	
Designated Record keeper 2007 . 3	schnicht		Date .	1912021	
Type or Print Name		Signature		2/4/2021	
Candidate Maria G. Schnick	lT	, My	Date	2/4/2021	
Type of Print Name		Signature 4	Date .		

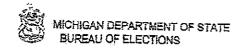


1. Committee I.D. Number ______137 / 89

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name OTE Maria G. Schmill

CANDIDATE COMMITTEE	2. Continuites Marie	1,12, -1,
RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) S	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES	_	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES	•	
8. Expenditures	,	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 18-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	406.50	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) 8 _ 27 30.00	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>.</u>	
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
 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.) $S = 1434.99$ (14.) $+ S = 0.00$ (15.) $= S = 1838.99$ (16.) $- S = 0.00$ (17.) $S = 1435.99$	



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 137189

CTE MARIA C SCUMINT

	Committee Name CIE IVIAI	AIA G. SCHIVID	<u> </u>				
This Schedule remizes:		•					
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 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 (Itsm 6 minus Item 8)			
Debt #1 Corp? Yes Owed to or by: ROBERT J. SCHMIDT	4. Type: LOAN	12/17/07 _{\$} 720.00					
35755 WOODVILLA DR STERLING HGTS, MI.48312	5. Date Debt Was Incorred: 01/24/03	<u> </u>		990.00			
-	6. Original Amount of Debt: S 1,600.00	s	\$ 720.00	8_880.00			
If bank loan, name of endorser or guerantor.		<u> </u>	vunt Endorsed: S _				
Debt #2 Corp? Yes Owed to or by: ROBERT J. SCHMIDT 35755 WOODVILLA DR STERLING HGTS, MI 48312 If bank loan, name of endorser or guarantor: 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: 5/30/03 6. Original Amount of Debt: \$ 300.00 4. Type: LOAN 5. Date Debt Was Incurred: 2/23/05 6. Original Amount of Debt: \$ 1,000.00	\$ \$ \$ \$	s 0.00	\$ 300,00 FORGIVEN \$ 1,000.00			
If bank loan, name of endorser or guarantor:		<u> </u>	ount Endorsed: \$				
· ·	nplete on last page of Schedule st	Grand Total of cowing amounts owed by or	Fall Schedules 1E to the committee)	\$2,180.00 \$2,180.00 Enter this total on line 12a "owed by" or line 12b			
A debt or obligation must be shown on this Schedule this Campaign Statement or it was forgiven during the Page of	e period covered by this Campa	ount owed on it at the closing Statement.	sing date of	owed to of the Summary Page			