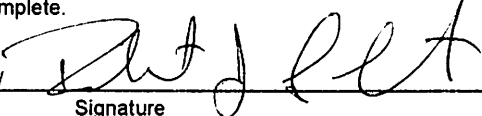
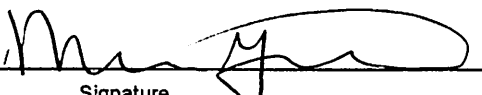




**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number <b>137189</b></p> <p>2. Committee Name <b>CTE Maria G. Schmidt</b></p> <p>5. Committee's Mailing Address <b>35755 Woodvilla Dr. Sterling Hgts, MI 48312</b>  Area Code and Phone <b>586 264-9242</b> <small>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.</small></p> <p>7. Treasurer's Business Address <b>Same</b>  Area Code and Phone _____</p>		<p>3. This Statement covers From: <b>7/19/2021</b> to <b>8/23/2021</b></p> <p>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>Boardmember - local</b> 4b. County of Residence <b>Macomb</b></p> <p>6. Treasurer's Name &amp; Residential Address <b>Robert J. Schmidt</b> <b>Same</b>  Area Code &amp; Phone _____</p> <p>8. Designated Record Keeper's Name and Address (If the committee has Designated Record Keeper)   Area Code and Phone _____</p>	
<p><b>9. TYPE OF STATEMENT</b></p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <b>8/3/2021</b></p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	
<p><b>9e. Dissolution of Candidate Committee</b></p> <p><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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>		<p>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.</p> <p>Current Treasurer or Designated Record Keeper <b>Robert J. Schmidt</b> Signature  Date <b>8.26.21</b></p> <p>Candidate <b>Maria G. Schmidt</b> Signature  Date <b>8/26/2021</b></p>	

FILED  
21 AUG 31 PM 6:01  
MACOMB COUNTY CLERK  
MT. ALEXANDER, MICHIGAN



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

1. Committee I.D. Number 137189

2. Committee Name CTE Maria G. Schmidt

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2230.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>2230.00</u>	(18.) \$ <u>5980.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>Ø</u>	(19.) \$ <u>Ø</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>2230.00</u>	(20.) \$ <u>5980.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>Ø</u>	(21.) \$ <u>850.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>Ø</u>	(22.) \$ <u>Ø</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>192.53</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>Ø</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>Ø</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>192.53</u>	(23.) \$ <u>2169.99</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>Ø</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>Ø</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>Ø</u>	(24.) \$ <u>Ø</u>
<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>Ø</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>3611.53</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>2230.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>5841.53</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>192.53</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>5649.00</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 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 8/4/2021

Name & Address:

Roko Juncovic  
53754 Blue Ridge Dr  
Shelby Twp, MI 48316

\$ 500.00 \$

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

Occupation Retired Employer

[Click Here for Memo Itemization](#)

Business Address

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 8/4/2021

Name & Address:

Ded Juncovic  
43500 Utica Rd  
Sterling Hgts, MI 48314

\$ 500.00 \$

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

Occupation owner Employer Utica-VanDyke Towing

[Click Here for Memo Itemization](#)

Business Address Same

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 8/14/2021

Name & Address:

Alan B. Casmeve  
28834 Panama  
Warren, MI 48092

\$ 200.00 \$

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

Occupation owner - self Employer Real Estate Broker

[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 #4 PAC Receipt? ☐ YES 4. Date of Receipt 8/16/2021

Name & Address:

Carol Froling  
5440 Brookdale  
Bloomfield Hills, MI 48304

\$ 200.00 \$

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

Occupation Self-Employed Employer Titan Const + Mgt

[Click Here for Memo Itemization](#)

Business Address 3715 15 Mile Rd Sterling Hgt 48312

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

Page Subtotal

1400.00

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. Schnick

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 8/16/2021

Name & Address:

Nathan Inks  
11848 Angus Cir  
Sterling Hgts, MI 48312

\$ 300.00 \$

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

Occupation Law Clerk Employer MI Supreme Court

[Click Here for Memo Itemization](#)

Business Address 3034 W. Grand Blvd Detroit, MI 48202

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

3. Contribution # 2 PAC Receipt? ☐ YES 4. Date of Receipt 8/17/2021

Name & Address:

John Bologna  
19135 Saxon Dr  
Beverly Hills, MI 48225

\$ 100.00 \$

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 8/17/2021

Name & Address:

Lawrence Calcaterra  
36900 Schoenherr  
Sterling Hgts, MI 48312

\$ 100.00 \$

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 8/19/2021

Name & Address:

Lorenzo Cavaliere  
30018 Schoenherr #300  
Warren, MI 48088

\$ 100.00 \$

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

Page Subtotal

600.00

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 Gr 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 Name & Address: <u>Rick Flynn</u> <u>43225 Chardon way</u> <u>Sterling Hgts, MI 48314</u>	4. Date of Receipt <u>8/19/2021</u>	\$ <u>30.00</u> \$ _____  Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>Mike MacDonald</u> <u>18890 San Quentin Dr</u> <u>Lathrup Village, MI 48076</u>	4. Date of Receipt <u>8/19/2021</u>	\$ <u>200.00</u> \$ _____  Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>HRC Inc</u> Business Address <u>555 Hulet Bloomfield Hills, MI 48302</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name & Address:	4. Date of Receipt _____	\$ _____      \$ _____  Click Here for Memo Itemization	
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 type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES Name & Address:	4. Date of Receipt _____	\$ _____      \$ _____  Click Here for Memo Itemization	
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 type="checkbox"/> Fund Raiser			

Page Subtotal 230.00  
Grand Total of All Schedules 1A 2230.00  
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137189  
2. Committee Name CIE 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 <u>OFFice max</u> Address <u>37400 VanDyke Sterling Hgts, MI 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/2/21</u> Date	<u>\$ 31.77</u>
<b>Expenditure #2</b> Name <u>office max</u> Address <u>37400 Vandyke Sterling Hgts, MI 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Paper</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/4/21</u> Date	<u>\$ 21.18</u>
<b>Expenditure #3</b> Name <u>USPS</u> Address <u>16925 Masonic Fraser, MI 48026</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/9/21</u> Date	<u>\$ 110.00</u>
<b>Expenditure #4</b> Name <u>Walmart</u> Address <u>33201 VanDyke Sterling Hgts, MI 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/12/21</u> Date	<u>\$ 20.06</u>
<b>Expenditure #5</b> Name <u>Walmart</u> Address <u>18400 Hall Rd Clinton Twp, MI 48038</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Thankyou notes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/18/21</u> Date	<u>\$ 9.52</u>

Subtotal this page

192.53

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

192.53

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

# 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>	<u>12/17/07</u> \$ <u>720.00</u> \$ \$ \$ \$	\$ <u>720.00</u>	\$ <u>880.00</u> <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>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>300.00</u> <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>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,000.00</u> <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 **\$2,180.00**  
(Complete on last page of Schedule showing amounts owed by or to the committee)

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>will be</u> <u>9/9/2021</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>TBD</u>	5. Type of Fund Raising Activity <u>Dinner</u>	6. Address and Name (If any) of the place where the activity was held. <u>American Polish Centry</u> <u>33204 maple lane</u> <input type="checkbox"/> <u>Sterling Hts 4832</u> Private Residence
---	--	---	---

7. Total Contributions \_\_\_\_\_

8. Other Receipts \_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8) \_\_\_\_\_

10. Total Cost of Event \_\_\_\_\_  
(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.