

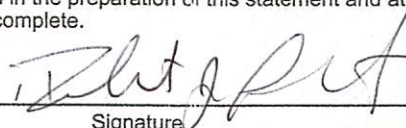
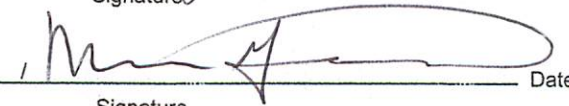


MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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>01/01/21</u> to <u>07/18/21</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>	
5. Committee's Mailing Address <b>35755 WOODVILLA DR STERLING HGTS, MI 48312</b>  Area Code and Phone <u>(586) 264-9242</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.		4b. County of Residence <b>MACOMB</b>  6. Treasurer's Name & Residential Address <b>ROBERT J. SCHMIDT SAME</b>  Area Code & Phone _____	
7. Treasurer's Business Address   Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)   Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <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  Date of Election, Convention or Caucus <u>08/03/21</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 checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c, or 9e to indicate which Statement is being amended.)  9e. Dissolution of Candidate Committee <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>7/29/21</u>	
Candidate <b>MARIA G. SCHMIDT</b> Type or Print Name		Signature  Date <u>7/29/21</u>	

FILED  
21 JUL 29 PM 2:57  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN



**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>06/01/21</u>	
Name & Address: GRANT, BRIAN 46563 MARINER DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ _____
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 type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/01/21</u>	
Name & Address: PETRUSAK, NATHAN 12900 HALL RD STERLING HGTS, MI 48313		\$ <u>100</u>	\$ _____
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 type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/01/21</u>	
Name & Address: YONO, ROBIN 6186 WINDEMERE LN SHELBY TWP, MI 48316		\$ <u>100</u>	\$ _____
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 type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/01/21</u>	
Name & Address: ANDREWS, CLARK 53985 SUTHERLAND LN SHELBY TWP, MI 48316		\$ <u>100</u>	\$ _____
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 type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal

400.00

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 06/15/21

Name & Address:

LAWRENCE M SCOTT  
12900 HALL RD #350  
STERLING HGTS, MI 48313

\$ 200.00

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

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

Occupation ATTORNEY Employer OREILLY-RANCILIO

Click Here for Memo Itemization

Business Address 12900 HALL RD #350 STERLING HGTS, MI 48313

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/15/21

Name & Address:

CHARLES TURNBULL  
53957 SUTHERLAND CT  
SHELBY TWP, MI 48316

\$ 200.00

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

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

Occupation ATTORNEY Employer OREILLY-RANCILIO

Click Here for Memo itemization

Business Address 12900 HALL RD #350 STERLING HGTS, MI 48313

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/01/21

Name & Address:

MARC KASZUBSKI  
1096 BROMPTON  
ROCHESTER HILLS, MI 48309

\$ 250.00

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

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

Occupation ATTORNEY Employer OREILLY-RANCILIO

Click Here for Memo Itemization

Business Address 12900 HALL RD #350 STERLING HGTS, MI 48313

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/01/21

Name & Address:

DONALD DENAULT  
15731 MARCIE  
FRASER, MI 48026

\$ 200.00

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

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

Occupation ATTORNEY Employer OREILLY-RANCILIO

Click Here for Memo Itemization

Business Address 12900 HALL RD #350 STERLING HGTS, MI 48313

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

Page Subtotal \$850.00

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

<small>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.</small>		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>07/02/21</u> Name & Address: <b>UAW MICHIGAN V-PAC</b> <b>8000 E. JEFFERSON</b> <b>DETROIT, MI 48214</b>		\$ <u>2500.00</u>	
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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address _____		\$ _____	
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		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address _____		\$ _____	
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		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address _____		\$ _____	
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		Click Here for Memo Itemization <input type="button" value="v"/>	

Page Subtotal **\$2,500.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) **\$3,750.00**

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
Expenditure #1 Name <b>C&amp;G NEWSPAPERS</b>  Address 13650 11 MILE RD WARREN, MI 48089  <input type="checkbox"/> Fund Raiser	Purpose: <u>SENTRY ADS</u>  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/21</u> Date	\$ <u>820.00</u>
Expenditure #2 Name <b>MASS MAILING</b>  Address 35468 MOUND RD STERLING HGTS, MI 48310  <input type="checkbox"/> Fund Raiser	Purpose: <u>JOINT POST CARD MAILING</u>  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/21</u> Date	\$ <u>428.40</u>
Expenditure #3 Name <b>SAWICKI AND SONS</b>  Address 1521 LAFAYETTE DETROIT, MI 48216  <input type="checkbox"/> Fund Raiser	Purpose: <u>JOINT LAWN SIGNS</u>  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/21</u> Date	\$ <u>383.08</u>
Expenditure #4 Name <b>AMERICAN GRAPHICS</b>  Address 34895 GROESBECK HWY CLINTON TWP, MI 48035  <input type="checkbox"/> Fund Raiser	Purpose: <u>JOINT POST CARD PRINTING</u>  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/21</u> Date	\$ <u>345.98</u>
Expenditure #5 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$1,977.46**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$1,977.46**

Enter this total  
on line 8a of  
Summary Page