MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

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MACOMB COUNTY CLERK

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: 10/18/2021 to 11/22/2021

1. Committee I.D. Number
137189

2. Committee Name
CTE Maria G. Schmidt

4. Candidate Last Name: Schmidt First Name: Maria M.I.: G.

4a. Office Sought Including District # or Community Served (If applicable)
Boardmember - local

4b. County of Residence Macomb

5. Committee's Mailing Address
35755 Woodvilla
Sterling Hgts, MI 48312

Area Code and Phone 586 264-9242
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
Robert J. Schmidt
SAME

Area Code & Phone

7. Treasurer's Business Address
SAME

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. ☐ Pre-Election OR 9b. ☑ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
- ☑ General
- ☐ Convention
- ☐ Special
- ☐ School
- ☐ Caucus

Date of Election, Convention or Caucus
11/2/2021

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
- ☐ October Quarterly

9c. ☐ Annual Statement (_____) Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ 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 oustanding assets, owes no lates fees or has any oustanding 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 Robert J. Schmidt, _____ Date 11-30-2021
Type or Print Name Signature

Candidate Maria G. Schmidt, _____ Date 11/30/2021
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
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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
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	1150.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	1150.00	(18.) $ 13030.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	Ø	(19.) $ Ø
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	1150.00	(20.) $ 13030.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	Ø	(21.) $ 850.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	Ø	(22.) $ Ø
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	2038.50	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	Ø	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	Ø	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	2038.50	(23.) $ 11,434.97
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) $	Ø	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	Ø	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	Ø	(24.) $
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $	2180.00	
b. Owed to the Committee (Schedule 1E)	(12b.) $	Ø	

BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	4322.52
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	1150.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	5472.52
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	2038.50
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	3434.02

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

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.

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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 10/25/2021

Name & Address:

Yvonne Kniaz
14016 Pernell
Sterling Hgts, MI 48313

$ 100.00 $ 100.00

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 10/25/2021

Name & Address

Friends of Nate Shannon
43313 Interlaken
Sterling Hgts, MI 48313

$ 50.00 $ 50.00

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 # 3 PAC Receipt? ☒ YES 4. Date of Receipt 11/1/2021

Name & Address:

UAW Michigan V-PAC
8000 E. Jefferson
Detroit, MI 48214

$ 1000.00 $ 3500.00

6. 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 _____

Name & Address

$ _____ $ _____

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	1150.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	1150.00

Enter this total on line 3a of Summary Page.

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137189

2. Committee Name CTE Maria Gl. Schmidt

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Mass Mailing Address 35468 Mound Sterling Hgts, MI 48310 ☐ Fund Raiser	Purpose: Mailing - Postage ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/21	$ 1289.00
Expenditure #2 Name Mass Mailing Address 35468 Mound Sterling Hgts, MI 48310 ☐ Fund Raiser	Purpose: Mailing - Postage ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/21	$ 515.60
Expenditure #3 Name American Graphics Address 34895 Groesbeck Hwy Clinton Twp, MI 48035 ☐ Fund Raiser	Purpose: lit - Printing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/1/21	$ 173.84
Expenditure #4 Name Harland Clarke Address 15955 La Cantera Pkwy San Antonio TX 78256 ☐ Fund Raiser	Purpose: Reorder checks ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/28/21	$ 60.06
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	$

Click Here for Memo Itemization Type

Subtotal this page	2038.50
Grand Total of all Schedules 1B (Complete on last page of Schedule)	2038.50

Enter this total on line 8a of Summary Page