



**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 137189</p> <p>2. Committee Name CTE Maria G. Schmidt</p> <p>5. Committee's Mailing Address 35755 Woodvilla Dr. Sterling Hgts, MI 48312</p> <p>Area Code and Phone 586 264-9242</p> <p>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.</p> <p>7. Treasurer's Business Address</p> <p>Area Code and Phone _____</p>		<p>3. This Statement covers From: 8/24/21 to 10/17/21</p> <p>4. Candidate Last Name Schmidt First Name Maria M.I. G</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Local Board</p> <p>4b. County of Residence Macomb</p> <p>6. Treasurer's Name & Residential Address Robert J. Schmidt Samp</p> <p>Area Code & Phone _____</p> <p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)</p> <p>Area Code and Phone _____</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus 11/2/21</p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	
<p>9e. Dissolution of Candidate Committee</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 hereby 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 ROBERT J. SCHMIDT Signature Date 11/10/21</p> <p>Candidate Maria G. Schmidt Signature Date 11/10/21</p>	



**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 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 9/9/2021

Name & Address:

Marlene Verhelst
55754 Shelby Rd #9320
Shelby Twp, MI 48316

\$ 25.00

\$ 25.00

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 #2 PAC Receipt? ☐ YES

4. Date of Receipt 9/9/2021

Name & Address:

Pashko Ujic
38346 Phyllis Ct
Sterling Hts, MI 48312

\$ 200.00

\$ 200.00

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

Occupation Self Employer Dodge Park Convey Island

[Click Here for Memo Itemization](#)

Business Address 35252 Dodge Park Sterling Hts MI 48312

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

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 9/9/2021

Name & Address:

Beth Lewis
11149 Fairway
Sterling Hts, MI 48312

\$ 50.00

\$ 50.00

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 9/9/2021

Name & Address:

Debra Steffen
19240 Woodmont
Harper Woods, MI 48225

\$ 200.00

\$ 200.00

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

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 9/9/2021

Name & Address:

Heather Pastorino
35105 Wellston
Sterling Hgts, MI 48312

\$ 100.00 \$ 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 # 2

PAC Receipt? ☐ YES

4. Date of Receipt 9/9/2021

Name & Address:

CTE Michael C. Taylor
14076 Redpine
Sterling Hgts, MI 48313

\$ 100.00 \$ 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 9/9/2021

Name & Address:

Phillip Ruggeri
55744 St. Regis
Shelby Twp, MI 48315

\$ 500.00 \$ 500.00

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

Occupation Attorney Employer Self

Business Address 43231 Schoenherr Sterling Hgts, MI 48313

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 _____

[Click Here for Memo Itemization](#)

Business Address _____

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

Page Subtotal

700.00

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

1175.00

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 <u>CTE Henry Yanez</u> Address <u>14052 Berry</u> <u>Sterling Hts, Mi 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimburse for Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/6/21</u> Date	\$ <u>310.00</u>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			<u>310.00</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>310.00</u>

Enter this total
on line 8a of
Summary Page

Schedule 1A - Itemized Contributions:

Please provide the Type of Contribution for the following:

Contribution #4 on page 4 - Marlene Verhelst ✓
Contribution #3 on page 5 - Beth Lewis ✓
Contribution #4 on page 5 - Debra Steffen ✓

Please provide a Date of Receipt for the following:

Contribution #3 on page 5 - Beth Lewis ✓
Contribution #4 on page 5 - Debra Steffen ✓
Contribution #2 on page 6 - Heather Pastorino ✓
Contribution #3 on page 6 - CTE Michael Taylor ✓
Contribution #4 on page 6 - Phillip Ruggeri ✓

Contribution #2 on page 5 from Pashko Ujkic was reported as a 'Loan from a person', however, it was not included on Schedule 1B as being repaid or on Schedule 1E as debt. Please amend your statement to clarify this transaction. Line 12a of the Summary Page could be affected. ✓

Schedule 1B - Itemized Expenditures:

Please provide an address for Expenditure #1 on page 10 - CTE Henry Yanez.

Please amend your statement accordingly and forward to us by November 12, 2021.

WHEN FILING AN AMENDED CAMPAIGN STATEMENT, PLEASE INCLUDE A COMPLETED COVER PAGE, INDICATING THAT THE CAMPAIGN STATEMENT IS BEING AMENDED, WITH APPROPRIATE SIGNATURE(S). ONLY THOSE PAGES BEING AMENDED NEED TO BE SUBMITTED WITH THE COVER PAGE.

AMENDMENTS MAY BE FAXED TO US AT (586) 469-6927. IMPORTANT: CALL (586) 469-5209 TO CONFIRM RECEIPT OF FAX.