

COVER PAGE

FILED 21 JUL 2025 PM 02:56

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

COVER PAGE 3. This Statement covers From: 01/01/2025 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 07/20/2025 1. Committee I.D. Number 4. Candidate Last Name M.I. **MARIA** SCHMIDT G 137189 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name **COUNCIL, STERLING HEIGHTS** CTE MARIA G. SCHMIDT 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 35755 WOODVILLA ROBERT SCHMIDT STERLING HGTS, MI 48312 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 Area Code & Phone (586) 264-9242 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 35755 WOODVILLA STERLING HGTS, MI 48312 Area Code and Phone (586) 264-9242 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: 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 July Quarterly the committee. The committee has no oustanding assets, X Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 08/05/2025 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. Submitted electronically. Current Treasurer or signature on file 07/21/2025 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 07/21/2025 signature on file Candidate Date

Signature

Type or Print Name

1. Committee I.D. Number 137189

SUMMARY PAGE CANDIDATE COMMITTEE

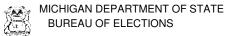
CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Odmarative triis election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 8,680.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 8,680.00	(18.) \$ _8,680.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _8,680.00	(20.) \$ 8,680.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 2,872.20	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 2,872.20	(23.) \$ 2,872.20
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(100.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligationsa. Owed by the Committee (Schedule 1E)	(12a.) \$ 2,180.00	
b. Owed to the Committee (Schedule 1E)		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(12b.) \$ 0.00 BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 2,993.58	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 8,680.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_11,673.58	
16. Amount expended during reporting period	(16.) - \$ 2,872.20	
(Add lines 9 and 11) 17. ENDING BALANCE		
(Subtract line 16 from line 15)	(17.) \$ 8,801.38	*



CANDIDATE COMMITTEE

137189 1. Committee I.D. Number

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? YES 4. Date of Receipt 06/02/2025 Name & Address: BRIAN KERN 44044 MERRILL RD STERLING HEIGHTS, MI 48314	_{\$} 125.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide: Occupation MANAGER Employer J.G. KERN ENTERPRISES		
Business Address 44044 MERRILL RD, STERLING HEIGHTS, MI 48314 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/02/2025 Name & Address		_
LAWRENCE M SCOTT 12900 HALL RD 350 STERLING HEIGHTS, MI 48313 5. If over \$100.00 cumulative, please provide:	_{\$} 250.00	<u>\$ 250.00</u>
Occupation ATTORNEY Employer O'REILLY RANCILIO P.C.		
Business Address 12900 HALL RD, #350, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/02/2025 Name & Address: GEORGE PARKER 13899 BROUGHAM DR STERLING HEIGHTS, MI 48312	§ 30.00	_{\$} 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/02/2025 Name & Address LARRY CALCATERRA 36900 SCHOENHERR RD STERLING HEIGHTS, MI 48312	_{\$} 125.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide:		
Occupation CFO Employer WUJEK - CALCATERRA		
Business Address 36900 SCHOENHERR RD, STERLING HEIGHTS, MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	530.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	J



CANDIDATE COMMITTEE

137189 1. Committee I.D. Number

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 06/02/2025 Name & Address: JOHN BOLOGNA 19135 SAXON DR BEVERLY HILLS, MI 48025	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation BUILDER DEVELOPERPLAZAS Employer SELF		
Business Address 19135 SAXON DR, BEVERLY HILLS, MI 48025		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/02/2025 Name & Address KEVIN DENHA		
700 N OLD WOODWARD AVE BIRMINGHAM, MI 48009	<u>\$</u> 200.00	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE Employer VISION INVESTMENT PARTNERS		
Business Address _ 700 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/04/2025 Name & Address: MICHAEL GILSON 37378 VAN DYKE AVE STERLING HEIGHTS, MI 48312	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation EXECUTIVE Employer CROSS ROADS PLAZA		
Business Address 37378 VAN DYKE AVE, STERLING HEIGHTS, MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/04/2025 Name & Address ALAN CASMERE 33400 MAPLE LN DR STERLING HEIGHTS, MI 48312	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer FRIENDLY OUTDOOR STORAGE		
Business Address 33400 MAPLE LN DR, STERLING HEIGHTS, MI 48312		
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)		
Q 10	Enter this total on line 3a of Summary	

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SCHEDULE 1A

CANDIDATE COMMITTEE

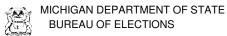
2. Committee Name

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 06/06/2025 Name & Address: DAN LIKOWSKI 400 SHORTRIDGE AVE ROCHESTER HILLS, MI 48307	_{\$} 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	=	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/07/2025 Name & Address PIYUSH ANAM 5361 LIVERNOIS RD TROY, MI 48098	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer		
Business Address 5361 LIVERNOIS RD, TROY, MI 48098		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/12/2025 Name & Address: FREDRICK PERAYEFF 4925 PICKFORD DR TROY, MI 48085	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Occupation RETIRED Employer_		
Occupation RETIRED Employer	§250.00	_{\$} 250.00
Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/12/2025 Name & Address MICHAEL MACDONALD 18890 SAN QUENTIN DR	_{\$} 250.00	_{\$} 250.00
Occupation RETIRED Business Address Type of Contribution: Direct Loan from a person ✓ Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/12/2025 Name & Address MICHAEL MACDONALD 18890 SAN QUENTIN DR LATHRUP VILLAGE, MI 48076 5. If over \$100.00 cumulative, please provide:	_{\$} 250.00	_{\$_} 250.00
Occupation RETIRED Business Address Type of Contribution: Direct Loan from a person ✓ Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/12/2025 Name & Address MICHAEL MACDONALD 18890 SAN QUENTIN DR LATHRUP VILLAGE, MI 48076 5. If over \$100.00 cumulative, please provide: Occupation CIVIL ENGINEER Employer HRC ENGINEERING	\$250.00	_{\$} 250.00
Occupation RETIRED Business Address Type of Contribution: Direct Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/12/2025 Name & Address MICHAEL MACDONALD 18890 SAN QUENTIN DR LATHRUP VILLAGE, MI 48076 5. If over \$100.00 cumulative, please provide: Occupation CIVIL ENGINEER Business Address 555 HULET DR, BLOOMFIELD HILLS, MI 48302	\$250.00	\$ 250.00
Occupation RETIRED Business Address Type of Contribution: Direct Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/12/2025 Name & Address MICHAEL MACDONALD 18890 SAN QUENTIN DR LATHRUP VILLAGE, MI 48076 5. If over \$100.00 cumulative, please provide: Occupation CIVIL ENGINEER Business Address Direct Loan from a person Fund Raiser 4. Date of Receipt 06/12/2025 Fund Raiser Fund Raiser HRC ENGINEERING Business Address HRC ENGINEERING	<u></u>	\$ 250.00
Business Address Type of Contribution: Direct Loan from a person ✓ Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/12/2025 Name & Address MICHAEL MACDONALD 18890 SAN QUENTIN DR LATHRUP VILLAGE, MI 48076 5. If over \$100.00 cumulative, please provide: Occupation CIVIL ENGINEER Employer HRC ENGINEERING Business Address 555 HULET DR, BLOOMFIELD HILLS, MI 48302 Type of Contribution: Direct Loan from a person ✓ Fund Raiser	\$250.00 1,100.00	\$ 250.00

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Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

137189 1. Committee I.D. Number

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? YES 4. Date of Receipt 06/12/2025 Name & Address: PHILIP P RUGGERI 43231 SCHOENHERR RD STERLING HEIGHTS, MI 48313	§ 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF Business Address 43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/12/2025 Name & Address DINO JUNCEVIC 52756 BLUE RIDGE DR SHELBY TWP, MI 48316	\$2,000.00	_{\$} 2,000.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer UTIC VAN DYKE TOWING Business Address 43500 UTICA RD, STERLING HEIGHTS, MI 48314		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/18/2025 Name & Address: TONY J GALLO 6303 26 MILE RD WASHINGTON, MI 48094	_{\$} 125.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide:		
Occupation DEVELOPER/BUILDER Employer SELF		
Business Address 6303 26 MILE RD, WASHINGTON, MI 48094 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/19/2025 Name & Address SARAH BONNER 4875 SAWGRASS DR W ANN ARBOR, MI 48108	_{\$} 125.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide: Occupation HOMEMAKER Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2,750.00 Enter this total on	

 $_{\text{Page}}\underline{4}_{\text{of}}\underline{10}$

line 3a of Summary Page.



CANDIDATE COMMITTEE

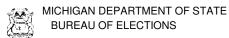
137189 1. Committee I.D. Number

Page.

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. 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/20/2025 Name & Address: RALPH MACCARONE III 13921 BASILISCO CHASE DR SHELBY TWP. MI 48315
Name & Address: RALPH MACCARONE III 13921 BASILISCO CHASE DR
SHELBY TWP, MI 48315 \$\\\ \square \text{100.00} \\ \square \text{100.00} \\
5. If over \$100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: Direct Loan from a person Fund Raiser
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/20/2025 Name & Address IQBAL SINGH P.O BOX 1281 STERLING HEIGHTS, MI 48311
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer
Business Address
Type of Contribution: Direct Loan from a person Fund Raiser
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/24/2025 Name & Address: JOHN FENN 13288 LILLIAN LN STERLING HEIGHTS, MI 48313
5. If over \$100.00 cumulative, please provide:
Occupation RETIRED Employer
Business Address Type of Contribution: Direct Loan from a person Fund Raiser
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/25/2025 Name & Address NICK NAJJAR 850 STEPHENSON HWY TROY, MI 48083
5. If over \$100.00 cumulative, please provide:
Occupation REALESTATE SELF EMPLOYED
Business Address 850 STEPHENSON HWY, TROY, MI 48083
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

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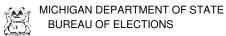


1. Committee I.D. Number

137189

CANDIDATE COMMITTEE 2. Committee

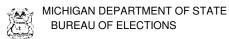
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/25/2025 Name & Address: PASHKO UJKIC 38346 PHYLLIS CT STERLING HEIGHTS, MI 48312 5. If over \$100.00 cumulative, please provide:	_{\$} 200.00	_{\$} 200.00
Occupation CHEF Employer DODGE PARK CONEY ISLAND		
Business Address 35252 DODGE PARK RD, STERLING HEIGHTS, MI 48312		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/25/2025		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/25/2025 Name & Address		
BRUE LIKOWSKI	50.00	F0 00
2809 GALWAY BAY DR	_{\$} 50.00	_{\$} 50.00
METAMORA, MI 48455		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/25/2025 CTE JOE ROMANO 12236 GRINDLEY DR STERLING HEIGHTS, MI 48312	<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/25/2025 Name & Address MICHAEL NOTTE 48728 JAMIE CIR	400.00	400.00
SHELBY TWP, MI 48317	_{\$} 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		
Page Subtotal	450.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_I
Page 6 of 10	line 3a of Summary Page.	



CANDIDATE COMMITTEE

137189 1. Committee I.D. Number

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/25/2025 Name & Address: MICHAEL C TAYLOR 14986 PARKVIEW CT STERLING HEIGHTS, MI 48313 5. If over \$100.00 cumulative, please provide:	_{\$} 500.00	_{\$} 500.00
Occupation ATTORNEY Employer GIARMARCO MULLINS & HORTON PC		
Business Address 101 W BIG BEAVER RD, TROY, MI 48084		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/25/2025		
Name & Address		
FREDERICK STEFFEN	50.00	50 00
19240 WOODMONT ST HARPER WOODS, MI 48225	_{\$} 50.00	_{\$} 50.00
, and the second		
5. If over \$100.00 cumulative, please provide: Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: LISA HARNESS 14143 BRANDYWINE RD STERLING HEIGHTS, MI 48312	\$ 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		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/25/2025 Name & Address		
DOREEN POTOPA 35411 KENSINGTON AVE	100.00	100.00
STERLING HEIGHTS, MI 48312	_{\$} 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		
Page Subtotal	750.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	_I
Page 7 of 10	line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

137189

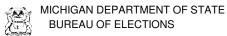
1. Committee I.D. Number

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? YES 4. Date of Receipt 06/25/2025 Name & Address: LISA FUDALA 15769 ASPEN DR MACOMB, MI 48044	_{\$} 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		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/25/2025 Name & Address ALEXANDER HISHON 69753 CRIMSON CT BRUCE TWP, MI 48065	_{\$} 125.00	_{\$} _125.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer OREILLY RANCILIO		
Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/25/2025 Name & Address: ALYSSA M ERICSON 8321 PIONEER ST WASHINGTON, MI 48094	_{\$} 125.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer OREILLY RANCILIO		
Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/25/2025 Name & Address DONALD JR DENAULT 15731 MARCIE DR FRASER, MI 48026	_{\$} 125.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer OREILLY RANCILIO		
Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	425.00	1
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

 $_{\text{Page}}\underline{8}_{\text{of}}\underline{10}$

line 3a of Summary Page.



CANDIDATE COMMITTEE

137189 1. Committee I.D. Number

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 06/25/2025 Name & Address: KASZUBSKI MARC		
1096 BROMPTON RD	_s 250.00	_{\$} 250.00
ROCHESTER HILLS, MI 48309	<u>\$ 230.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer OREILLY RANCILIO		
Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/25/2025 Name & Address		
CHARLES TURNBULL		
53957 SUTHERLAND CT	° 125.00	_{\$} 125.00
SHELBY TWP, MI 48316	\$ <u> </u>	\$ 1 20100
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer OREILLY RANCILIO		
Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/25/2025		
Name & Address: Solution NATHAN PETRUSAK		
13738 GRANDEUR AVE	_{\$} 125.00	_{\$} 125.00
SHELBY TWP, MI 48315	φ	\$ 120.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer OREILLY RANCILIO		
Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/25/2025		
Name & Address BRIAN GRANT		
46563 MARINER DR	105.00	105.00
MACOMB, MI 48044	_{\$} 125.00	_{\$_} 125.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer OREILLY RANCILIO		
Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	625.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 9 of 10	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 <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? YES 4. Date of Receipt 06/26/2025 Name & Address: KELLY EASTMAN 1005 N BLAIR AVE ROYAL OAK, MI 48067	_{\$} 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		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/27/2025 Name & Address STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON VLG, MI 48348	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation CIVIL ENGINEER Employer AEW		
Business Address 51301 SCHOENHERR RD, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/27/2025 SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304	§ 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation CIVIL ENGINEER Employer AEW ENGINEERS		
Business Address 51301 SCHOENHERR RD, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/27/2025 Name & Address AMANDA EASTMAN 2866 PHEASANT RING DR ROCHESTER HILLS, MI 48309	_{\$} 125.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide:		
Occupation GARTNER Employer EXECUTIVE		
Business Address 2866 PHEASANT RING DR, PHEASANT RING, MI 48309		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	725.00	_

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

8,680.00

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 AMAZON Address	Purpose: STATIONARY FOR INVITES Check box if this expenditure is payment of	05/16/2025 Date	\$ 52.01
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2 Name OFFICE DEPOT Address 44835 SCHOENHERR RD	Purpose: PRINTER INK	05/18/2025 Date	\$ <u>42.51</u>
STERLING HEIGHTS, MI 48313 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name USPS Address 16925 MASONIC	Purpose: POSTAGE	05/20/2025 Date	\$ <u>73.00</u>
FRASER, MI 48026 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name AMAZON Address	Purpose: THANK YOU NOTES	05/20/2025 Date	\$ <u>21.19</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name AMERICAN POLISH CENTURY CLUB Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312	Purpose: FESTIVAL SIGN	05/29/2025 Date	\$ <u>100.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	288.71
	Grand Total of all S (Complete on last page		

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 137189

2 Committee Name CTE MARIA G. SCHMIDT

	oninillee name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name USPS		06/17/2025	\$ 73.00
Address	Purpose: POSTAGE	Date	Ψ <u>70.00</u>
Address 16925 MASONIC	Purpose:		
FRASER, MI 48026			
, , , , , , , , , , , , , , , , , , , ,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
Name MEIJER		06/18/2025	\$ 6.36
Address	Purpose: SUPPLIES FOR FUNDRAISER	Date	
Address 34835 UTICA RD	ruipose.		
FRASER, MI 48026			
THOSE II, WILLIAMS	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
·			
Name VINCE AND JOES MARKET		06/20/2025	\$ 74.19
Address	Purpose: SUPPLY FOR FUNDRAISER	Date	Ψ <u>/ Τ. 1 </u>
41790 GARFIELD RD	Fulpose.		
CLINTON TWP, MI 48038			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name C&G NEWSPAPERS		00/00/0005	
ORGINEWOI AI ENG		06/20/2025	\$ 1,140.00
Address	Purpose: AD IN SENTRY	Date	
13650 E 11 MILE RD			
WARREN, MI 48089			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	- Catomonic		
Name SAM'S CLUB		06/24/2025	¢ 60 60
Address	Purpose: FUNDRAISER SUPPLIES	Date	\$ <u>69.60</u>
45600 UTICA PARK BLVD			
UTICA, MI 48315	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	1,363.15
	Grand Total of all S	Schedules 1B	,
	(Complete on last page		

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

2. Committee Name CTE MARIA G. SCHMIDT

Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
3. Name and address of person of vendor to whom paid	4. Fulpose (nequired information)	J. Dale	o. Amount
Expenditure #1			
Name CENTURY BANQUET CENTER		07/01/2025	\$ 1,220.34
	Purpose: FUNDRAISER	Date	Ψ_1,220.0
Address 33204 MAPLE LN DR	Purpose: 1 31131111111111111111111111111111111		
STERLING HEIGHTS, MI 48312			
0 1 1 1 1 1 1 1 1 1	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name			\$
	_	Date	<u> </u>
Address	Purpose:		
	Click	Here for Memo	Itemization Type
			,,
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name			
			\$
Address	Purpose:	Date	
	Click	Hara for Mama	Itamization Tuna
			Itemization Type
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			
		Date	\$
Address	Purpose:	Date	
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Evpanditure #5	Statement		
Expenditure #5			
Name			•
Address	Purpose:	Date	\$
			Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	1 220 34
			1,220.34 2,872.20
	Grand Total of all (Complete on last pag		2,872.20
	(==p.oto oaot pag		

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS 1 Committee LD Number

137189

	i. Committee i.D. Nu	mber	
SCHEDULE 1E		CTE MARIA G. SCHMIDT	
CANDIDATE COMMITTEE	2. Committee Name	OTE MATILA G. GOTTIMIDT	
nis Schedule itemizes:			

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the composition (Chec	mittee OR b. Debrok either a or b. Use only for the po	ts and obligations owed <u>to</u> curpose checked.)	or forgiven <u>by</u> the cor	mmittee.
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 SCHMIDT	4. Type: LOAN 5. Date Debt Was Incurred:	\$		
35755 WOODVILLA	05/30/2003	\$		
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:	Ψ	\$ 0.00	\$_300.00
	\$ 300.00	\$		FORGIVEN
	\$_500.00	\$		FONGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: LOAN	12/17/07\$ 720.00		
ROBERT SCHMIDT 35755 WOODVILLA	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	11/24/2003	\$		000.00
OTEREINATIEIAITTO, WII 40012	6. Original Amount of Debt:	<u> </u>	\$ 720.00	\$_880.00
	_{\$1,600.00}	<u> </u>		FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:	1	Aı	mount Endorsed: \$_	<u>J</u>
Debt #3 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
ROBERT SCHMIDT	5. <u>Date Debt Was Incurred</u> :	\$		
35755 WOODVILLA STERLING HEIGHTS, MI 48312	02/23/2005	\$		
STENEING HEIGHTS, IVII 40312	6. Original Amount of Debt:	\$	\$_0.00	\$_1,000.00
	\$ 1,000.00	Ψ		FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
				2,180.00
		Page Subtota	I (Outstanding debt)	

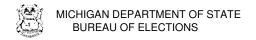
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

2,180.00

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.

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

	4	4	
Page	1	of I	



Summary Page.

Page 1 of 1

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

137189 1. Committee I.D. Number

2. Committee Name CTE MARIA G. SCHMIDT

	- USE A SEPARATE SH	EET FOR EACH EVENT	-
	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. CENTURY BANQUET CENTER
06/25/2025	50	DINNER	33204 MAPLE LN DR STERLING HEIGHTS, MI 4831 Private Residence
Total Contributions	8,680.00		
Other Receipts	0.00		
Gross Receipts (Add lines 7 a	8,680.00		
). Total Cost of Event otal Cost includes In-Kind Con	1,732.00 tributions and All Expenditures	Made For the Event	
	nt fund raiser and complete the	following:	
	nt fund raiser and complete the Contribution S (%)	•	Expenditure Split (%)
. Check if event was a joir	Contribution S	•	
. Check if event was a joir	Contribution S	•	
. Check if event was a joir	Contribution S	•	
. Check if event was a joir	Contribution S	•	
. Check if event was a joir	Contribution S	•	
. Check if event was a joir	Contribution S	•	
. Check if event was a joir	Contribution S	•	

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

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.