



FILED

21 JUL 2025 PM 02:56

MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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: 01/01/2025 to 07/20/2025

1. Committee I.D. Number

137189

4. Candidate Last Name

First Name

M.I.

SCHMIDT

MARIA

G

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

COUNCIL, STERLING HEIGHTS

4b. County of Residence **MACOMB COUNTY**

2. Committee Name

CTE MARIA G. SCHMIDT

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 SCHMIDT
35755 WOODVILLA
STERLING HGTS, MI 48312**

Area Code & Phone (586) 264-9242

7. Treasurer's Business Address

**35755 WOODVILLA
STERLING HGTS, MI 48312**

Area Code and Phone (586) 264-9242

8. Designated Record keeper's Name and Mailing 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

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.)

Date of Election, Convention or Caucus

08/05/2025

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 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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/21/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/21/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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.) \$ <u>8,680.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>8,680.00</u> | (18.) \$ <u>8,680.00</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ <u>0.00</u> | (19.) \$ <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>8,680.00</u> | (20.) \$ <u>8,680.00</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>0.00</u> | (21.) \$ <u>0.00</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ <u>0.00</u> | (22.) \$ <u>0.00</u> |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>2,872.20</u> | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ <u>0.00</u> | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ <u>0.00</u> | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>2,872.20</u> | (23.) \$ <u>2,872.20</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ <u>0.00</u> | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ <u>0.00</u> | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ <u>0.00</u> | (24.) \$ <u>0.00</u> |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ <u>2,180.00</u> | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ <u>0.00</u> | |
| BALANCE STATEMENT | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ <u>2,993.58</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>8,680.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>11,673.58</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>2,872.20</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>8,801.38</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 <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>06/02/2025</u> Name & Address: BRIAN KERN 44044 MERRILL RD STERLING HEIGHTS, MI 48314 | | \$ <u>125.00</u> | \$ <u>125.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>J.G. KERN ENTERPRISES</u> Business Address <u>44044 MERRILL RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: <input 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 4. Date of Receipt <u>06/02/2025</u> Name & Address: LAWRENCE M SCOTT 12900 HALL RD 350 STERLING HEIGHTS, MI 48313 | | \$ <u>250.00</u> | \$ <u>250.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>O'REILLY RANCILIO P.C.</u> Business Address <u>12900 HALL RD, #350, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input 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 4. Date of Receipt <u>06/02/2025</u> Name & Address: GEORGE PARKER 13899 BROUGHAM DR STERLING HEIGHTS, MI 48312 | | \$ <u>30.00</u> | \$ <u>30.00</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/02/2025</u> Name & Address: LARRY CALCATERRA 36900 SCHOENHERR RD STERLING HEIGHTS, MI 48312 | | \$ <u>125.00</u> | \$ <u>125.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>CFO</u> Employer <u>WUJEK - CALCATERRA</u> Business Address <u>36900 SCHOENHERR RD, STERLING HEIGHTS, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal **530.00**

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 <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>06/02/2025</u> | |
| Name & Address: JOHN BOLOGNA 19135 SAXON DR BEVERLY HILLS, MI 48025 | | \$ <u>250.00</u> | \$ <u>250.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER DEVELOPER---PLAZAS</u> Employer <u>SELF</u> Business Address <u>19135 SAXON DR, BEVERLY HILLS, MI 48025</u> Type of Contribution: <input 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 | 4. Date of Receipt <u>06/02/2025</u> | |
| Name & Address: KEVIN DENHA 700 N OLD WOODWARD AVE BIRMINGHAM, MI 48009 | | \$ <u>200.00</u> | \$ <u>200.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>VISION INVESTMENT PARTNERS</u> Business Address <u>700 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input 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 | 4. Date of Receipt <u>06/04/2025</u> | |
| Name & Address: MICHAEL GILSON 37378 VAN DYKE AVE STERLING HEIGHTS, MI 48312 | | \$ <u>200.00</u> | \$ <u>200.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>CROSS ROADS PLAZA</u> Business Address <u>37378 VAN DYKE AVE, STERLING HEIGHTS, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/04/2025</u> | |
| Name & Address: ALAN CASMERE 33400 MAPLE LN DR STERLING HEIGHTS, MI 48312 | | \$ <u>200.00</u> | \$ <u>200.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>FRIENDLY OUTDOOR STORAGE</u> Business Address <u>33400 MAPLE LN DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> 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

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

Page Subtotal **1,100.00**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 137189
2. Committee Name CTE MARIA G. SCHMIDT

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|--|--|--------------------|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/12/2025</u> Name & Address: PHILIP P RUGGERI 43231 SCHOENHERR RD STERLING HEIGHTS, MI 48313 | | \$ <u>500.00</u> | \$ <u>500.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input 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 4. Date of Receipt <u>06/12/2025</u> Name & Address: DINO JUNCEVIC 52756 BLUE RIDGE DR SHELBY TWP, MI 48316 | | \$ <u>2,000.00</u> | \$ <u>2,000.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>UTIC VAN DYKE TOWING</u> Business Address <u>43500 UTICA RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: <input 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 4. Date of Receipt <u>06/18/2025</u> Name & Address: TONY J GALLO 6303 26 MILE RD WASHINGTON, MI 48094 | | \$ <u>125.00</u> | \$ <u>125.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER/BUILDER</u> Employer <u>SELF</u> Business Address <u>6303 26 MILE RD, WASHINGTON, MI 48094</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/19/2025</u> Name & Address: SARAH BONNER 4875 SAWGRASS DR W ANN ARBOR, MI 48108 | | \$ <u>125.00</u> | \$ <u>125.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal 2,750.00

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 <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>06/20/2025</u> Name & Address: RALPH MACCARONE III 13921 BASILISCO CHASE DR SHELBY TWP, MI 48315 | | \$ <u>100.00</u> | \$ <u>100.00</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/20/2025</u> Name & Address: IQBAL SINGH P.O BOX 1281 STERLING HEIGHTS, MI 48311 | | \$ <u>125.00</u> | \$ <u>125.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input 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 4. Date of Receipt <u>06/24/2025</u> Name & Address: JOHN FENN 13288 LILLIAN LN STERLING HEIGHTS, MI 48313 | | \$ <u>125.00</u> | \$ <u>125.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2025</u> Name & Address: NICK NAJJAR 850 STEPHENSON HWY TROY, MI 48083 | | \$ <u>125.00</u> | \$ <u>125.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>REALESTATE</u> Employer <u>SELF EMPLOYED</u> Business Address <u>850 STEPHENSON HWY, TROY, MI 48083</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal **475.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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|---|---|--------------------------------------|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/25/2025</u> | |
| Name & Address: PASHKO UJKIC 38346 PHYLLIS CT STERLING HEIGHTS, MI 48312 | | \$ <u>200.00</u> | \$ <u>200.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>CHEF</u> Employer <u>DODGE PARK CONEY ISLAND</u> Business Address <u>35252 DODGE PARK RD, STERLING HEIGHTS, MI 48312</u> Type of Contribution: <input 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 | 4. Date of Receipt <u>06/25/2025</u> | |
| Name & Address: BRUE LIKOWSKI 2809 GALWAY BAY DR METAMORA, MI 48455 | | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/25/2025</u> | |
| Name & Address: CTE JOE ROMANO 12236 GRINDLEY DR STERLING HEIGHTS, MI 48312 | | \$ <u>100.00</u> | \$ <u>100.00</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/25/2025</u> | |
| Name & Address: MICHAEL NOTTE 48728 JAMIE CIR SHELBY TWP, MI 48317 | | \$ <u>100.00</u> | \$ <u>100.00</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal **450.00**

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 <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>06/25/2025</u> | |
| Name & Address: MICHAEL C TAYLOR 14986 PARKVIEW CT STERLING HEIGHTS, MI 48313 | | \$ <u>500.00</u> | \$ <u>500.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GIARMARCO MULLINS & HORTON PC</u> Business Address <u>101 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: <input 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 | 4. Date of Receipt <u>06/25/2025</u> | |
| Name & Address: FREDERICK STEFFEN 19240 WOODMONT ST HARPER WOODS, MI 48225 | | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/25/2025</u> | |
| Name & Address: LISA HARNESS 14143 BRANDYWINE RD STERLING HEIGHTS, MI 48312 | | \$ <u>100.00</u> | \$ <u>100.00</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/25/2025</u> | |
| Name & Address: DOREEN POTOPA 35411 KENSINGTON AVE STERLING HEIGHTS, MI 48312 | | \$ <u>100.00</u> | \$ <u>100.00</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal 750.00

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 <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>06/25/2025</u> Name & Address: LISA FUDALA 15769 ASPEN DR MACOMB, MI 48044 | | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2025</u> Name & Address: ALEXANDER HISHON 69753 CRIMSON CT BRUCE TWP, MI 48065 | | \$ <u>125.00</u> | \$ <u>125.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OREILLY RANCILIO</u> Business Address <u>12900 HALL RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input 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 4. Date of Receipt <u>06/25/2025</u> Name & Address: ALYSSA M ERICSON 8321 PIONEER ST WASHINGTON, MI 48094 | | \$ <u>125.00</u> | \$ <u>125.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OREILLY RANCILIO</u> Business Address <u>12900 HALL RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2025</u> Name & Address: DONALD JR DENAULT 15731 MARCIE DR FRASER, MI 48026 | | \$ <u>125.00</u> | \$ <u>125.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OREILLY RANCILIO</u> Business Address <u>12900 HALL RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal 425.00

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 <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>06/25/2025</u> Name & Address: KASZUBSKI MARC 1096 BROMPTON RD ROCHESTER HILLS, MI 48309 | | \$ <u>250.00</u> | \$ <u>250.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OREILLY RANCILIO</u> Business Address <u>12900 HALL RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input 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 4. Date of Receipt <u>06/25/2025</u> Name & Address: CHARLES TURNBULL 53957 SUTHERLAND CT SHELBY TWP, MI 48316 | | \$ <u>125.00</u> | \$ <u>125.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OREILLY RANCILIO</u> Business Address <u>12900 HALL RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input 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 4. Date of Receipt <u>06/25/2025</u> Name & Address: NATHAN PETRUSAK 13738 GRANDEUR AVE SHELBY TWP, MI 48315 | | \$ <u>125.00</u> | \$ <u>125.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OREILLY RANCILIO</u> Business Address <u>12900 HALL RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2025</u> Name & Address: BRIAN GRANT 46563 MARINER DR MACOMB, MI 48044 | | \$ <u>125.00</u> | \$ <u>125.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>OREILLY RANCILIO</u> Business Address <u>12900 HALL RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal 625.00

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 <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>06/26/2025</u> Name & Address: KELLY EASTMAN 1005 N BLAIR AVE ROYAL OAK, MI 48067 | | \$ <u>100.00</u> | \$ <u>100.00</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2025</u> Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON VLG, MI 48348 | | \$ <u>250.00</u> | \$ <u>250.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>AEW</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: <input 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 4. Date of Receipt <u>06/27/2025</u> Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304 | | \$ <u>250.00</u> | \$ <u>250.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>AEW ENGINEERS</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2025</u> Name & Address: AMANDA EASTMAN 2866 PHEASANT RING DR ROCHESTER HILLS, MI 48309 | | \$ <u>125.00</u> | \$ <u>125.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>GARTNER</u> Employer <u>EXECUTIVE</u> Business Address <u>2866 PHEASANT RING DR, PHEASANT RING, MI 48309</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal **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 <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>STATIONARY FOR INVITES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/16/2025</u> Date | \$ <u>52.01</u> |
| Expenditure #2 Name OFFICE DEPOT Address 44835 SCHOENHERR RD STERLING HEIGHTS, MI 48313 <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>PRINTER INK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/18/2025</u> Date | \$ <u>42.51</u> |
| Expenditure #3 Name USPS Address 16925 MASONIC FRASER, MI 48026 <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>05/20/2025</u> Date | \$ <u>73.00</u> |
| Expenditure #4 Name AMAZON Address <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>THANK YOU NOTES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/20/2025</u> Date | \$ <u>21.19</u> |
| Expenditure #5 Name AMERICAN POLISH CENTURY CLUB Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser | Purpose: <u>FESTIVAL SIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/29/2025</u> Date | \$ <u>100.00</u> |

Subtotal this page

288.71

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

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

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|--------------------|--------------------|
| Expenditure #1 Name USPS Address 16925 MASONIC FRASER, MI 48026 <input checked="" type="checkbox"/> Fund Raiser | Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 06/17/2025 Date | \$ 73.00 |
| Expenditure #2 Name MEIJER Address 34835 UTICA RD FRASER, MI 48026 <input checked="" type="checkbox"/> Fund Raiser | Purpose: SUPPLIES FOR FUNDRAISER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 06/18/2025 Date | \$ 6.36 |
| Expenditure #3 Name VINCE AND JOES MARKET Address 41790 GARFIELD RD CLINTON TWP, MI 48038 <input type="checkbox"/> Fund Raiser | Purpose: SUPPLY FOR FUNDRAISER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 06/20/2025 Date | \$ 74.19 |
| Expenditure #4 Name C&G NEWSPAPERS Address 13650 E 11 MILE RD WARREN, MI 48089 <input type="checkbox"/> Fund Raiser | Purpose: AD IN SENTRY <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 06/20/2025 Date | \$ 1,140.00 |
| Expenditure #5 Name SAM'S CLUB Address 45600 UTICA PARK BLVD UTICA, MI 48315 <input type="checkbox"/> Fund Raiser | Purpose: FUNDRAISER SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 06/24/2025 Date | \$ 69.60 |

Subtotal this page **1,363.15**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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**

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|--|---------------------------|--------------------|
| Expenditure #1 Name CENTURY BANQUET CENTER Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 <input checked="" type="checkbox"/> Fund Raiser | Purpose: FUNDRAISER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 07/01/2025 Date | \$ 1,220.34 |
| 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 **1,220.34**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2,872.20**

Enter this total
on line 8a of
Summary Page



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: ROBERT SCHMIDT 35755 WOODVILLA STERLING HEIGHTS, MI 48312 | 4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/30/2003</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 #2 Corp? <input type="checkbox"/> Yes Owed to or by: ROBERT SCHMIDT 35755 WOODVILLA STERLING HEIGHTS, MI 48312 | 4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/24/2003</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: \$ <u>0</u> | | | | |
| Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: ROBERT SCHMIDT 35755 WOODVILLA STERLING HEIGHTS, MI 48312 | 4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/23/2005</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
(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.



**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>06/25/2025</u> | 4. Number of Individuals Attending or Participating (whichever is greater) <u>50</u> | 5. Type of Fund Raising Activity <u>DINNER</u> | 6. Address and Name (If any) of the place where the activity was held. CENTURY BANQUET CENTER 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Private Residence |
|---|---|---|--|

7. Total Contributions 8,680.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 8,680.00
10. Total Cost of Event 1,732.00
(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 (%) |
|---------------|---------------------------|--------------------------|
| <hr/> | <hr/> | <hr/> |
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| <hr/> | <hr/> | <hr/> |

- 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.