



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10/22/2007 To: 11/26/2007
Mo Day Year Mo Day Year

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)

Sterling Hgts City Council

4b. County of Residence

Macomb

Driver License # (Optional)

5. Committee's Mailing Address

35755 Woodville
Sterling Hgts, MI 48312
Area Code and Phone 248 9242 (586)

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
35755 Woodville
Sterling Hgts MI 48312
Area Code and Phone (586) 248-9242

Driver License # (Optional)

7. Treasurer's Business Address

Area Code and Phone ()

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone ()

Driver License # (Optional)

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

Nov 6 2007
Month Day Year

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

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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

Robert J. Schmidt

Signature

Date

12/15/07
Mo Day Year

Candidate

Maria G. Schmidt

Type or Print Name

Signature

Date

12/15/07
Mo Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 137189
2. Committee Name CTE Maria G. Schmidt

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>8</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>8</u>	(18.) \$ <u>6043.55</u>
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$ <u>8</u>	(19.) \$ <u>8</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>8</u>	(20.) \$ <u>6043.55</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>8</u>	(21.) \$ <u>8</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>8</u>	(22.) \$ <u>8</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2112.59</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>8</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>8</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2112.59</u>	(23.) \$ <u>6899.36</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>8</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>8</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>8</u>	(24.) \$ <u>8</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>2900.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>8</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>4448.89</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>8</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4448.89</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2112.59</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2336.30</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.
Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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 (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Manhattan Mailers + Printers</u> Address <u>51132 Milano Dr</u> <u>Macomb, MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage + mailing Service</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/07</u>	<u>718.78</u>
Expenditure #2 Name <u>American Graphics</u> Address <u>34895 Groesbeck Hwy</u> <u>Clinton Twp, MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>printing Postcards</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/07</u>	<u>283.50</u>
Expenditure #3 Name <u>Manhattan Mailers + Printers</u> Address <u>51132 Milano dr</u> <u>Macomb, MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage + mailing Service</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/07</u>	<u>1085.31</u>
Expenditure #4 Name <u>CTE Joseph V Romano</u> Address <u>11236 Grindley</u> <u>Sterling Hgts, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Re-Emburse for Pastor's Election night</u> Expenditure Code <u>EN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/7/07</u>	<u>25.00</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

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

2112.59

2112.59

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 (Indicate type and you may assign an expenditure code) 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 Owed <u>to</u> or by: <u>Robert J. Schmidt</u> <u>35755 Woodville</u> <u>Sterling Hgts, MI 48312</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>1/24/03</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1600.00</u>	\$ \$ \$ \$ \$	\$ <u>8</u>	\$ <u>1600.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				
Debt #2 Owed <u>to</u> or by: <u>Robert J. Schmidt</u> <u>35755 Woodville</u> <u>Sterling Hgts, MI 48312</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>5/30/03</u> 6. <u>Original Amount of Debt:</u> <u>\$ 300.00</u>	\$ \$ \$ \$ \$	\$ <u>8</u>	\$ <u>300.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				
Debt #3 Owed <u>to</u> or by: <u>Robert J. Schmidt</u> <u>35755 Woodville</u> <u>Sterling Hgts, MI 48312</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>2/23/05</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1000.00</u>	\$ \$ \$ \$ \$	\$ <u>8</u>	\$ <u>1000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				

Page Subtotal (Outstanding debt)

2900.00

Grand Total of all Schedules 1E

2900.00

(Complete on last page of Schedule showing amounts owed by or to the committee)

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.