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: 10/19/09 (Mo Day Year) To: 11/23/09 (Mo Day Year)

1. Committee I.D. Number
137189

2. Committee Name
CTE Maria Gr. Schmidt

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

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 Woodvilla Dr
Sterling Hgts, MI 48312
Area Code and Phone (586) 264-9242

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
Robert J. Schmidt
35755 Woodvilla Dr
Sterling Hgts MI 48312
Area Code & Phone (586) 264-9242
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 (Month) 3 (Day) 2009 (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 1D 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: ROBERT J SCHMIDT (Type or Print Name) (Signature) Date (Mo Day Year)

Candidate: Maria Gr. Schmidt (Type or Print Name) (Signature) Date (Mo Day Year)

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999

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.) $	0	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	0	(18.) $ 5375.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	0	(19.) $ 282.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	0	(20.) $ 5657.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	0	(21.) $ 0
7. In-Kind Expenditures (Schedule 1B IK, Column 8)	(7.) $	0	(22.) $ 0
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 8)	(8a.) $	1333.74	
b. Itemized Get-Out the-Vote (Schedule 1B-G)	(8b.) $	0	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	1333.74	(23.) $ 4354.64
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 8)	(10a.) $	0	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0	(24.) $ 0
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $	2180.00	
b. Owed to the Committee (Schedule 1F)	(12b.) $	0	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	3129.50
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	0
15. SUBTOTAL Add lines 13 and 14	(15.) = $	3129.50
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	1333.74
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	1795.76

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 Manhattan Mailers Address 51132 Milano Macomb, MI 48042 ☐ Fund Raiser	Purpose: Lit Mailing - Poll Expenditure Code MA ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/09	1103.27
Expenditure #2 Name American Graphics Address 34895 Groesbeck Clinton Twp, MI 48035 ☐ Fund Raiser	Purpose: Slate Cards Expenditure Code PA ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/1/09	105.47
Expenditure #3 Name Ea Graphics Address PO Box 595 Sterling Hgts, MI 48311 ☐ Fund Raiser	Purpose: Signs Expenditure Code SA ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/23/09	125.00
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Expenditure Code _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Expenditure Code _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page	1333.74
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1333.74

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 137189

2. Committee Name CIE. Maria G. Schmidl

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (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 Corp? ☐ Yes Owed to or by: Robert J. Schmidl 35755 Woodvilla Sterling Hgts, MI 48312 If bank loan, name of endorser or guarantor:	4. Type: loan 5. Date Debt Was Incurred: 11/24/03 6. Original Amount of Debt: $ 1600.00	12/4/07 $ 720.00 $ $ $ $	$ 720.00	$ 880.00 ☐ FORGIVEN Amount Endorsed: $
Debt #2 Corp? ☐ Yes Owed to or by: Robert J. Schmidl 35755 Woodvilla Sterling Hgts, MI 48312 If bank loan, name of endorser or guarantor:	4. Type: loan 5. Date Debt Was Incurred: 5/30/03 6. Original Amount of Debt: $ 300.00	$ $ $ $ $	$ 0	$ 300.00 ☐ FORGIVEN Amount Endorsed: $
Debt #3 Corp? ☐ Yes Owed to or by: Robert J. Schmidl 35755 Woodvilla Sterling Hgts, MI 48312 If bank loan, name of endorser or guarantor:	4. Type: loan 5. Date Debt Was Incurred: 2/23/05 6. Original Amount of Debt: $ 1000.00	$ $ $ $ $	$ 0	$ 1000.00 ☐ FORGIVEN Amount Endorsed: $

Page Subtotal (Outstanding debt) 2180.00

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) 2180.00

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.