

MICHIGAN DEPARTMENT OF STATE

CANDIDATE COMMITTEE COVER PAGE

PILED

05 OCT 27 AM IO: 29

MACOHO COUNTY CUGH 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: CHGALOO To: 10 23 7005 |
|--|--|
| 1. Committee I.D. Number 137189 2. Committee Name Committee to Elect Maria G. Schmidt | 4. Cand date Last Name First Name M.I. Schmidt Maria 4a. Office Sought Including District # or Community Served (If applicable) Lity Council Sterling Heights 4b. County of Residence Driver License # (Optional) |
| 5. Committee's Mailing Address 35755 WOODU ITA 51212 Area Code and Phone 2L4-9242 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 1 obert 5. Schmidt 35755 Woodvilla Sterling Itsts MI Area Code & Phone (Solo) 244 9242 Driver License # (Optional) |
| 7. Treasurer's Business Address Same 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. Pos Pre-Election or Post-Election Statement relates to: Primary Ge Convention School Special Gar Date of Election, Convention or Caucus 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 other than 10 to 10 |
| A committee that does not have a Reporting Waiver must file Schedules. Direct contributions, in-kind contributions, loans, if any of the information listed in items 2, 4, 5, 6, 7, or 8 has d amendment to the Statement of Organization should accompute before the filling deadline of a required campaign statement. | all required Campaign Statements. The Campaign Statements must include all applicable expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. naringed sinde the information was shown on the committee's Statement of Organization, an any this Campaign Statement. If a request for a Reporting Waiver is not received on or not, that campaign statement cannot be waived. |
| 10. Vertification: I/We certify that all reasonable diligence was my/our knowledge and belief the contents are true, accurate a Current Treasurer or Designated Record keeper Robert J. Schm. Type or Print Name Candidate Mayi a G. Schm. Qt | used in the preparation of this statement and attached schedules (if any) and to the best of indicomplete. Used in the preparation of this statement and attached schedules (if any) and to the best of indicomplete. Date 10 / 24 / 05 |

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999

1. Committee I.D. Number 2. Committee Name

MICHIGAN DEPARTMENT OF STATE Bureau of Elections

| SUMMARY PAGE | | Column II |
|--|---|---|
| CANDIDATE COMMITTEE | Column I | Cumulative this election cycle |
| EIPTS | This Period | |
| Contributions | (3a.) \$ <u>\$255.00</u> | |
| a Itemized (Schedule 1A - Column 6) | Ø | |
| b. Uniternized (less than \$20.01 each - no Schedule) | (3b.) \$ 8255.00 | (18.) \$ |
| c. Subtotal of "Contributions" | 6 | (19.) \$ |
| Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | (20.) \$ |
| TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ | · |
| 1-KIND CONTRIBUTIONS & EXPENDITURES | _ <i>K</i> | (21.) \$ |
| . In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ | (22.) \$ |
| '. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ | |
| EXPENDITURES | | |
| 8. Expenditures | 111712.25 | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ | |
| c. Uniternized (less than \$50.01 each - no Schedule) | (8c) \$ -4171,.25 | (23-) \$ |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>11.10.1</u> | |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements a. ttemized (Schedule 1C, Column 6) | (noa.) \$ | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ | _ |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | 11.) \$ | (24.) \$ |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | (12a)\$ 2960.00 | |
| a. Owed by the Committee (Schedule 1E) | (1ca.) w | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ | |
| | BALANCE STATEMENT | • |
| 13. Ending Balance of last report filed | (13.) \$ 83.77 | |
| (Enter zero if no previous reports nave been mean) | (14.)+\$ 8255.00 | |
| (Line 5, Total Contributions & Other Receipts) | (15.)=\$8338.77 | <u> </u> |
| HE CHOTOTAL Add lines 13 and 14 | (16.) - \$ 4176.25 | |
| 16 Amount expended during reporting period | (10.)- 1 -111111111111111111111111111111111 | |
| (Add lines 9 and 11) 17. ENDING BALANCE | (17.) \$ 4167.56 | ar Herena de la compania |
| (Subtract line 16 from line 15) NOTE: Direct contributions, in-kind contributions, loans, expen | | |

expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold. of communities, in this contribution, is desired with this statement. If your ending balance is negative, please recheck your math, Authority granted under P.A. 388 of 1976 CFR Rev 7/1999c-sum



| 1. Committee I.D. Number | | 137189 | | |
|--------------------------|-----|--------|---|-----------|
| 2 Committee Name | 119 | Maria | 1 | S. ha. It |

| CANDIDATE CONTINUE TEE | | DI, 3 - 1 - 1 Cloud |
|---|-----------|---|
| 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 from committees 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 3 19 105 | | |
| Name: Nick Najjar | | |
| Address: 2114 Meadow Reed | | |
| Address: 2114 Meadow Reed 5terling Hgts, MI 48314 5. If over \$100.00 cumulative, please provide: | • | : |
| Occupation Sales Employer Century 21 - Travis | | |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 60.00 | |
| 3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3 / 9 / 9 \ | 60.00 | |
| Name: Valiena Allison | | |
| | | |
| Address: 102 lettord or | | f. |
| Address: 102 Telford Dr Troy MI 48098 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | | |
| pe of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 100.00 | |
| Contribution #3 PAC Receipt? □ YES 4. Date of Receipt 3/19/0< | | |
| Name Joseph D'Angelo | | |
| Address: 7659 Auburn Rd | · | |
| 5. If over \$100.00 cumulative, please provide: | | * * * * * * * * * * * * * * * * * * * |
| Occupation Builder Employer ARROW Building Co | | |
| Business Address 7159 Auburn Utica MT 4317 Type of Contribution: Direct Loan from a person Prund Raiser | 200.00 | |
| 3. Contribution #4 PAC Receipt? TYES 4. Date of Receipt 3/19/05 Name: Alan B. Casmere | | |
| Address: 28836 Panama Rol | | · |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Real Estate Employer Maple ane Properties | | |
| Business Address Sterling Hats MI | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 240.00 | : |
| Page Subtotal | | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | 600.00 | |
| | | |
| | | |

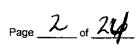


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

| 1. Committee I.D. Number | 137189 | |
|--------------------------|-----------|---------|
| 2. Committee Name CTE | Maria 61. | Schmidt |

| GARDIDATE 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 from committees 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 3 22 65 | | date of receipt) |
| Name: Timothy Malone | | |
| Address: 14708 Carmel | | |
| Address: 14708 Carme (Sterling Hots, MI 48212 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Probation officer Employer Macomb Dept of Corrections | | |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 120.00 | : |
| 3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3/12105 | | |
| Name: Sam Dorchen | | |
| Address: 29895 Greenfield South field, MI 48076 5. If over \$100.00 cumulative, please provide: | | |
| Southfield, MI 480+16 | | |
| | | |
| Occupation Architect/Planner Employer Selt | | |
| Business Address 29895 Green field Southfield MI48076 | } | 1 |
| pe of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 60.00 | ; |
| 3. Contribution #3 PAC Receipt? □ YES 4. Date of Receipt 3/22/05 | | |
| Name: Fazludlah m. Khan | | |
| Address: 5238 Windon!! Troy MI 48085 | | : |
| 5. If over \$100.00 cumulative, please provide: | | , |
| Occupation Engineer Employer Self | | Y . |
| Business Address 43345 Schoenherr St. Hats MI48313 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | 120.00 | ; 15 |
| 3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 3/24/05 Name: Lou Backus | | |
| Address: 45550 Vanker Ave | | |
| LHICA, MI 48317 5. If over \$100.00 cumulative, please provide: | | `` |
| OccupationEmployer | | |
| Business Address | ·/ | 1 |
| Type of Contribution: Direct Loan from a person Drund Raiser | 60.00 | į |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | 360.00 | |
| - | | |
| | Enter this total on | ↓ |

line 3a of Summary Page





| 1. Committee I.D. Nuп | iber | 137189 | | | |
|-----------------------|------|--------|----------|---------|---|
| 2. Committee Name | 175 | Maria | <u>C</u> | Schmidt | L |

| CANDIDATE COMMITTEE | C CIMIA | A. Derimai |
|---|-----------|---|
| 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 from committees 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 3/24/o≤ | - | |
| Name: Maurice Janowitz Address: 31333 W. 13 mile nd Farmington Hilk MI 48334 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | 100.00 | |
| 3. Contribution #2 PAC Receipt? □ YES 4. Date of Receipt 5/24/25 | | |
| Name: Marlene Oliver Address: 3492 Sutton Place Bloom field, MI 48301 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| siripioyor | | |
| Pusiness Address | 100.00 | |
| 3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 3/24/05 | | |
| Name: Larry Calcaterra | , | |
| Address: | | |
| 5. If over \$100.00 cumulative, please provide: | · | |
| Λ | | |
| Occupation tynneral Director Employer Wujek - Calcaterra Jungeral Business Address 36900 Schoenheir Sterling HSts NL 48312 Type of Contribution: Direct Loan from a person Prund Raiser | 120.00 | |
| 3. Contribution #4 PAC Receipt? □ YES 4. Date of Receipt うなする | | |
| Address: 34911 Van Dyke | | |
| 5. If over \$100.00 cumulative, please provide: | , | · |
| Occupation Hotel Mga Employer Sterling Inn | | |
| Business Address 34911 Van Dyke Sterling Hyts 48317 Type of Contribution: Direct Loan from a person Fund Raiser | 120.00 | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | 440.00 | : |
| | | |

Enter this total on line 3a of Summary Page

Page 3 of 24

Authority granted under P.A. 388 of 1976





| 1. Committee I.D. Number | 137189 | 3 | | |
|--------------------------|--------|-----|----|--|
| 2 Committee Name PTG | Made | 5.1 | 1. | |

| CANDIDATE COMMITTEE | C THAT'S | . Compai |
|---|-----------|--|
| 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 from committees 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 3/24/65 | · · | |
| Name: John Balogna Jr | * | |
| Address: 10125 Sayon Dr | | |
| Address: 19135 Saxon Dr Beverly Hills, MI 48025 5. If over \$100.00 cumulative, please provide: | | |
| Occupation RealEstate/Developer Employer Bries Property | | |
| Business Address 19135 SAxon Dr. Beverly Hills MI48025 | | į. |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 120.00 | |
| 3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3/21/05 | | |
| Name: Lillian Cidams, Address: 8155 Clay Ct. Sterling HSTS MI 48313 5. If over \$100.00 cumulative, please provide: | | • |
| Sterling Hists MI 483/3 | | |
| \cdot | | : : |
| OccupationEmployer | | |
| Business Address | | • |
| pe of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 60.00 | |
| 3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 3/26/6< | | |
| Name: Eugene Jetts | | |
| Address: 37177 Mound Rd | | ; ; |
| Address: 37177 Mound Rd 5. If over \$100.00 cumulative, please provide: | , | ; ; |
| Occupation <u>Gelf</u> <u>Employer</u> <u>Jets Pizzn</u> | | ; |
| Business Address 37177 Mound Sterling Hst mt 46310. Type of Contribution: □ Direct □ Loan from a person □ Fund Raiser | 150.00 | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3/26/05 Name: AN Thony Marrocco | | |
| | | : |
| Address: 39655 Movau and L Clinton Two, MI 48036 5. If over \$100.00 cumulative, please provide: | | : |
| Occupation Employer | | : |
| Business Address | , , | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 60.00 | : : |
| Page Subtotal | | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | 390.00 | i 2. |
| | | |
| i | L | 4 |

Enter this total on line 3a of Summary Page

Page 4 of 244





| 1. Committee I.D. Number | 137189 | | |
|--------------------------|-----------|--|-----|
| 2.0 | . Maria c | | م ا |

| CANDIDATE COMMITTEE | <u></u> | 1. 20 11/10(1 |
|---|-----------|---|
| 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 from committees 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 3 24 05 | | date of receipt) |
| Name: James Giftos | | |
| Address: 27947 Groesbeck Hwy | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 75.00 | |
| 3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3/24/05 | | |
| Name: Armenag Kalaydjian | | • . |
| Address: 845 Overhard Ridge Rd | | ÷ |
| Name: Armenag Kalaydjian Address: 845 Overhard Ridge Rd 5. If over \$100.00 cumulative, please provide: | | • : |
| Occupation Self Employer liberty Park | | |
| Business Address | _ | |
| pe of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 200.00 | |
| 3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 3/26/05 | | |
| Name: SK TEJROUI | | : |
| Address: 8000 Ford Country lane | | i |
| Address: 8000 Ford Country lane Starling HSTS MI 48313 5. If over \$100.00 cumulative, please provide: | | : : |
| Occupation Auto Degler Employer Jerome Duncantord | | ; ; ; |
| Business Address BOOD Ford Country ane St. Het MT 403/3 Type of Contribution: Direct Loan from a person Fund Raiser | 60.00 | |
| 3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 3/26/65 | | |
| Name: Joan Lepine | | € ' |
| Address: 14727 Howell Ct | | : |
| Address: 14732 Howell CT Sterling Hots, MI 48312 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | | : : |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 435.00 | |
| Page Subtotal | 1 - | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | 435.00 | : : |
| | <u> </u> | |

Enter this total on line 3a of Summary Page

Page <u>5</u> of <u>4</u>

Authority granted under P.A. 388 of 1976





| 1. Committee I.D. Numb | er | 137189 | |
|------------------------|-----|----------|---------|
| 2. Committee Name | 148 | 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 from committees 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 3/30/05 | | usio or rodolpt) |
| Name Pully Lenine | | |
| Name: Rudy Lepine Address: 14732 Howel Ct Sterling Hols, MI 48312 | | ! |
| Address: 14 FDZ Flore III 48312 | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 60.00 | 160.00 |
| 3. Contribution #2 PAC Receipt? ロ YES 4. Date of Receipt 4/1 10ら | | |
| Name: Brian Kern | | · |
| Address: 54482 Ridgener 48316 | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | | |
| pe of Contribution: Direct Loan from a person Fund Raiser | 100.00 | : |
| 3. Contribution #3 PAC Receipt? VYES 4. Date of Receipt 4/1/05 | | |
| | | |
| Name: SHP6A | | , |
| Address: P.OBOY 546 Sterling Hots mt 48311 5. If over \$100.00 cumulative, please provide: | | |
| Sterling Hots, MI 48311 | | |
| 5. If over \$100.00 cumúlative, please provide: | | |
| OccupationEmployer | | |
| Business Address | , | |
| Type of Contribution: Direct Loan from a person Fund Raiser | 240.00 | ± 1 2 |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/1/05 | | |
| Name: Bill Froling J | | , |
| Address: 3715 E 15 mile Rd | | į |
| 5. If over \$100.00 cumulative, please provide: | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation <u>Self Employed</u> Employer titan Construction | | 10 11 |
| Business Address 3715 15 mile ed 5t Hoto 463/0 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 120.00 | |
| Page Subtotal | | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | 520.00 | |
| (complete on last page of Galledule) | <i></i> | |
| | | |
| | | ; |

Enter this total on line 3a of Summary Page

Page 6 of 24

Authority granted under P.A. 388 of 1976



| 1. Committee I.D. Number | · | 5+189 | |
|--------------------------|-----|---------|---------|
| 2. Committee Name | 118 | maria 6 | Schmidt |

| CANDIDATE COMMITTEE | <u> </u> | - C). JOI IT |
|---|--------------|---|
| 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 from committees 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 ☐ ☐ ☐ ☐ | | data of receipt |
| Name: Robert abratowski | | ; ; |
| Address: 30406 WEST more | | <u>}</u> |
| Address: 30406 WESTmore madison HSts, MI 48071 5. If over \$100.00 cumulative, please provide: | | is : |
| Occupation Employer | | 1 |
| Business Address | | |
| Business Address | 100,00 | |
| 3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 4/2/o5 | | |
| Name: Richard Mueller | | • t |
| Address: 3504 Shakespeare, | | <u> </u> |
| Address: 3504 Shakespeare, Troy mI 48084 5. If over \$100.00 cumulative, please provide: | | ; ; |
| OccupationEmployer | | 1 |
| Business Address | | |
| pe of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 60.00 | į |
| 3. Contribution #3 PAC Receipt? VZYES 4. Date of Receipt 4405 | ` | |
| Name: TEAMSters 214 PaCommittee | | |
| Address: 2741 Trumbull Ave | | |
| Address: 2741 Trumbull Ave. Detroit, MI 4821C 5. If over \$100.00 cumulative, please provide: | | : |
| | İ | : : |
| OccupationEmployer | | |
| Business Address | 7 . (| į. |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 240,00 | • |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 14/65 Name: A Dorno Piccioni | | |
| Address: ZIVOD Novi Rd # 700 | | : : : |
| 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | · | |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 100,00 | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | 500.60 | |
| | | : |
| | | |

Enter this total `on line 3a of Summary Page

Page 7 of 24

Authority granted under P.A. 388 of 1976



| 1. Committee I.D. Number | 137189 | |
|--------------------------|---------------|---|
| a annual ATG | maria Ca Sila | Á |

| 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through | |
|---|-----------|--|----------|
| 3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 45 05 | | date of receipt) | - |
| Name: Thomas Guastello | | | |
| Address: 16000 Hall 20 # 201 | | | |
| Address: 16000 Hall LD # 201 5. If over \$100.00 cumulative, please provide: | | : P | • |
| Occupation <u>Self</u> <u>Employer</u> <u>Center Mgt.</u> | | : | |
| Business Address 1600 Hall RD #201 Clinton Two 48038 Type of Contribution: Direct Loan from a person Brund Raiser | 120,00 | | |
| 3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 4/5/2 € | | | , |
| Name: Steven Silk | · | | |
| Address: 5757 W. Maple no #800 W. Bloom field, MI 48322 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Real Estate Employer Verneir | | | |
| Business Address 5757 W. maple Rd W. Bloomfield MI 48322 | | ; ; | |
| vpe of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 60.00 | : | |
| 3. Contribution #3 PAC Receipt? □ YES 4. Date of Receipt □ YES | | | - |
| Name: Gina Wrona | | 1 | |
| | | | |
| Address: 8335 Helen Center line, MT 46015 5. If over \$100.00 cumulative, please provide: | • | | |
| Occupation Housewite Employer | · | . : | |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | 120.00 | | : |
| 3. Contribution #4 PAC Receipt? ロYES 4. Date of Receipt リロール Name: OSimina Olmeda | | | _ |
| Address: 23207 Playuiew | | i i | i |
| Address: 23207 Playuiew 3+ Clair Shores, MI 48082 5. If over \$100.00 cumulative, please provide: | | | : |
| Occupation Housewife Employer | | | |
| Business Address | | · . | |
| Type of Contribution: Direct Loan from a person Fund Raiser | 120.00 | ; | |
| Page Subtotal Grand Total of All Schedules 1A | 420.00 | | - |
| (Complete on last page of Schedule) | • | | |
| | | ; | |

Enter this total on line 3a of Summary Page

Page <u>8</u> of <u>24</u>

Authority granted under P.A. 388 of 1976





| 1. Committee I.D. Nu | mber | 137 | 1189 | } |
|----------------------|------|-------|------|----------|
| 2. Committee Name | 018 | Maria | Gar | Schmidt |

| CANDIDATE COMMITTEE | 2 Trianial Care | JUNITAL |
|---|-----------------|--|
| 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 from committees 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 ☐ ☐ ☐ | 1 | |
| Name: Pashko Lijkaj | | |
| Address: 35262 Dadae Park | | |
| Address: 35252 Dodge Park 5. If over \$100.00 cumulative, please provide: | | *** |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person | 100.00 | |
| 3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 午 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | | |
| Name: Eric Flinn Address: 38600 Van Dyke # 270 Sterling Hgts, mI 48312 5. If over \$100.00 cumulative, please provide: | | 200 |
| Address: 38400 Van 09 | | |
| Sterling Hats, MI 48312 | , | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Attorney Employer Self | | |
| Business Address 38600 Van Dyle # 270 Sterling Hots 48312 | | (* : |
| pe of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 180.00 | |
| 3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 4/3+ 65 | 100.00 | |
| 4. Date of Receipt -11 183 | | |
| Name: Joann anthiewicz Address: 15324 Cartier Clinton Twp, MI 48038 | · | |
| Address: 15324 TWO MT 48538 | | |
| 5 If over \$100.00 computation release resulting | | |
| 5. If over \$100.00 cumulative, please provide: | | į |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Prund Raiser | 60.00 | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4 4 5 Name: Joseph Palu 22I III | | |
| 30 Box 5945 | | |
| Address: Po. Box 5945 5t. Clair Shares, MI 48060 | | |
| 5. If over \$100.00 cumulative, please provide: | • | |
| Occupation Builder Employer MI. Horne Builders Inc | | |
| Business Address 13400 Canal Rd Sterling Hots, MI 48313 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 120.00 | # 100 mm m m m m m m m m m m m m m m m m |
| Page Subtotal | | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | 460.00 | Since seems of the section of the se |
| | | : |
| | | T |

Enter this total on line 3a of Summary Page

Page 9 of 24

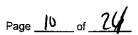
Authority granted under P.A. 388 of 1976





| 1. Committee I.D. Number | er 137189 | : |
|--------------------------|---------------------|---|
| 2. Committee Name | CTE made Go 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|-----------|---|
| 3. Contribution #1 PAC Receipt? VDYES 4. Date of Receipt 4/8/0 | | desir di roccipi, |
| Name: 5HPCOM | | |
| Address: Po Box LZS, 1 | | : |
| Address: Po Box L25 Sterling 15ts MI 48311 5. If over \$100.00 cumulative, please provide: | | Ī |
| 5. If over \$100.00 cumulative, please provide: | | 1 - |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 120.00 | |
| 3. Contribution #2 PAC Receipt? ロYES 4. Date of Receipt ログタ | | |
| Name: Pam Burns | · | - |
| Address: 35740 Georgetown Sterling HSts, MI 48312 5. If over \$100.00 cumulative, please provide: | | <u>;</u> |
| Sterling HSts, MI 48312 | | 6 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address | 7-20 | |
| pe of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 25.00 | • |
| 3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 1/8/0 ≤ | | |
| Name: Nayy Jaboro | | : |
| Address: 230x ford pointe Shares mI 48236 | | |
| GROSSE pointe shares 1111 18236 | | |
| 5. If over \$100.00 cumulative, please provide: | | : |
| Occupation Self Employer | | |
| Business Address 23 Oxford Glasse Pte Shares 48236 | | : |
| Business Address 23 Oxford Glosse Pte Shores 48236 Type of Contribution: Direct Loan from a person DFund Raiser | 250.00 | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 480 | | |
| Name: Debbie Steffen | | <u>"</u> |
| Address: 19246 Woodmont 40225 | | : |
| Address: 19246 Woods, MI 48225 5. If over \$100.00 cumulative, please provide: | | <i>(</i>) |
| Occupation Housewife Employer | | |
| Business Address | | 1 |
| Type of Contribution: Direct Loan from a person Fund Raiser | 120.00 | |
| Page Subtotal | | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | 515.00 | · : |
| (page at outloadle) | | : : |
| | | 1 |







| 1. Committee I.D. N | umber | 13+1 | <u>89 </u> | | |
|---------------------|-------|------|---|------|--------|
| | Mes | 100 | ` ^ | ï | \ \ \I |

| 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 from committees 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 4/18/2≤ | | |
| Name: Christine Lapointe | | |
| Address: 14727 Carmel | | ; |
| Address: 14722 Carmel 5. If over \$100.00 cumulative, please provide: | | 3 |
| OccupationEmployer | | |
| Business Address | 1. | : |
| Type of Contribution: Direct Loan from a person Fund Raiser | 60.00 | |
| 3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 4/12/0≤ | | |
| Name: Joe Mangano | | |
| Address: Chesterfield, MI 48047 | | |
| Chestertield INI 48047 | | - |
| 5. If over \$100.00 cumulative, please provide: | | • |
| Occupation Employer | | , |
| Business Address | | |
| pe of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 60.00 | |
| | | |
| 3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt | | |
| | | |
| Name: Mary Lederman | | |
| Name: Mary Lederman | | |
| Name: Mary Lederman | | |
| | | |
| Name: Marc Lederman Address: L248 Runny mead ct W. Bloomfield, MI 48322 5. If over \$100.00 cumulative, please provide: OccupationEmployer | | |
| Name: Marc Lederman Address: L248 Runny mead ct W. Bloomfield, MI 48322 5. If over \$100.00 cumulative, please provide: | 60.00 | |
| Name: Marc Lederman Address: L2+8 Runny mead c+ W. Bloom Field, MI 48322 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: | 60.00 | |
| Name: Marc Lederman Address: L248 Runny mead ct W. Bloomfield, mI 48322 5. If over \$100.00 cumulative, please provide: Occupation | 60.00 | |
| Name: Marc Lederman Address: L248 Runny mead ct W. Bloomfield, mI 48322 5. If over \$100.00 cumulative, please provide: Occupation | 60.00 | |
| Name: Marc Lederman Address: L248 Runny mead ct W. Bloomfield, mI 48322 5. If over \$100.00 cumulative, please provide: Occupation | 60.00 | |
| Name: Marc Lederman Address: L2+8 Runny mead ct W. Bloom field, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation | | |
| Name: Marc Lederman Address: L2+8 Runny mead ct W. Bloom field, mI 48322 5. If over \$100.00 cumulative, please provide: Occupation | 60.00 | |
| Name: Marc Lederman Address: L2+8 Runny mead ct W. Bloom field, mI 48322 5. If over \$100.00 cumulative, please provide: Occupation | | |
| Name: Marc Lederman Address: L2+8 Runny mead ct W. Bloom field, mI 48322 5. If over \$100.00 cumulative, please provide: Occupation | 60.001 | |
| Name: Marc Lederman Address: L248 Runny mead ct W. Bloom field, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation | | |
| Name: Marc Lederman Address: L248 Runny mead ct W. Bloom field, mI 48322 5. If over \$100.00 cumulative, please provide: Occupation | 60.001 | |

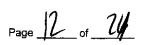
Authority granted under P.A. 388 of 1976

CFR 4/2000-c-1a



| 1. Committee (.D. Numb | per | 137/8 | 9 | | |
|------------------------|-----|-------|---|-------|------|
| 2 Committee Name | MIC | Maria | | Calar | . 0. |

| O. W.D. W. C. | | |
|---|-----------|--|
| 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 from committees 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 | | - |
| Name: Jeffrey Bahorski | | |
| Address: 3210 farmdale | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Attorney Employer O'Relly-Rancilio | | |
| Business Address 12900 Hall RD # 350 Sterling Hats 48313 | | !, |
| Type of Contribution: Li Direct Li Loan from a person Fund Raiser | 120.00 | |
| 3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt ☐ ☐ ☐ ☐ | | |
| Name: Donald Donault Jr | · | |
| Address: 12560 Noonan Ct | | : : |
| Address: 12565 Noonan Ct Litica, Mi 48315 5. If over \$100.00 cumulative, please provide: | | , |
| OccupationEmployer | | . ; |
| Business Address | 1 | |
| pe of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 60.00 | · |
| 3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt ☐ ☐ ☐ ☐ ☐ | | |
| Name: John nitz, | | 4 ! |
| Address: 57477 Willow Way Cf 5. If over \$100.00 cumulative, please provide: | | *** ********************************** |
| Washington, MI 48094 | | |
| 5. If over \$100.00 cumulative, please provide: | | : |
| Occupation Employer | | |
| Business Address | _ | |
| Type of Contribution: Direct Loan from a person Fund Raiser | 60.00 | |
| 3. Contribution #4 PAC Receipt? TYES 4. Date of Receipt 4/12/05 Name: Lawrence Scott Address: 12000 Hall 20 #350 | | |
| Address: 12900 Hall no #350 | | · ; |
| Address: 12900 Hall 20 # 350 Sterling Hots MI 48313 5. If over \$100.00 cumulative, please provide: | | \ |
| | | : |
| OccupationEmployer | | |
| Business Address | 1,000 | |
| Type of Contribution: Direct Loan from a person Fund Raiser | 60.00 | |
| Page Subtotal Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) | 300.00 | |
| | | 1 |
| · | | |





| 1. Committee I.D. Number | 137/89 | | | |
|--------------------------|--------|-------|-----|--------|
| 2. Committee Name | CTE | Maria | 61. | Schmid |

| OANDEATE 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 from committees 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 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | | |
| Name: Karen Cady | | |
| Address: 22077 Greentree Cn | | |
| Address: 22077 Greentree Ln Novi, mI 48375 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | | |
| √Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 40.00 | |
| 3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt | | |
| Name: John Lesser | | |
| Address: 13401 Hawk Dr | | : |
| Address: 13401 Hawk Dr Shelby Twp, MT 48315 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | | |
| pe of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 60.00 | |
| S. Contribution #3 PAC Receipt? DYES 4. Date of Receipt 4 14 05 Name: Bruce Likowski | | |
| Name: Bylice Citation | | |
| Address: 2809 Galway Bay Dr | | |
| Metamora, MI 48455 5. If over \$100.00 cumulative, please provide: | | : |
| OccupationEmployer | | † : |
| Business Address | | |
| Business Address | 60.00 | |
| 3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | | |
| Name: 1) and 4 Karaski | | |
| Address: 400 Shortridge MI 48307 | | , |
| 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | | <u> </u> |
| Type of Contribution: Direct Loan from a person Fund Raiser | 100.00 | |
| Page Subtotal | | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | 320.00 | |
| | | ; |
| · | | |





| 1. Committee I.D. Number | | 137 | | | |
|--------------------------|-----|-------|-----|-------|-----|
| 2. Committee Name | 118 | Maria | 61. | Schoo | int |

| CANDIDATE COMMITTEE | 12 37 100 10C 97 | - John Million |
|---|------------------|--|
| 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 from committees 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 ← 14/05 | | Take Si (GOSIDI) |
| Name: John Fenn Address: 13288 Lillian Ln. Sterling Hots, MI48313 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 60.00 | |
| 3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | | |
| Name: Michael Switalski | | |
| Address: 3147 G19 7Loseville, MI4BOLG 5. If over \$100.00 cumulative, please provide: | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | Acc Transition |
| Business Address | | |
| pe of Contribution: □ Direct □ Loan from a person □ Fund Raiser | 75.00 | il diany |
| S. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt ☐ ☐ ☐ | | |
| Name: Philip Rugged Address: 55744 54. Regis Address: Shelby Tup 48315 5. If over \$100.00 cumulative, please provide: | | control to the final state of the state of t |
| Occupation Attorney Employer Selt | · | |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | 500.00 | : : : : : : |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/14/05 Namé: Lyang Hong Address: 6/25 Center D Ster ling Hots, MI 48312 5. If over \$100.00 cumulative, please provide: | | and community to the |
| Occupation Self Employer Apex Mold | | |
| Business Address 4125 Center or Sterling Hds, MT483/2 Type of Contribution: Direct Loan from a person Fund Raiser | 120.00 | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | 755.00 | |
| | | |

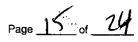
Page M of 24





| 1. Committee I.D. Number | 137/89 |
|--------------------------|--------|
|--------------------------|--------|

| SCREDULE 1A | mai- | - (1 : 1/ |
|---|-----------|--|
| CANDIDATE COMMITTEE 2. Committee Name 15 | THOTIA G | 1. 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 from committees 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 □ 14/65 | | |
| Name: Roxana El-Alam | | |
| Address: 4211 wingate Sterling Hats, mil 48310 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Hausewite Employer_ | | |
| Business Address Type of Contribution: Direct Loan from a person | 120.00 | |
| 3. Contribution #2 PAC Receipt? □ YES 4. Date of Receipt □ 11465 | 10.00 | |
| Name: Angelo Grillo Address: 14120 Towaring Oaks Shelby Two, MI 48315 5. If over \$100.00 cumulative, please provide: | | |
| 5. If over \$100.00 cumulative, please provide: | | a de la companya de l |
| OccupationEmployer | | |
| Business Address | | i i |
| pe of Contribution: Direct Loan from a person Fund Raiser | 120.00 | # 0 1 |
| Name: SHFFL # 1557 PAC Receipt? WES 4. Date of Receipt 41,4105 | | |
| Address: P.O. Box 308 Sterling HSts, MI 48311 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | · | : |
| Business Address | 700.00 | |
| | 300.00 | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 114 05 Name: Authory Thomas | | |
| Address: | | |
| 5. If over \$100.00 cumulative, please provide: | | , |
| Occupation Owner Employer 18+6. Towing | | |
| Business Address 8100 Lynch Rd Det (8.4 M T 48234 Type of Contribution: Direct Det Loan from a person Prund Raiser | 400.00 | |
| Page Subtotal Grand Total of Ali Schedules 1A (Complete on last page of Schedule) | 940.00 | |
| | | |







| | 137189 |
|-----------------------|--------|
| Committee I.D. Number | 17101 |

| CANDIDATE COMMITTEE | C Intuing Oir | Jermial |
|---|---------------|---|
| 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 from committees 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 | | dute of receipt) |
| Name: Wayne OEhmke | | - |
| Address: 48075 Van Dyke u-fica, MI 48317 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | (0.00) | |
| 3. Contribution #2 PAC Receipt? PAC Receipt 4. Date of Receipt 4カン /oく | | |
| Name: Daimler-Chrysler Corp | | ٠ |
| Address: 1000 Chrysler DR. | | |
| Address: 1000 Chrysler Dr. Cims 485-10-95 auburn Hills MI 46326 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | 250.00 | |
| pe of Contribution: Direct Loan from a person Fund Raiser | 630.00 | |
| 3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 4120 05 | | |
| Name: Amir J. Mearin | | |
| Address: 12031 Francine Ct | | |
| Shelly Two 16215 | | Video - |
| 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | | * |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | 100.00 | · |
| 3. Contribution #4. PAC Receipt? YES 4. Date of Receipt 4/20/05 Name: Ph. 11, p.C. Mc Lenna | | |
| Address: 2358 Main 5+ #105 | | |
| Address: 2358. Main St #105 North ille WI 40167 5. If over \$100.00 cumulative, please provide: | | 5. * |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | 50.00 | |
| Page Subtotal | · · | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | 460.00 | |
| | | |
| | 1 | |

Enter this total on line 3a of Summary Page

Page 16 of 24

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

| 1. Committee I.D. Nu | mber | 12+18 | <u> </u> | | |
|----------------------|------|-------|----------|-------|------|
| 2. Committee Name | MTF. | Maria | 60. | Schoo | : OH |

| 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|-----------|--|
| 3. Contribution #1 PAC Receipt? TYES 4. Date of Receipt 4/1/05 Name: WMI PAC OF MI 1/2 3GI C. Info Dy Ste # 100 | | : |
| Address: 48797 alpha Dr. Stet 100 Address: Wixom, MI 48393 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | Į | |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | 150 00 | |
| | 150,00 | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/10/05 | | |
| Name: Roy Service | | |
| Address: 13760 GIENTIO HCTS, MI 48313 | | |
| Name: Roy Sera Address: 13765 Glenrio 5. If over \$100.00 cumulative, please provide: | | : : |
| Occupation Employer | | . ' |
| siness Address | | |
| pe of Contribution: Direct Loan from a person Fund Raiser | 60.00 | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/10/05 | | |
| Name: James Bruzzese | | <u>:</u> |
| Address: Royal Oak, MI 48073 | | |
| 5. If over \$100.0 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | 60.00 | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/11/65 | | |
| Name: Clark andrews 53985 Sutherland Ln | | |
| Address: Shelby Twp, MI 48316 | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | 1.0.00 | |
| Type of Contribution: Direct Loan from a person Sefund Raiser | | |
| Page Subtotal Grand Total of Ali Schedules 1A | 330.00 | |
| (Complete on last page of Schedule) | 370.66 | 4 |
| | | |



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

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

| OANDIDATE 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 from committees 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 5/12/05 | | |
| Name: Paul Jankowski | | |
| | | , |
| Address: BOL Michaux Ln Grosse Pte Shores, mi 48236 | | 1 |
| 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | 60.00 | |
| 3. Contribution #2 PAC Receipt? ▼ YES 4. Date of Receipt 4 14/05 | | |
| | | 1 |
| City Cution tund - MI 1966 | | |
| Address: The american Rd 19121 | | <u>;</u> |
| Address: the american Rd Tear born, mI 19121 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | 1 |
| siness Address | | : |
| pe of Contribution: Direct Loan from a person Fund Raiser | 120.60 | |
| 3. Contribution #3 PAC Recaipt? YES 4. Date of Receipt U/12/0< | | |
| Name: Jane Gleason | | <u>:</u> |
| Address: 33-14 Marleno Warren, MI 48092 | | |
| Warren, MI 48092 | | |
| 5. If over \$100.0 cumulative, please provide: | | |
| OccupationEmployer | | |
| Business Address | 50.00 | : |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name: | | |
| Address: | | |
| 5. If over \$100.00 cumulative, please provide: | | |
| OccupationEmployer | | |
| 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) | 230.00 | |
| | 6755 50 | |
| | 10000 | |



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

Maria 2. Committee Name

| OARDIDATE CORREST LEE | | | I | |
|--|---|----------|--|----------|
| Name and address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date | 6. Amount | - |
| Expenditure #1 | | | | _ |
| Name American Graphics Peinting | Purpose: 2005 Calender Grtwek Expenditure Code PA | 2/, | • or | |
| Address 34855 GROES BELL CINTON TWP, MI 48035 | Expenditure Code PA | 123/05 | e de la composition della comp | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | 369.4 | 3 |
| Expenditure #2 Name Mass Mailing | Purpose: Mailing Service | | | |
| Address P.o Box 1299 | Expenditure Code MA | , | | |
| Sterling Hsts, MI 48311 D Fund Raiser | ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 423/ | 385.3 8 |) |
| Expenditure #3 | | | | _ |
| Name Triangle Printing | Purpose: Fundraise - Fluer | | : | |
| Name Triangle Printing Address 30520 Gratist Aue | Purpose: Fundraiser Flyer + Envelopes | | · 1. | |
| | Expenditure Code DA | 71 | i ; | |
| Roscoille, MI 4goll | | 3/21 | 1 | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | 16/05 | 121.37 | |
| Expenditure #4 | | | | _ |
| Name office max 37400 Van Dyke Address Sterling Hgts, mI 48312 | Purpose: tundeniser Supplies | | | |
| Address Sterling Hgts, MI 48312 | Expenditure Code <u>OE</u> | 31.11. | e in the second | |
| | ☐ Check box if this expenditure is payment | 3/14/05 | sabas i i i | |
| Fund Raiser | of debt or obligation reported on previous statement | 731 | 9.53 |) |
| Expenditure #5 | | | | |
| Name Postmosta | Purpose: Stamps | | : | |
| Address Sterling Hots Postoffice | Expenditure Code | . | : | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | 3/15/05 | 74.00 | |
| | Subtotal this | page | 959.76 | |

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

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page 19 of 24

Authority granted under P.A. 388 of 1976



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 137 189

2. Committee Name CTE Maria G. Schmidt

| CANDIDATE COMMITTEE 2. C. | ornimitee Name CTC Trictita (3). | SCPIFF | 11061 |
|---|---|---------|--|
| 3. Name and address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date | 6. Amount |
| Expenditure #1 | | | |
| Name CTE Mickey Switalski | Purpose: <u>Fundraiser</u> | | |
| Ruseville, m. 48046 | Expenditure Code <u>TC</u> | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | 3/18/05 | 40,00 |
| Expenditure #2 | | | |
| Name Sterling Hots fire fighter Charities | Purpose: Burn Camp | | V |
| Address + Hots FF local 1557 | Expenditure Code <u>CC</u> /5P | | |
| Po Box 308 Fund Raiser Ster 1, wy 15t5, mī 19311 | ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 3/28/05 | 60.001 |
| Expenditure #3 | | | |
| Name Meijer | Purpose: <u>Fundiciser Supplies</u> | | Traching obtains an |
| Address 3,1835 Utica Fraser, MI 48026 | Expenditure Code | · | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | 4/12/05 | 17.88 |
| Expenditure #4 | | | |
| Name Office Max 37600 Van Dyke Address Sterling HSTS MI 48312 | Purpose: Fundraisar Supplies | | |
| Address Sterling HSTO MI 48312 | Expenditure Code <u>OE</u> | | The second secon |
| Fund Raiser | ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 4/13/05 | 5.81 |
| Expenditure #5 | | | |
| Name SAMS Club | Purpose: tyndlaiser | | |
| Name SAMS Club Address 45600 Utica Park Bird Utica, MI By Fund Raiser | Expenditure Code <u>FE</u> | | sale i |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | 4/14/05 | 46.16 |
| | | | 1 1 0 |

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

_11.85

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page 20 of 24

Authority granted under P.A. 388 of 1976



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

| . Committee I. D. Number | 137189 |
|--------------------------|--------|
| | |

| SCHEDULE 1B | ommittee Name <u>CTE Maria G.</u> | Schonin | at |
|---|--|------------------|--|
| OARDIDATE COMMITTEE | THAT IS | <u>JCY)I IVI</u> | ~ 1 |
| Name and address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date | 6. Amount |
| Expenditure #1 | | | |
| Name Postmaster | Purpose: Stamps | | 1 m m m m m m m m m m m m m m m m m m m |
| Address | Expenditure Code MA | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | 4/15/05 | 37.00 |
| Expenditure #2 | - Parade a | | |
| Name Sam's Club | Purpose: Fundraiser Candy | | # - - - - - - - - |
| Address | Expenditure Code PC | | and the state of t |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement. | 5/24/05 | 46.44 |
| Expenditure #3 | | | |
| Name Penna's of Sterling | Purpose: Funderiser | | : : |
| Address 38400 Jan Dyko | Expenditure Code RE | | 9 |
| Sterling Hots, MIL18312 | | i . | · į |
| ☐ Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | 1/27/05 | 1272.00 |
| Expenditure #4 | | | |
| NameSterling Hots Firefisher #1557 | Purpose: Letirement Dinner | | |
| Address Po Boy 308 | Expenditure Code TP | | |
| Sterling Hols, MI 48311 | ☐ Check box if this expenditure is payment | | |
| ☐ Fund Raiser | of debt or obligation reported on previous statement | 7/30/05 | 100.00 |
| Expenditure #5 | | | |
| Name American Graphics | Purpose: Print literature | | |
| Address 34895 Groes back Clinton Tup, MI 48035 | Expenditure Code PA | | Section 1 |
| ☐ Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/7/05 | 973.08 |
| | | | m 100 da |

Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule) 2428.52

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page 21 of 24

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE Bureau of Elections



SCHEDULE 1B CANDIDATE COMMITTEE

| 1. Committee I. D. Nu | ımber | 137 | <u> 189</u> | 7 |
|-----------------------|-------|-------|-------------|---------|
| 2. Committee Name | CTE | maria | 6 | Schmidt |

| 2 New and others of several several and the several se | | | | |
|--|---|-------------|--|-----|
| Name and address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date | 6. Amount | |
| Expenditure #1 | |] | | _ |
| Name Manhattan Printers & Mailers LLS | Purpose: Lit. Mailing AV | | e e e e e e e e e e e e e e e e e e e | |
| Address 5/132 Milano Dr Macom 10, MT 48042 | Expenditure Code MA | | | |
| 1, 64.51 | <u> </u> | | ì | |
| ☐ Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/14/05 | 574.12 | 2 |
| Expenditure #2 | | | | _ |
| Name | Purpose: | | in the second se | |
| Address | Expenditure Code | | A Administration of the Benefit of t | |
| ☐ Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | The second of th | |
| Expenditure #3 | | | | - |
| Name | Purpose: | | 1 | |
| Address | | | | |
| | Expenditure Code | • | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | V de la Colombia de l | |
| Expenditure #4 | | | | _ |
| Name | Purpose: | | 100 CO TO MARKET | : |
| Address | Expenditure Code | : | e e de mud | |
| ☐ Fund Raiser | ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | | 3.0 × 1.0 × | : |
| Expenditure #5 | | | | - |
| Name | Purpose: | | | |
| Address | | | · · · · · · · · · · · · · · · · · · · | |
| | Expenditure Code | | | e . |
| ☐ Fund Raiser | 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) 576.12 4174.25

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page 22 of 24

Authority granted under P.A. 388 of 1976

2. Committee Name

MACOMB CO. CIRCUIT CT.

Ø1001



MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

| DEBT | S | AND | OBL | IGATIO | NS |
|------|---|-----|------|--------|----|
| | 9 | CHE | DULE | 1E | |

137189 1. Committee I.D. Number

Maria 6.

CANDIDATE COMMITTEE This Schedule itemizes: a. Debts and obligations owed by or forgiven the committee QR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.) 7. Date and amount of 4. Type of Obligation 8. Cumulative 9. Outstanding 3. Name and Mailing Address of person, vendor or (Indicate type and you may assign an expenditure code) each payment payment to Balance at financial institution to whom debt is owed. close of this date on debt Check box to indicate whether debt is owed to an period (Item 6 indicate date debt was incorporated business. If debt is a bank loan, please incurred minus Item 8) 6. Indicate original amount provide information regarding the endorsers or of debt guarantors, if any. Corp? Yes Debt.#1 Owed to or by: Kobert J. Schmiet 35755 Wooduilla Date Debt Was Incurred: \$ 1/00.00 6. Original Amount of Debt FORGIVEN 600,00 Amount Endorsed: \$ if bank loan, name of endorser or guarantor: 4. Type: (04) Corp? ☐ Yes Debt #2 Owed to or by: Code / D shert J. Schmidt 300,00 5. Date Debt Was Incurred: 35755 Woodvilla Sterling Hats, MI FORGIVEN , OO Amount Endorsed: \$ If bank loan, name of endorser or guaranto 4. Type: (O < <) Corp? Yes Debt #3 Owed to or by: lobert J. Schmidt 1000.00 5. Date Debt Was Incurred: 35755 Woodvilla T FORGIVEN Sterling HSTS, MI 48312

Page Subtotal (Outstanding debt)

90000 Grand Total of all Schedules 1E

Amount Endorsed: \$

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

900.00

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

Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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.

1000.00

Page 23 of 4 Authority granted under P.A. 358 of 1976

If bank loan, name of endorser or guarantor:

REV 7/19990-1e



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 13+189

| CANDIDATE C | | z. Con | imittee Name | 1 - 11 101 10 | C 67: 30/11/12 | <u>1</u> |
|--|-------------------------------------|--------------------------------------|---------------------------------|---|--|----------------------|
| | - USE A S | EPARATE SH | EET FOR E | ACH EVENT - | | |
| 3. Date Event Was Held 4 14 2005 Month Day Year | or Participating greater) | odividuals Attending (whichever is | | d Raising Activity | 6. Address and Name (If an the place where the activity held Penna's of S 38400 Uan S Sterling 1/5ts Private Residence | was terling |
| 7. Total Contributions of \$20.08. Total Contributions of \$20.08. Total Contributions of \$20.09. SUBTOTAL (Add lines 7 and 0. Other Receipts 11. Gross Receipts (Add lines | 01 or more | 8255 8255 8255 | 00 | | | |
| 12. Total Cost of Event*13. Check if event was a j | oint fund raiser | 1585,7 | e following: | | udes In-Kind Contribution anditures Made For the E | |
| Co-Sponsor(s) | - | Contribution (%) | | | Expenditure Split (%) | <u> </u> |
| | | | | | | - |
| The committee is req | | | ser Schedule | for each fund raisir | ng event held during the | period |
| Receipts and expend (1A), Itemized In-Kind | itures listed on i Contributions | a Fund Raiser Sc Schedule (1-IK), | chedule must a Itemized Expe | also be reported or enditures Schedule | n the Itemized Contribution (1B) and the Summary | ons Schedu Page. |
| • Each committee that | participated in | a joint fund raiser | must file a Fu | ınd Raiser Schedu | le for the event. | |
| Page 24 of 24 CER Rev | 9/1999f | A⊔thority grante | ed under P.A. 388 | of 1976 | | |