



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

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

FILED
05 OCT 27 AM 10:29
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MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

3. This Statement covers From: 1 1 2005 To: 10 23 2005
Mo Day Year Mo Day Year

4. Candidate Last Name Schmidt First Name Maria M.I. G.

4a. Office Sought Including District # or Community Served (If applicable)
City Council Sterling Heights

4b. County of Residence Macomb Driver License # (Optional) _____

5. Treasurer's Name & Residential Address
Robert J. Schmidt
35755 Woodvilla Sterling Hgts MI 48312
Area Code & Phone (586) 264-9242
Driver License # (Optional) _____

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

Area Code and Phone () _____
Driver License # (Optional) _____

1. Committee I.D. Number
137189

2. Committee Name
Committee to Elect
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.

7. Treasurer's Business Address
Same
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 ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus
Nov 8 2005
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 Robert J. Schmidt Signature [Signature] Date 10-26-05
Type or Print Name Mo Day Year

Candidate Maria G. Schmidt Signature [Signature] Date 10/26/05
Type or Print Name 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

3. Contributions

- a. Itemized (Schedule 1A - Column 6)
b. Unitemized (less than \$20.01 each - no Schedule)
c. Subtotal of "Contributions"

4. Other Receipts (Schedule 1A -1, Column 6)

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-JK, Column 7)

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

EXPENDITURES

8. Expenditures

- a. Itemized (Schedule 1B, Column 6)
b. Itemized Get-Out-the-Vote (Schedule 1B-G)
c. Unitemized (less than \$50.01 each - no Schedule)

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

- a. Itemized (Schedule 1C, Column 6)
b. Unitemized (less than \$50.01 each - no Schedule)

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

DEBTS AND OBLIGATIONS

12. Debts and Obligations

- a. Owed by the Committee (Schedule 1E)
b. Owed to the Committee (Schedule 1E)

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

Column I
This Period

Column II
Cumulative this election cycle

(3a.) \$ 8255.00

(3b.) \$ 0

(3c.) \$ 8255.00

(4.) \$ 0

(5.) \$ 0

(6.) \$ 0

(7.) \$ 0

(8a.) \$ 4176.25

(8b.) \$ 0

(8c.) \$ 0

(9.) \$ 4176.25

(10a.) \$ 0

(10b.) \$ 0

(11.) \$ 0

(12a.) \$ 2900.00

(12b.) \$ 0

(13.) \$ 83.77

(14.) + \$ 8255.00

(15.) = \$ 8338.77

(16.) - \$ 4176.25

(17.) \$ 4162.52

(18.) \$ _____

(19.) \$ _____

(20.) \$ _____

(21.) \$ _____

(22.) \$ _____

(23.) \$ _____

(24.) \$ _____

BALANCE STATEMENT

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.
CFR Rev 7/1999-csum Authority granted under P.A. 388 of 1976



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 from committees 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>3/19/05</u>		
Name: <u>Nick Najjar</u> Address: <u>2114 Meadow Reed</u> <u>Sterling Hgts, MI 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>Century 21-Travis</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				600.00	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>3/19/05</u>		
Name: <u>Valiena Allison</u> Address: <u>102 Telford Dr</u> <u>Troy MI 48098</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				100.00	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>3/19/05</u>		
Name: <u>Joseph D'Angelo</u> Address: <u>7659 Auburn Rd</u> <u>Utica, MI 48317</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Arrow Building Co</u> Business Address <u>7659 Auburn Utica MI 48317</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				200.00	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>3/19/05</u>		
Name: <u>Alan B. Casmere</u> Address: <u>28836 Panama Rd</u> <u>Warren, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>Maplelane Properties</u> Business Address <u>Sterling Hgts MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				240.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				600.00	

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 from committees 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>3/22/05</u> Name: <u>Timothy Malone</u> Address: <u>14708 Carmel Sterling Hgts, MI 4832</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Probation officer</u> Employer <u>Macomb Dept of Corrections</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	120.00	
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/22/05</u> Name: <u>Sam Dorchen</u> Address: <u>29895 Greenfield Southfield, MI 48076</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Architect/Planner</u> Employer <u>Self</u> Business Address <u>29895 Greenfield Southfield MI 48076</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	60.00	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/22/05</u> Name: <u>Fazludlan M. Khan</u> Address: <u>5238 Windmill Troy, MI 48085</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Self</u> Business Address <u>43345 Schoenherr St. Hgts MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	120.00	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/24/05</u> Name: <u>Lou Backus</u> Address: <u>45550 Vanker Ave Utica, MI 48317</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 type="checkbox"/> Fund Raiser	60.00	
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



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 all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/24/05</u></p> <p>Name: <u>Maurice Janowitz</u></p> <p>Address: <u>31333 W. 13 mile rd</u> <u>Farmington Hills MI 48334</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		100.00	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/24/05</u></p> <p>Name: <u>Marlene Oliver</u></p> <p>Address: <u>3492 Sutton Place</u> <u>Bloomfield, MI 48301</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		100.00	
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/24/05</u></p> <p>Name: <u>Larry Calcaterra</u></p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Funeral Director</u> Employer <u>Wujek-Calcaterra Funeral Home</u></p> <p>Business Address <u>36900 Schoenherr Sterling Hgts MI 48312</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		120.00	
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/24/05</u></p> <p>Name: <u>Vic Martin</u></p> <p>Address: <u>34911 Van Dyke</u> <u>Sterling Hgts, MI 48312</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Hotel Mgr</u> Employer <u>Sterling Inn</u></p> <p>Business Address <u>34911 Van Dyke Sterling Hgts 48312</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		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



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 from committees 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>3/24/05</u>		
Name: <u>John Balogna Jr</u> Address: <u>19135 Saxon Dr</u> <u>Beverly Hills, MI 48025</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Developer</u> Employer <u>Bmes Property</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				120.00	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>3/26/05</u>		
Name: <u>Lillian Adams</u> Address: <u>8155 Clay Ct.</u> <u>Sterling Hts, MI 48313</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 type="checkbox"/> Fund Raiser				60.00	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>3/26/05</u>		
Name: <u>Eugene Jetts</u> Address: <u>37177 Mound Rd</u> <u>Sterling Hts, MI 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Jetts Pizza</u> Business Address <u>37177 Mound Sterling Hts MI 48310</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				150.00	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>3/26/05</u>		
Name: <u>Anthony Marrocco</u> Address: <u>39655 Moravian Dr</u> <u>Clinton Twp, MI 48036</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 type="checkbox"/> Fund Raiser				60.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				390.00	

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 from committees 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>3/24/05</u> Name: <u>James Giftos</u> Address: <u>27947 Groesbeck Hwy</u> <u>Roseville, MI 48066</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 type="checkbox"/> Fund Raiser		75.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/24/05</u> Name: <u>Armenag Kalaydjian</u> Address: <u>845 Orchard Ridge Rd</u> <u>Bloomfield Hills, MI 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Liberty Park</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/26/05</u> Name: <u>SK Tejpal</u> Address: <u>8000 Ford Country Lane</u> <u>Sterling Hts, MI 48313</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Auto Dealer</u> Employer <u>Jerome Duncan Ford</u> Business Address <u>8000 Ford Country Lane St. Hst MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		60.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/26/05</u> Name: <u>Joan Lepine</u> Address: <u>14732 Howell Ct</u> <u>Sterling Hts, MI 48312</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 type="checkbox"/> Fund Raiser		100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		435.00	

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 from committees 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	
Name: Rudy Lepine Address: 14732 Howell Ct Sterling Hts, MI 48312			
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		60.00	160.00
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name: Brian Kern Address: 54482 Ridgeway Shelby Twp, MI 48316			
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		100.00	
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	
Name: SHPOA Address: P.O. Box 546 Sterling Hts, MI 48311			
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		240.00	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name: Bill Froling Jr Address: 3715 E 15 mile Rd Sterling Hts, MI 48310			
5. If over \$100.00 cumulative, please provide: Occupation Self Employed Employer titan Construction Business Address 3715 15 mile rd St. Hts 48310 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		520.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137189
2. Committee Name CIE 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? <input type="checkbox"/> YES 4. Date of Receipt <u>4/1/05</u> Name: <u>Robert Abratowski</u> Address: <u>30406 Westmore</u> <u>Madison Hts, MI 48071</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		100.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/2/05</u> Name: <u>Richard Mueller</u> Address: <u>3504 Shakespeare</u> <u>Troy, MI 48064</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 type="checkbox"/> Fund Raiser		60.00	
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>4/4/05</u> Name: <u>Teamsters 214 PaCommittee</u> Address: <u>2741 Trumbull Ave</u> <u>Detroit, MI 48216</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 type="checkbox"/> Fund Raiser		240.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/4/05</u> Name: <u>Adorno Piccinini</u> Address: <u>21600 Novi Rd # 700</u> <u>Novi, MI 48375</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 type="checkbox"/> Fund Raiser		100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		500.00	

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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 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? <input type="checkbox"/> YES	4. Date of Receipt	4/5/05		
Name: Thomas Guastello Address: 16000 Hall Rd #201 Clinton Twp 48038 5. If over \$100.00 cumulative, please provide: Occupation: Self Employer: Center Mgt. Business Address: 16000 Hall Rd #201 Clinton Twp 48038 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				120.00	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	4/5/05		
Name: Steven Silk Address: 5757 W. Maple Rd #800 W. Bloomfield, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation: Real Estate Employer: Vermeir Business Address: 5757 W. Maple Rd W. Bloomfield MI 48322 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				60.00	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	4/5/05		
Name: Gina Wrona Address: 8335 Helen Centerline, MI 48015 5. If over \$100.00 cumulative, please provide: Occupation: Housewife Employer: Business Address: Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				120.00	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	4/5/05		
Name: Asimina Olmeda Address: 23207 Playview St Clair Shores, MI 48082 5. If over \$100.00 cumulative, please provide: Occupation: Housewife Employer: Business Address: Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				120.00	
Page Subtotal					
Grand Total of All Schedules 1A (Complete on last page of Schedule)				420.00	

Enter this total on
line 3a of
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137189

2. Committee Name

CTE Maria Gr. 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? <input type="checkbox"/> YES 4. Date of Receipt <u>4/6/05</u>		
Name: <u>Pashko Lijak</u> Address: <u>35252 Dodge Park</u> <u>Sterling Hts, MI 48312</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		100.00	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/7/05</u>		
Name: <u>Eric Flinn</u> Address: <u>38600 Van Dyke #270</u> <u>Sterling Hts, MI 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>38600 Van Dyke #270 Sterling Hts 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		180.00	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/7/05</u>		
Name: <u>Joann Antkiewicz</u> Address: <u>15324 Cartier</u> <u>Clinton Twp, MI 48038</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		60.00	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/7/05</u>		
Name: <u>Joseph Paluzzi III</u> Address: <u>P.O. Box 5945</u> <u>St. Clair Shores, MI 48060</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>MI. Home Builders Inc</u> Business Address <u>13400 Canal Rd Sterling Hts, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		460.00	

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 from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>4/8/05</u> Name: <u>SHPCOA</u> Address: <u>PO Box 625</u> <u>Sterling Hts MI 48311</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	120.00	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/8/05</u> Name: <u>Pam Burns</u> Address: <u>35740 Georgetown</u> <u>Sterling Hts, MI 48312</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	25.00	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/8/05</u> Name: <u>Najiy Jabbar</u> Address: <u>230 Oxford</u> <u>Grosse Pointe Shores MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer _____ Business Address <u>23 Oxford Grosse Pte Shores 48236</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250.00	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/8/05</u> Name: <u>Debbie Steffen</u> Address: <u>19240 Woodmont</u> <u>Harper Woods, MI 48225</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Housewife</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	120.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		515.00	

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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 from committees 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>4/18/05</u> Name: <u>Christine Lapointe</u> Address: <u>14722 Carmel Sterling Hts, MI 48312</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	60.00	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/12/05</u> Name: <u>Joe Mangano</u> Address: <u>45860 Private Shore Dr Chesterfield, MI 48047</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	60.00	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/12/05</u> Name: <u>Marc Lederman</u> Address: <u>6248 Runnymede Ct W. Bloomfield, MI 48322</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	60.00	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/12/05</u> Name: <u>Chris Fudala</u> Address: <u>15769 Cisper Macomb MI 48044</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	100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		280.00	

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**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 from committees 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>4/12/05</u>	
Name: <u>Jeffrey Bahorski</u> Address: <u>3210 Farmdale</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>O'Reilly - Rancilio</u> Business Address <u>12900 Hall Rd #350 Sterling Hgts 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120.00	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/12/05</u>	
Name: <u>Donald Donault Jr</u> Address: <u>12560 Noonan Ct</u> <u>Utica, MI 48315</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		60.00	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/12/05</u>	
Name: <u>John Nitz</u> Address: <u>57477 Willow Way Ct</u> <u>Washington, MI 48094</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		60.00	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/12/05</u>	
Name: <u>Lawrence Scott</u> Address: <u>12900 Hall Rd #350</u> <u>Sterling Hgts MI 48313</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		60.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		300.00	

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137189
2. Committee Name CTE Maria Gr. 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 from committees 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>4/14/05</u> Name: <u>Karen Cady</u> Address: <u>22077 Greentree Ln</u> <u>Novi, MI 48375</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	<u>60.00</u>	
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/14/05</u> Name: <u>John Lesser</u> Address: <u>13401 Hawk Dr</u> <u>Shelby Twp, MI 48315</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	<u>60.00</u>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/14/05</u> Name: <u>Bruce Likowski</u> Address: <u>2809 Galway Bay Dr</u> <u>Metamora, MI 48455</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	<u>100.00</u>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/14/05</u> Name: <u>Danny Likowski</u> Address: <u>400 Shortridge</u> <u>Rochester Hills, MI 48307</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	<u>100.00</u>	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		<u>320.00</u>	

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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 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? <input type="checkbox"/> YES 4. Date of Receipt <u>4/14/05</u>		
Name: <u>John Fenn</u> Address: <u>13288 Lillian Ln.</u> <u>Sterling Hts, MI 48313</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		60.00	
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/14/05</u>		
Name: <u>Michael Switalski</u> Address: <u>31412 Gray</u> <u>Roseville, MI 48066</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		75.00	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/14/05</u>		
Name: <u>Philip Ruggeri</u> Address: <u>55744 St. Regis</u> <u>Shelby Twp 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		500.00	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/14/05</u>		
Name: <u>Kyung Hong</u> Address: <u>6125 Center Dr</u> <u>Sterling Hts, MI 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Apex Mold</u> Business Address <u>6125 Center Dr Sterling Hts, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		120.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		755.00	

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**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 from committees 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>4/14/05</u>		
Name: <u>Roxana El-Alam</u>					
Address: <u>4211 Wingate</u> <u>Sterling Hgts, MI 48310</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation <u>Housewife</u> Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				<u>120.00</u>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>4/14/05</u>		
Name: <u>Angelo Grillo</u>					
Address: <u>14620 Towering Oaks</u> <u>Shelby Twp, MI 48315</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				<u>120.00</u>	
3. Contribution #3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	<u>4/14/05</u>		
Name: <u>SHFFL #1557</u>					
Address: <u>P.O. Box 308</u> <u>Sterling Hgts, MI 48311</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				<u>300.00</u>	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>4/14/05</u>		
Name: <u>Anthony Thomas</u>					
Address: _____					
5. If over \$100.00 cumulative, please provide:					
Occupation <u>owner</u> Employer <u>B+G. Towing</u>					
Business Address <u>8100 Lynch rd</u> <u>Detroit, MI 48234</u>					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				<u>400.00</u>	
Page Subtotal					
Grand Total of All Schedules 1A (Complete on last page of Schedule)				<u>940.00</u>	

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137109
2. Committee Name C/2 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 from committees 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>4/14/05</u>	
Name: <u>Wayne Oehmke</u> Address: <u>48075 Van Dyke</u> <u>Utica, MI 48317</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 type="checkbox"/> Fund Raiser		60.00	
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>4/20/05</u>	
Name: <u>Daimler-Chrysler Corp</u> Address: <u>1000 Chrysler Dr.</u> <u>Cms 485210-95 Auburn Hills MI 48326</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		250.00	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/20/05</u>	
Name: <u>Amir J. mearim</u> Address: <u>12031 Francine Ct</u> <u>Shelby Twp 48315</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		100.00	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/20/05</u>	
Name: <u>Phillip C. McKenna</u> Address: <u>235 E. Main St #105</u> <u>Northville, MI 48167</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		50.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		460.00	

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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

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

4/1/05

Name: WMI Pac of MI

Address: 48797 Alpha Dr. Ste #100

Wixom, MI 48393

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct

☐ Loan from a person

☒ Fund Raiser

150.00

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

5/10/05

Name: Roy Sera

Address: 13760 Glenrio
Sterling Hgts, MI 48313

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 #3 PAC Receipt? ☐ YES

4. Date of Receipt

5/10/05

Name: James Bruzese

Address: 2619 Essex
Royal Oak, MI 48073

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? ☐ YES

4. Date of Receipt

5/11/05

Name: Clark Andrews

Address: 53985 Sutherland Ln
Shelby Twp, MI 48316

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
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330.00

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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

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: 806 Michaux Ln
Grasse Pte Shores, MI 48236

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 #2 PAC Receipt? ☒ YES

4. Date of Receipt 6/14/05

Name: Fordma Co
Civic Action Fund - MI PAC

Address: The American Rd
Dearborn, MI 48121

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

120.00

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 6/17/05

Name: Jane Gleason

Address: 3346 Marlene
Warren, MI 48092

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

50.00

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

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Grand Total of All Schedules 1A
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230.00

8255.00

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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>AMERICAN Graphics Printing</u> Address <u>34855 Groesbeck</u> <u>Clinton twp, MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>2005 Calender artwork</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/23/05</u>	<u>369.48</u>
Expenditure #2 Name <u>Mass mailing</u> Address <u>P.O Box 1299</u> <u>Sterling Hgts, MI 48311</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage & mailing Service</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/23/05</u>	<u>385.38</u>
Expenditure #3 Name <u>Triangle Printing</u> Address <u>30520 Gratiot Ave</u> <u>Roseville, MI 48066</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Flyer + Envelopes</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/2/05</u>	<u>121.37</u>
Expenditure #4 Name <u>office max</u> <u>37600 VanDyke</u> Address <u>Sterling Hgts, MI 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Supplies</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/14/05</u> <u>2/23/05</u>	<u>9.53</u>
Expenditure #5 Name <u>Postmaster</u> Address <u>Sterling Hgts Postoffice</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/15/05</u>	<u>74.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>959.76</u>

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

**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>CTE Mickey Switalski</u> Address <u>31412 Gay</u> <u>Roseville, MI 48046</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/18/05</u>	<u>40.00</u>
Expenditure #2 Name <u>Sterling Hts fire fighter Charities</u> Address <u>St Hts FF local 1557</u> <u>Po Box 308</u> <u>Sterling Hts, MI 49311</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Burn Camp</u> Expenditure Code <u>CC/SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/28/05</u>	<u>100.00</u>
Expenditure #3 Name <u>Meijer</u> Address <u>34835 Utica</u> <u>Fraser, MI 48026</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Supplies</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/12/05</u>	<u>19.88</u>
Expenditure #4 Name <u>Office Max</u> Address <u>37600 Vandyke</u> <u>Sterling Hts MI 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Supplies</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/13/05</u>	<u>5.81</u>
Expenditure #5 Name <u>Sams Club</u> Address <u>45600 Utica Park Blvd</u> <u>Utica, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/14/05</u>	<u>46.16</u>

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

211.85

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

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>Postmaster</u> Address _____ <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/15/05</u>	<u>37.00</u>
Expenditure #2 Name <u>Sam's Club</u> Address _____ <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Parade Fundraiser Candy</u> Expenditure Code <u>PC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/24/05</u>	<u>46.44</u>
Expenditure #3 Name <u>Penna's of Sterling</u> Address <u>38400 Vandyk</u> <u>Sterling Hgts, MI 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> Expenditure Code <u>RE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/27/05</u>	<u>1272.00</u>
Expenditure #4 Name <u>Sterling Hgts Firefighter #1557</u> Address <u>Po Box 308</u> <u>Sterling Hgts, MI 48311</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Retirement Dinner</u> Expenditure Code <u>TP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/05</u>	<u>100.00</u>
Expenditure #5 Name <u>American Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp, MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Print literature</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/7/05</u>	<u>973.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>2428.52</u>

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

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137189
2. Committee Name CJE Marie G. Schmitt

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 Printers & Mailers LLC</u> Address <u>51132 Milano Dr</u> <u>Macomb, MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Lit. Mailing AV</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/05</u>	<u>576.12</u>
Expenditure #2 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		
Expenditure #3 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		
Expenditure #4 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		
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)

576.12
4176.25

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 Corp? <input type="checkbox"/> Yes Owed to or by: Robert J. Schmidt 35755 Woodville Sterling Hgts, MI 48312	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>11/24/03</u> 6. Original Amount of Debt: <u>\$ 1600.00</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	\$ _____	\$ <u>1600.00</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 J. Schmidt 35755 Woodville Sterling Hgts, MI 48312	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>5/30/03</u> 6. Original Amount of Debt: <u>\$ 300.00</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	\$ _____	<u>300.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Robert J. Schmidt 35755 Woodville Sterling Hgts, MI 48312	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>8/23/05</u> 6. Original Amount of Debt: <u>\$ 1000.00</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</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

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.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**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

4 14 2005
Month Day Year

4. Number of Individuals Attending
or Participating (whichever is
greater)

60

5. Type of Fund Raising Activity

Pasta dinner

6. Address and Name (If any) of
the place where the activity was
held

Penna's of Sterling
38400 Van Dyke
Sterling Hts, MI

☐ Private Residence

403/2

7. Total Contributions of \$20.00 or less

8. Total Contributions of \$20.01 or more

9. SUBTOTAL (Add lines 7 and 8)

10. Other Receipts

11. Gross Receipts (Add lines 9 and 10)

12. Total Cost of Event*

8255.00

8255.00

8255.00

1585.75

*Includes In-Kind Contributions and All
Expenditures Made For the Event

13. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- 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 (1-1K), 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.