



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

<p>1. Committee I.D. Number 139195</p> <p>2. Committee Name CTE Cardi DeMonaco Jr</p> <p>5. Committee's Mailing Address 23225 Oakwood Eastpointe, MI 48021 Area Code and Phone 586-744-3864 <small>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.</small></p> <p>7. Treasurer's Business Address Area Code and Phone _____</p>		<p>3. This Statement covers: from 11/19/2014 to 12/31/2014</p> <p>4. Candidate Last Name DeMonaco First Name Cardi M.I. A</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local Eastpointe</p> <p>4b. County of Residence MACOMB</p> <p>6. Treasurer's Name & Residential Address Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021 Area Code & Phone 586-744-3864</p> <p>8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone _____</p>		
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus February 24, 2015</p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input checked="" type="checkbox"/> Annual Statement (2014) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>		<p>9e. <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
<p>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.</p> <p>Current Treasurer or Designated Record Keeper Cardi DeMonaco Jr Type or Print Name <i>Cardi DeMonaco Jr</i> Signature Date 2015-01-30</p> <p>Candidate Cardi DeMonaco Jr Type or Print Name <i>Cardi DeMonaco Jr</i> Signature Date 2015-01-30</p>				

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MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN



1. Committee I.D. Number 139195

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Cardi DeMonaco Jr

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,215.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,215.00</u>	(18.) \$ <u>1,215.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,215.00</u>	(20.) \$ <u>1,215.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>204.96</u>	(21.) \$ <u>204.96</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>496.08</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>496.08</u>	(23.) \$ <u>496.08</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>704.96</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,215.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,215.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>496.08</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>718.92</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139195
2. Committee Name GTE Gardi DeMonaco Jr

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 regardless of amount.

3. Contribution # 1 Name & Address: Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/19/14</u>	6. Amount \$ <u>100.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>100.00</u>
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5. If over \$100.00 cumulative, please provide:
Occupation Software Engineer Employer Compuware [Click Here for Memo Itemization](#)
Business Address 1 Campus Martius, Detroit, MI 48226
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 Name & Address: Janet DeMonaco 18043 Curtain Eastpointe, MI 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/13/14</u>	6. Amount \$ <u>100.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>100.00</u>
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5. If over \$100.00 cumulative, please provide:
Occupation Occupational Therapist Employer Therapy Management Inc [Click Here for Memo Itemization](#)
Business Address 851 Penniman Ave, Plymouth, MI 48170
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 Name & Address: Dane Phillips 13945 Timberwyck Dr Shelby Twp, MI 48315	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/16/14</u>	6. Amount \$ <u>25.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>25.00</u>
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5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____ [Click Here for Memo Itemization](#)
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 Name & Address: Antigone Perry 37256 Great Oaks Court Clinton Twp, MI 48036	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/18/14</u>	6. Amount \$ <u>50.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>50.00</u>
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5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____ [Click Here for Memo Itemization](#)
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 275.00
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139195
2. Committee Name CTE Card DeMonaco Jr

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/17/14</u> Name & Address: Nancy Stefanou 2087 Glencove Wolverine Lake, MI 48390	25.00 \$ _____	25.00 \$ _____
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 type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/18/14</u> Name & Address: Anna Dimuzio 21100 Beaconsfield St. Clair Shores, MI 48080	50.00 \$ _____	50.00 \$ _____
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 type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/18/14</u> Name & Address: Mary Perry 23573 Donaldson Clinton Twp, MI 48035	100.00 \$ _____	100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/18/14</u> Name & Address: Lori Friedmann 34581 Cherry Hill Ln Richmond, MI 48062	25.00 \$ _____	25.00 \$ _____
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 type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		

Page Subtotal **200.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

139195

1. Committee I.D. Number

CTE Cardi DeMonaco Jr

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/18/2014</u> Name & Address: Kathleen Charbonneau 38725 Harrison Creek Ct Harrison Twp, MI 48045		20.00 \$ _____	20.00 \$ _____
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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/23/2014</u> Name & Address: Jean-Marie Diebolt 12518 Hwy M-35 Rock, MI 49880		100.00 \$ _____	100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Homemaker Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/24/2014</u> Name & Address: Melissa Charbonneau 22214 Evergreen St St. Clair Shores, MI 48082		20.00 \$ _____	20.00 \$ _____
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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/24/2015</u> Name & Address: Douglas Phillips 22741 Garfield St St. Clair Shores, MI 48082		25.00 \$ _____	25.00 \$ _____
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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **165.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139195
2. Committee Name CTE Cardi DeMonaco Jr

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/29/14</u> Name & Address: Kimberly Sullivan 34262 Crosley Clinton Twp, MI 48035 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 type="checkbox"/> Fund Raiser	50.00 \$ _____	50.00 \$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/29/2014</u> Name & Address: Yvonne Ignash 11431 Plumridge Blvd Sterling Heights, MI 48313 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 type="checkbox"/> Fund Raiser	25.00 \$ _____	25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/26/2014</u> Name & Address: Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021 5. If over \$100.00 cumulative, please provide: Occupation <u>Software Engineer</u> Employer <u>Compuware</u> Business Address <u>1 Campus Martius, Detroit, MI 48226</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00 \$ _____	500.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ 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	\$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal **575.00**

Grand Total of All Schedules 1A (Complete on last page of Schedule) **1,215.00**

Enter this total on line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139195

CANDIDATE COMMITTEE

2. Committee Name CTE Cardi DeMonaco Jr

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Compuware 1 Campus Martius Detroit, MI 48226 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Copies of Eastpointe Map</u> 5. Date Of Receipt: <u>11/23/2014</u> 6. Vendor Name & Address: Office Depot 19001 E. Nine Mile Road Eastpointe, MI 48021 Click Here for Memo Itemization	\$ <u>2.50</u>	\$ <u>2.50</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Compuware 1 Campus Martius Detroit, MI 48226 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Envelopes, Card Stock, Rubberbands</u> 5. Date Of Receipt: <u>11/29/2014</u> 6. Vendor Name & Address: Office Depot 19001 E. Nine Mile Road Eastpointe, MI 48021 Click Here for Memo Itemization	\$ <u>48.72</u>	\$ <u>51.22</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Compuware 1 Campus Martius Detroit, MI 48226 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Envelopes, Cards</u> 5. Date Of Receipt: <u>12/4/2014</u> 6. Vendor Name & Address: The Paper Mill Store .com 2323 Venture Ct Sun Prairie, WI 53590 Click Here for Memo Itemization	\$ <u>43.74</u>	\$ <u>94.96</u>

Page Subtotal

94.96 **94.96**

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

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

139195

1. Committee I. D. Number _____

2. Committee Name CTE Cardi DeMonaco Jr

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name American Graphics Printing Co. Address 34895 Groesbeck Clinton Twp, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/3/14</u> Date	\$ <u>496.08</u> Click Here for Memo Itemization Type
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **496.08**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **496.08**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139195
2. Committee Name CTE Cardi DeMonaco Jr

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11/26/2014</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>500.00</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: Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11/23/2014</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2.50</u>	\$ \$ \$ \$ \$	\$	\$ <u>2.50</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: Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11/29/2014</u> 6. <u>Original Amount of Debt:</u> <u>\$ 48.72</u>	\$ \$ \$ \$ \$	\$	\$ <u>48.72</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **551.22**
Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139195
2. Committee Name CTE Cardi DeMonaco Jr

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>12/4/2014</u> 6. <u>Original Amount of Debt:</u> <u>\$ 43.74</u>	\$ \$ \$ \$ \$	\$	\$ <u>43.74</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: Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>12/5/2014</u> 6. <u>Original Amount of Debt:</u> <u>\$ 98.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>98.00</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: Alysa Diebolt 23225 Oakwood Eastpointe, MI 48021	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>12/5/2014</u> 6. <u>Original Amount of Debt:</u> <u>\$ 12.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>12.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **153.74**
Grand Total of all Schedules 1E **704.96**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.