



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers: from 1/1/2015 to 2/8/2015

1. Committee I.D. Number
139195

2. Committee Name
CTE Cardi DeMonaco Jr

4. Candidate Last Name **DeMonaco** First Name **Cardi** M.I. **A**

4a. Office Sought Including District # or Community Served (If applicable)
Board Member - Local (Eastpointe)

4b. County of Residence **MACOMB**

5. Committee's Mailing Address
**23225 Oakwood
Eastpointe, MI 48021**

Area Code and Phone 586-744-3864
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
**Cardi DeMonaco Jr
23225 Oakwood
Eastpointe, MI 48021**

Area Code & Phone 586-744-3864

FILED
15 FEB 12 PM 1:34
 CHERIE A. SADDLER
 CLERK
 MACOMB COUNTY, MICHIGAN
 MT. CLEMENS, MICHIGAN

7. Treasurer's Business Address

Area Code and Phone _____

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

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus
February 24, 2015

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

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. By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution _____

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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 Cardi DeMonaco Jr Signature [Signature] Date 2015-02-10

Candidate Cardi DeMonaco Jr Signature [Signature] Date 2015-02-10



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>1,500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,500.00</u>	(18.) \$ <u>2,715.00</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>1,500.00</u>	(20.) \$ <u>2,715.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>284.24</u>	(21.) \$ <u>489.20</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>0.00</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>0.00</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>989.20</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>718.92</u> ✓	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,500.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,218.92</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,218.92</u> *	



**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 all contributions regardless of amount.

3. Contribution # 1 Name & Address: Frederick Miller 162 Riverside Drive Mount Clemens, MI 48043	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>1/14/2015</u>	6. Amount \$ <u>100.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Commissioner</u> Employer <u>Macomb County</u> Business Address <u>1 South Main, Mount Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemizati	

3. Contribution #2 Name & Address: Linda Pidutti 37649 Charter Oaks Clinton Twp, MI 48036	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1/15/2015</u>	\$ <u>25.00</u>	\$ <u>25.00</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 type="checkbox"/> Fund Raiser			Click Here for Memo Itemizati	

3. Contribution # 3 Name & Address: William Sowerby 37860 Saddle Lane Clinton Twp, MI 48036	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>1/16/2015</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Treasurer</u> Employer <u>Clinton Township</u> Business Address <u>40700 Romeo Plank Rd Clinton Township MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemizat	

3. Contribution # 4 Name & Address: Debra Dorosh 44188 Rina Lane Clinton Twp, MI 48038	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1/17/2015</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
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 Itemizat	

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 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 Name & Address: Edward Bruley 38157 Radde Clinton Twp, MI 48036	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>1/17/2015</u>	\$ <u>50.00</u> \$ <u>50.00</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemizati	
3. Contribution #2 Name & Address: Jason Davis 8009 Marsh Algonac, MI 48001	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1/20/2015</u>	\$ <u>100.00</u> \$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Alumni Coordinator</u> Employer <u>University of Michigan</u> Business Address <u>1301 Beal Avenue, Ann Arbor, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemizati	
3. Contribution # 3 Name & Address: Friends of Macomb 39856 Brylor Ct. Clinton Twp, MI 48038	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>1/20/2015</u>	\$ <u>200.00</u> \$ <u>200.00</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemizat	
3. Contribution # 4 Name & Address: Sarah Roberts 22440 Lakeland St. Clair Shores, MI 48081	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1/20/2015</u>	\$ <u>50.00</u> \$ <u>50.00</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemizat	

Page Subtotal 400.00
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 all contributions regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 1/22/2015

Name & Address:
Committee for Responsible Government
5602 Vincent Trail
Shelby Twp, MI 48316

6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

\$ 200.00 \$ 200.00

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

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemizati](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1/22/2015

Name & Address:
Joyce Lalonde
24801 Rosalind
Eastpointe, MI 48021

6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:
Occupation Retired Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemizati](#)

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 1/22/2015

Name & Address:
Leo Lalonde
24801 Rosalind
Eastpointe, MI 48021

6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:
Occupation Retired Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemizat](#)

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 1/24/2015

Name & Address:
Veronica Klinefelt
16143 Wilson
Eastpointe, MI 48021

6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

\$ 30.00 \$ 30.00

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

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemizat](#)

Page Subtotal 330.00

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 all contributions regardless of amount.

3. Contribution # 1 Name & Address: Nancy Bosak 36813 Union Lake Road Clinton Township, MI 48035	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>1/28/2015</u>	6. Amount \$ <u>35.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>35.00</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 type="checkbox"/> Fund Raiser			Click Here for Memo Itemizati	

3. Contribution #2 Name & Address: Michelle DeBeaussaert 39856 Brylor Ct Clinton Township, MI 48038	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1/28/2015</u>	\$ <u>50.00</u>	\$ <u>50.00</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 type="checkbox"/> Fund Raiser			Click Here for Memo Itemizati	

3. Contribution # 3 Name & Address: Dennis Romanoski 12101 Helen St Southgate, MI 48195	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>1/28/2015</u>	\$ <u>50.00</u>	\$ <u>50.00</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 type="checkbox"/> Fund Raiser			Click Here for Memo Itemizat	

3. Contribution # 4 Name & Address: Gary Cynowa 45451 Fielding St Macomb, MI 48042	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1/29/2015</u>	\$ <u>50.00</u>	\$ <u>50.00</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 type="checkbox"/> Fund Raiser			Click Here for Memo Itemizat	

Page Subtotal 185.00

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 Name & Address: Paul Gielegem 37905 East Horseshoe Drive Clinton Township, MI 48036	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>1/30/2015</u>	\$ <u>25.00</u>	\$ <u>25.00</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 type="checkbox"/> Fund Raiser				

[Click Here for Memo Itemizati](#)

3. Contribution #2 Name & Address: Carla Cavazos 22231 Madison St. Clair Shores, MI 48081	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>2/3/2015</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</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 Itemizati](#)

3. Contribution # 3 Name & Address: Pat Belanger 14938 Alma Drive Sterling Heights, MI 48313	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>2/4/2015</u>	\$ <u>10.00</u>	\$ <u>10.00</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 type="checkbox"/> Fund Raiser				

[Click Here for Memo Itemizat](#)

3. Contribution # 4 Name & Address: Julie Matuzak 74 Lodewyck Mount Clemens, MI 48043	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>2/5/2015</u>	\$ <u>25.00</u>	\$ <u>25.00</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 type="checkbox"/> Fund Raiser				

[Click Here for Memo Itemizat](#)

Page Subtotal 160.00

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 all contributions regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 2/5/2015
 Name & Address:
Sarah Sherwood
305 W Pinckney Ave
Abbeville, SC 29620
 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
 \$ 50.00 \$ 50.00
 5. If over \$100.00 cumulative, please provide:
 Occupation _____ Employer _____
 Business Address _____
 Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemizati](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 2/7/2015
 Name & Address:
Cardi DeMonaco Jr
23225 Oakwood
Eastpointe, MI 48021
 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
 \$ 100.00 \$ 700.00
 5. If over \$100.00 cumulative, please provide:
 Occupation Software Engineer Employer Compuware
 Business Address 1 Campus Martius, Detroit, MI 48226
 Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemizati](#)

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt _____
 Name & Address:

 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
 \$ _____ \$ _____
 5. If over \$100.00 cumulative, please provide:
 Occupation _____ Employer _____
 Business Address _____
 Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemizat](#)

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt _____
 Name & Address:

 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
 \$ _____ \$ _____
 5. If over \$100.00 cumulative, please provide:
 Occupation _____ Employer _____
 Business Address _____
 Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemizat](#)

Page Subtotal 150.00
 Grand Total of All Schedules 1A (Complete on last page of Schedule) 1,500.00

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 all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	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: Software Engineer 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>Postcards</u>	\$ <u>51.47</u>	\$ <u>244.43</u>
5. Date Of Receipt: <u>1/7/2015</u> 6. Vendor Name & Address: Vistaprint USA, Incorporated 95 Hayden Avenue Lexington, MA 02421 Click Here for Memo Itemiz			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Alysa Diebolt 23225 Oakwood Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: Occupation: Freelance Artist Employer Name & Address: Self Employed <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>Labels</u>	\$ <u>13.77</u>	\$ <u>25.77</u>
5. Date Of Receipt: <u>1/10/2015</u> 6. Vendor Name & Address: Office Depot 19001 E. Nine Mile Road Eastpointe, MI 48021 Click Here for Memo Itemiz			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Alysa Diebolt 23225 Oakwood Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: Occupation: Freelance Artist Employer Name & Address: Self Employed <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>Stamps</u>	\$ <u>219.00</u>	\$ <u>244.77</u>
5. Date Of Receipt: <u>1/12/2015</u> 6. Vendor Name & Address: United States Postal Service 23200 Gratiot Eastpointe, MI 48021 Click Here for Memo Itemiz			

Page Subtotal **284.24** **489.20**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **284.24**

Enter this total
on line 6 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
(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 131395
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 endorser 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>1/7/2015</u> 6. <u>Original Amount of Debt:</u> <u>\$ 51.47</u>	\$ \$ \$ \$ \$	\$	\$ <u>51.47</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: Alysa Diebolt 23225 Oakwood Eastpointe, MI 48021	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>1/10/2015</u> 6. <u>Original Amount of Debt:</u> <u>\$ 13.77</u>	\$ \$ \$ \$ \$	\$	\$ <u>13.77</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>1/12/2015</u> 6. <u>Original Amount of Debt:</u> <u>\$ 219.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>219.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **284.24**
Grand Total of all Schedules 1E **989.20**
(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.