

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

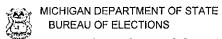
| Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and co | signed by andidate, | 3. This Statement covers: fro | _m 2/9/2015 | to 3/16/2015 | · · · · · · · · · · · · · · · · · · · |
|--|---|--|--|--|---------------------------------------|
| 1. Committee I.D. Number | | 4. Candidate Last Name | First N | ame | M.J. |
| 139195 | | DeMonaco | Cardi | | Α |
| 0 0 144 14 | | 4a. Office Sought Including Dis Board Member - Local | | Served (if applicable) | , |
| CTE Cardi DeMonaco Jr | | 4b. County of Residence MA | .• | | |
| 5. Committee's Mailing Address | | 6. Treasurer's Name & Reside | | | |
| | | | | | |
| 23225 Oakwood | | Cardi DeMonaco Jr | | | |
| Eastpointe, MI 48021 | | 23225 Oakwood | | week. | 六 |
| ,, | | Eastpointe, MI 4802 | 1 | 300 | 15 MAR 26 |
| Area Code and Phone 586-744-3864 | | Eddipolitio, Wil 4002 | • | 200 | 70 m |
| Area Code and Phone 586-744-3864 If the address in this box is different from the comm | ittee | | | ration of the same | NE |
| mailing address on the Statement of Organization, in be sent to this address by the filing official. | naii may | Area Code & Phone 586-7 | 44-3864 | | FILED R26 |
| 7. Treasurer's Business Address | | 8. Designated Record Keeper | 's Name and Mailing A | ddress (If the committee | |
| | | Designated Record Keeper) | - manie and maining r | To so (ii the commence | <u></u> |
| | | | | 王公 | 8 0 |
| | | | | Z, | 是工 |
| | | | | 7 | 274 |
| | | | | | |
| | | | | | |
| Area Code and Phone | | Area Code and Phone | | | • |
| 9. TYPE OF STATEMENT | | | 9e. | | |
| 9a. Pre-Election OR 9b. Post-Election | Required ON is not on the current year: | | by the committee to the | item I/We certify any out he candidate or his or he | r spouse is here |
| Pre-Election or Post-Election Statement relates to: | | | by discharged and for | rgiven and no longer collection | ectible from |
| Primary | July Quart | erly | | has any outstanding deb | |
| | October Q | Usrtarly | | | |
| General | Coconer G | uaitany | Further, if the dissolut | tion cannot be granted, th | nat this be |
| Convention | | | considered a request | for the Reporting Walver | ·- |
| ⊠Special | 9c. 🗀 . | | | | |
| house. | LIAnnua | Statement () Coverage Year | . Effective da | ate of dissolution | |
| School | | • | | | |
| Caucus | | dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to | | | |
| | indica | te which Statement is being | Note: The disposition Schedule 1B and the | of residual funds must b | e reported on |
| | ameno | 100.) | | cammary rago. | 1 |
| Date of Election, Convention or Caucus | | | | | |
| February 24, 2015 | | | | | |
| 1 001 001 001 | | | | | |
| | | | | | j |
| 10. Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a | ence was used accurate and co | in the preparation of this statemorphete. | ent and attached sched | dules (if any) and to the b | pest of |
| Current Treasurer or Cardi DeMonac | o dr | C | - 1 | 0/04/00 | 45 |
| Designated Record Keeper | ~~ UI | 1 (m/1)/ | 230 | Date 3/24/20 | 15 |
| Type or Print Name | | Signature | | | |
| Candidate Cardi DeMonaco Jr | | , Car. On | 0 | 3/24/20 | 115 |
| Type or Print Name | | Signature | V | | |

1. Committee I.D. Number

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Cardi DeMonaco Jr

| RECEIPTS COMMITTEE | Column 1 | Caliman II |
|---|-------------------------|--|
| | This Period | Column II Cumulative this election cycle |
| 3. Contributions | 400.00 | · |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ NOT APPLICABLE | 0.015.00 |
| c. Subtotal of "Contributions" | (3c.) \$ | 3,215.00 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ 0.00 | (19.) \$ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ 400.00 | (20.) \$ 3,215.00 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | 500.05 | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ | \$1,069.45 (21.) \$ |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ | (22.) \$ |
| EXPENDITURES | | |
| 8. Expenditures | *** *** | |
| a. Itemized (Schedule 1B, Column 6) | \$1,669.45 (8a.) \$ | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ 0.00 | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | \$1,669.45 | 2,165.53 |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6) | 0.00 (10a.) \$ | |
| | | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ 0.00 | (24.) \$ 0.00 |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | () | (2τ.) Ψ |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ | |
| b. Owed to the Committee (Schedule 1E) | (40) 0.00 | |
| · · · · · · · · · · · · · · · · · · · | BALANCE STATEMENT | |
| 13. Ending Balance of last report filed | (13.) \$ 2,318.92 | _ |
| (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period | (14.) + \$ 400.00 | |
| (Line 5, Total Contributions & Other Receipts) | 2.718.92 | |
| 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period | (15.) = \$ | |
| (Add lines 9 and 11) | (16.) - \$ | |
| 17. ÈNDING BALANCÉ (Subtract line 16 from line 15) | 1,049.47 | |
| | | |



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

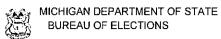
CANDIDATE COMMITTEE

139195

1. Committee I.D. Number

2. Committee Name CTE Cardi DeMonaco Jr

| Enter contributor's name middle initial. Check bo Committee (PAC) Repo | x to indicate if conti | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | | |
|--|------------------------|-------------|--|---------------------------------------|--|---------------------|
| 3. Contribution # 1 Name & Address: Maria Mijac 43710 Via Anton | PAC Receipt? | Y | ES 4. Date of Rece | 2/10/2015 | | |
| Sterling Heights, | | | | | 100.00 s | 100.00 |
| 5. If over \$100.00 cum | ılative, please pro | vide: | | | | |
| Occupation | | | ployer | | Click Here to | or Memo Itemization |
| Business Address | | | | | | |
| Type of Contribution: | ✓ Direct | Lo | oan from a person | Fund Raiser | | |
| 3. Contribution #2 | PAC Receipt? | YE | S 4. Date of Recei | _{pt} 2/14/2015 | | |
| Name & Address Mark Brewer | _ | | | | | |
| 37414 Stonegate | | | | | 25.00 | 25.00 |
| Clinton Township | o, MI 48036 | | | | \$ | \$ |
| 5. If over \$100.00 cumu | ılative, please pro | vide: | | | Click Here fo | r Memo Itemization |
| Occupation | · | _ Empl | oyer | | | |
| Business Address | | | | · · · · · · · · · · · · · · · · · · · | | |
| Type of Contribution: | Direct | Lo | an from a person | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: Derek Miller | PAC Receipt? | | 'ES 4. Date of Rece | 2/19/2015 | 50.00 | |
| 3812 Heavenly I | | | | | 50.00 \$ | \$ 50.00 |
| Warren, MI 4809 | 12 | | | | Click Horo for | Memo Itemization |
| 5. If over \$100,00 cumu | ılative, please pro | vide: | | | Click Here to | wemo nemization |
| Occupation | | Em | ployer | | | |
| Business Address | ا | | · , — — — | | | |
| Type of Contribution: | | | pan from a person | Fund Raiser | | |
| 3. Contribution # 4 Name & Address | PAC Receipt? | ✓ ` | YES 4. Date of Rec | eipt 2/21/2015 | | |
| Registrars PAC I | • | W | | | | |
| 1358 Abbott Stre Detroit, MI 48226 | | | | | 100.00 \$ | 100.00 |
| 5. If over \$100.00 cum | | vide: | | | Oliale Have for | |
| Occupation | | : | Employer | | Click Here to | Memo Itemization |
| • | | | | _ | | |
| Business Address Type of Contribution: | Direct | | oan from a person | Tund Raiser | | |
| 1,500 0, 001,04401.5 | Direct | `-ليـــا | | Page Subtotal | 275.00 | |
| | | | | rand Total of All Schedules 1A | | - |
| 1 2 | | | (Com _l | plete on last page of Schedule) | Enter this total on line 3a of Summary | - |
| Page of | | | | | Page, | |



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

139195

1. Committee I.D. Number

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: Susan Salas | PAC Receipt? | YE | S 4. Date of R | eceipt | 2/21/2015 | | |
| 23217 Oakwoo Eastpointe, MI | | | | | | 50.00 \$ | 50.00 \$ |
| 5. If over \$100.00 cur | nulative, please pro | vide: | | | | Click Here to | or Memo Itemization |
| Occupation | | _ Emp | oloyer | | | Ollok Floro k | or Wellio Refinzacion |
| Business Address | | | | p====== | | | |
| Type of Contribution: | ✓ Direct | Lo | an from a person | | Fund Raiser | | |
| 3. Contribution #2 | PAC Receipt? | YES | 4. Date of R | eceipt | 2/25/2015 | | |
| Name & Address Judith Strong | | | | | | | |
| 20054 15 Mile | Road | | | | | 75.00 | 75.00 |
| Clinton Townsh | ip, MI 48035 | | | | | \$ | <u>\$</u> |
| 5. If over \$100.00 cun | | | | | | Click Here fo | r Memo Itemization |
| Occupation | | _ Emplo | yer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | ✓ Direct | Loa | n from a person | | Fund Raiser | | |
| 3. Contribution # 3 | PAC Receipt? | YE | S 4. Date of F | Receip | t | | |
| Name & Address: | | | | | | | |
| | | | | | | \$ | ¢ |
| | | | | | | | <u> </u> |
| 5. If over \$100.00 cun | nulative, please pro | vide: | | | | Click Here to | r Memo Itemization |
| Occupation | | Emp | loyer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Loa | an from a person | | Fund Raiser | | |
| 3. Contribution # 4 | PAC Receipt? | Y | ES 4. Date of i | Receip | ot | | |
| Name & Address | | | | | | | |
| | | | | | | | |
| | | | | | | \$ | \$ |
| 5. If over \$100.00 cur | nulative, please pro | oviđe: | | | | Click Here fo | r Memo Itemization |
| Occupation | · · · · · · · · · · · · · · · · · · · | _ E | mployer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | | Lo | an from a person | $\overline{\Box}$ | Fund Raiser | | |
| | | | | . Interest | Page Subtotal | 125.00 | |
| | | | | | nd Total of All Schedules 1A | 400.00 | - |
| 0 0 | | | (C | omple | ete on last page of Schedule) | Enter this total on | _ |
| 2 2 Pageof | _ | | | | | line 3a of Summary Page. | |



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number

| CA | ٨I | n | חו | Λ. | T | | \sim | \sim | ĸ. | Ш | M | п | ٣- | rı | ~ | Ċ |
|-----------|----|---|-----|----|---|----------|--------|--------|----|---|---|---|----|----|----------|----|
| UM | ľ | υ | עון | М | ı | — | v | v | I¥ | ш | Y | и | | | | Į, |

2. Committee Name

| CANDIDATE COMM | ITTEE 2. Committee Name | | |
|---|--|--------------------------------------|--|
| 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) 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? Yes Name & Address: Cardi DeMonaco Jr | - \$ | 34.00 | 278.43 |
| 23225 Oakwood Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Stamps | | ; |
| Occupation: Software Engineer Employer Name & Business Address: Compuware 1 Campus Martius Detroit, MI 48226 | 5. Date Of Receipt: 2/17/2015 6. Vendor Name & Address: | ick Here for Memo Ite | emization |
| Fund Raiser Contribution | | | |
| Contribution # 2 PAC Receipt? Yes Name & Address Cardi DeMonaco Jr 23225 Oakwood | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others | 217.26 \$ | 495.69 |
| Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: Occupation: Software Engineer Employer Name & Address: Compuware 1 Campus Martius Detroit, MI 48226 Fund Raiser Contribution | Goods or Services Purchased by Candidate or Others- LOAN Description Election Night Food Order 2/19/2015 5. Date Of Receipt: 6. Vendor Name & Address: Shish Kabob 22151 Gratiot Ave Eastpointe, MI 48021 | ick Here for Memo Ite | emization |
| Contribution #3 PAC Receipt? Yes Name & Address: | 4. Endorsement or Guarantee of Bank Loan | 1.60 | 306.37 |
| Alysa Diebolt 23225 Oakwood Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: Occupation: Freelance Artist | Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Election Night Cake & Cookies O(00/10015) | \$ | |
| Employer Name & Address: Selfemployed | 5. Date Of Receipt: 2/20/2015 6. Vendor Name & Address: East Detroit Bakery 17531 East 9 Mile Road Eastpointe, MI 48021 | ick Here for Memo It | emization |
| Fund Raiser Contribution | | | |
| | Page Subtota | \$312.86 | *** |
| | Grand Total of all Schedules 1-i (Complete on last page of Schedule | l l | |
| | | Enter this total | |

on line 6 of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

| ITEMIZED IN-KIND CONTR | RIBUTIONS 13919 | 5 | | |
|---|--|-----------|--------------------------------------|--|
| SCHEDULE 1-IF | | - | aco Ir | . |
| CANDIDATE COMM | | Delatoria | aco oi | |
| 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 Confribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or service purchased | ces were | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
| Contribution # 1 PAC Receipt? Yes Name & Address: Alysa Diebolt 23225 Oakwood | Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others | \$ | 233.20 | 539.57 |
| Eastpointe, MI 48021 If over \$100.00 cumulative, please provide: Occupation: Freelance Artist Employer Name & Business Address: | Goods or Services Purchased by Candidate or Others Yard Signs 2/20/2015 5. Date Of Receipt: | | | |
| Employed Self Employed Fund Raiser Contribution | 6. Vendor Name & Address: American Graphics 34895 Groesbeck Clinton Twp, MI 48035 | Clic | k Here for Memo It | emization |
| Contribution # 2 PAC Receipt? Yes Name & Address Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021 | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Other Goods or Services Purchased by Candidate or Other | s | 4.19 | 529.88 |
| If over \$100.00 cumulative, please provide: Occupation: Software Engineer Employer Name & Address: Compuware 1 Campus Martius Detroit, MI 48226 | Election Night Beverages 5. Date Of Receipt: 2/21/2015 6. Vendor Name & Address: Frankenmuth Brewery 425 S Main Street Frankenmuth, MI 48734 | Clic | k Here for Memo It | emization |
| Fund Raiser Contribution | Trainential, will tere! | | | |
| Contribution #3 PAC Receipt? Yes Name & Address: | Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others | | \$ | |
| If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | Description 5. Date Of Receipt: 6. Vendor Name & Address: | - | | |
| Fund Raiser Contribution | Pac | Clic | k Here for Memo ! | \$1,069.45 |
| | . ~; | , | | , , = = = = |

Enter this total on line 6 of Summary Page

Grand Total of all Schedules 1-IK \$580.25

(Complete on last page of Schedule)



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

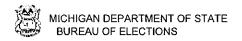
139195

| 1. Committee I. D. Number | |
|---------------------------|-------------------|
| | Cardi DeMonaco Jr |
| Committee Name | |

| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount | | |
|---|---|-----------------------|---|--|--|
| Expenditure #1 | | 2/24/15 | | | |
| Name Patty Costanzo | Floation Minute Food | <u></u> | _{\$} 100.00 | | |
| Address 16487 Manchester Ave Eastpointe, MI 48021 | Purpose: Election Night Party Click | Date Here for Memo | Itemization Type | | |
| | Check box if this expenditure is payment of | | | | |
| Fund Raiser | debt or obligation reported on previous statement | | | | |
| Expenditure #2 Name Cardi DeMonaco Jr | | 0/00/45 | | | |
| Name Cardi Deivionaco Jr | | 2/28/15 | _{\$} 1029.88 | | |
| Address | Repayment of Loans | Date | *************************************** | | |
| 23225 Oakwood | Click F | Here for Memo | Itemization Type | | |
| Eastpointe, MI 48021 | | TOTO TOT WICHTO | Normal Type | | |
| Fund Raiser | ✓ Check box if this expenditure is payment of debt or obligation reported on previous statement | | | | |
| Expenditure #3 | | | | | |
| Name Alysa Diebolt | | 2/28/15 | _{\$} 539.57 | | |
| Address 23225 Oakwood | Purpose: Repayment of Loans | Date | Ф | | |
| Eastpointe, MI 48021 | Click Here for Memo Itemization Type | | | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | | | |
| Expenditure #4 | | | | | |
| Name | | | | | |
| Address | Purpose: | Date | \$ | | |
| | Click H | lere for Memo | itemization Type | | |
| | Check box if this expenditure is payment of | | | | |
| Fund Raiser | debt or obligation reported on previous statement | | | | |
| Expenditure #5 | | | | | |
| Name | | | | | |
| Address | Purpose: | Date | \$ | | |
| Fund Raiser | Click How if this expenditure is payment of debt or obligation reported on previous statement | Here for Memo | Itemization Type | | |
| | Subto | tal this page | \$1,669.45 | | |
| | Grand Total of all (Complete on last page | | | | |
| | , · · | , 1 | Enter this total | | |

Enter this total on line 8a of Summary Page

1 1 Page _____ of ____



139195

1. Committee I.D. Number

CTE Cardi DeMonaco Jr

| CANDIDATE COMMITTEE 2.0 | Committee Name | | | | | | |
|---|--|--|---------------------------------------|--|--|--|--|
| This Schedule itemizes: | | · · · · · · · · · · · · · · · · · · · | | | | | |
| a Debts and obligations owed by or forgiven the con | nmittee OR b. Debt | s and obligations owed <u>to</u> o urpose checked.) | r forgiven <u>by</u> the con | nmittee. | | | |
| 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? Yes Owed to or by: | Loan 4. Type: | 2/28/15 _{\$} 500.00 | | | | | |
| Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021 | 5. <u>Date Debt Was Incurred</u> : 11/26/2014 6. <u>Original Amount of Debt</u> : 500.00 | \$ \$ \$ | \$ 500.00 | \$FORGIVEN | | | |
| If bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$ _ | | | | |
| Debt #2 Corp? Yes Owed to or by: | 4. Type: Loan | 2/28/15 _{\$} 2.50 | | | | | |
| Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021 | 5. Date Debt Was Incurred: 11/23/2014 6. Original Amount of Debt: 2.50 | \$ \$ \$ | \$ 2.50 | \$O FORGIVEN | | | |
| If bank loan, name of endorser or guarantor: | | An | nount Endorsed: \$ | | | | |
| Debt #3 Corp? Yes Owed to or by: Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021 | 4. Type: Loan 5. Date Debt Was Incurred: 11/29/2014 6. Original Amount of Debt: 48.72 | 2/28/15 \$ 48.72 | \$_48.72 | \$_0 FORGIVEN | | | |
| If bank loan, name of endorser or guarantor: | | Aı | mount Endorsed: \$_ | <u> </u> | | | |
| | | Page Subtotal | (Outstanding debt) | \$0.00 | | | |
| Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) | | | | | | | |

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.

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

Page 1 of 5



Page 2 of 5

139195

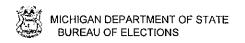
1. Committee I.D. Number

CTE Cardi DeMonaco Jr

| CANDIDATE COMMITTEE 2.0 | Ommutee Name | | | |
|---|--|---|---|--|
| This Schedule itemizes: | | | | |
| a Debts and obligations owed <u>by</u> or forgiven the come (Chec | mittee OR b. Debt ck either a or b. Use only for the pu | s and obligations owed <u>to</u> or irpose checked.) | r forgiven <u>by</u> the con | nmittee. |
| 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 | 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount | 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) |
| provide information regarding the endorsers or guarantors, if any. | of debt | | | |
| Debt #1 Corp? Yes Owed to or by: | Loan 4. Type: | 2/28/15 43.74 | | |
| Cardi DeMonaco Jr 23225 Oakwood | 5. Date Debt Was Incurred: 12/4/2014 | \$ | | 0 |
| Eastpointe, MI 48021 | 6. Original Amount of Debt | \$ | \$ 43.74 | \$ |
| | \$_43.74 | \$ | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Amo | ount Endorsed: \$ | |
| Debt #2 Corp? Yes Owed to or by: | 4. Type: Loan | 2/28/15 _{\$} 98.00 | | |
| Cardi DeMonaco Jr 23225 Oakwood | 5. Date Debt Was Incurred: 12/5/2014 | \$ | | _ |
| Eastpointe, MI 48021 | 6. Original Amount of Debt: 98.00 | \$ \$ | \$ _98.00 | \$_O |
| | \$ | \$ | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | An | nount Endorsed: \$_ | |
| Debt #3 Corp? Yes Owed to or by: | 4. Type: Loan | 2/28/15 12.00 | | |
| Alysa Diebolt 23225 Oakwood | 5. Date Debt Was Incurred: 12/5/2014 | \$ | | |
| Eastpointe, MI 48021 | 6. Original Amount of Debt: | \$ | 12.00 | \$_0 |
| | \$ | \$ | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Ar | mount Endorsed: \$_ | |
| | | Page Subtotal | (Outstanding debt) | \$0.00 |
| (Co | omplete on last page of Schedule : | | of all Schedules 1E or to the committee) | |
| A debt or obligation must be shown on this Schedu | ıle if there was an outstanding a | mount owed on it at the cl | osing date of | Enter this total on line 12a "owed by"" or line 12b "owed to" of the |

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.

Summary Page



1. Committee I.D. Number

| 31395 | |
|-------|--|
|-------|--|

CTE Cardi DeMonaco Jr

| CAND | IDATE | COMM | ITTEE |
|------|--------|------|-------|
| CAND | IJUATE | | 11166 |

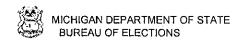
2. Committee Name

| <u></u> | | | | | |
|--|---|--|--|--|--|
| 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.) | | | | | |
| 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) | | |
| Loan 4. Type: | 2/28/15 _{\$} 51.47 | | | | |
| 5. <u>Date Debt Was Incurred</u> : 1/7/2015 | \$ \$ | 51.47 | 0 | | |
| 6. Original Amount of Debt 51.47 | \$ | \$ | FORGIVEN | | |
| | \$ | • | | | |
| | Am | ount Endorsed: \$ | | | |
| 4. Type: Loan | 2/28/15 _{\$} 13.77 | | | | |
| 5. <u>Date Debt Was Incurred</u> : 1/10/2015 | \$ | | | | |
| 6. Original Amount of Debt: | \$ \$ \$ | 13.77 | \$ | | |
| \$ | \$ | | FORGIVEN | | |
| | Ar | nount Endorsed: \$_ | | | |
| 4. Type: Loan | 2/28/15 \$219.00 | | | | |
| 5. <u>Date Debt Was Incurred</u> : 1/12/2015 | <u> </u> | | | | |
| 6. Original Amount of Debt: | \$ | \$ 219.00 | \$ <u>0</u> | | |
| _{\$} 219.00 | | | FORGIVEN | | |
| | | mount Endorsed: \$_ | | | |
| ······································ | | | \$0.00 | | |
| | Page Subtotal | (Outstanding debt) | Ψ0.00 | | |
| omplete on last page of Schedule : | Grand Total showing amounts owed by | of all Schedules 1E or to the committee) | Enter this total | | |
| | ck either a or b. Use only for the put 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt LOAN 4. Type: 5. Date Debt Was Incurred: 1/7/2015 6. Original Amount of Debt: 51.47 5. Date Debt Was Incurred: 1/10/2015 6. Original Amount of Debt: 13.77 4. Type: LOAN 4. Type: 5. Date Debt Was Incurred: 1/10/2015 6. Original Amount of Debt: 13.77 6. Original Amount of Debt: 219.00 | ck either a or b. Use only for the purpose checked.) 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt 4. Type: 5. Date Debt Was Incurred: 1/7/2015 6. Original Amount of Debt: \$ 13.77 5. Date Debt Was Incurred: 1/10/2015 6. Original Amount of Debt: \$ 13.77 \$ Am 4. Type: 5. Date Debt Was Incurred: 1/10/2015 6. Original Amount of Debt: \$ 2/28/15 \$ 13.77 \$ Am 4. Type: 5. Date Debt Was Incurred: 1/10/2015 6. Original Amount of Debt: \$ 2/28/15 \$ 219.00 \$ Ar Ar Page Subtota Grand Total | ck either a or b. Use only for the purpose checked.) 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt 4. Type: Loan | | |

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.

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

Page 3 of 5



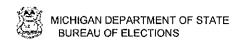
139195

1. Committee I.D. Number CTE Cardi DeMonaco Jr

| CANDIDATE COMMITTEE 2. C | ommittee Name | *** | | |
|--|--|--|---------------------------------------|--|
| This Schedule itemizes: | | | | |
| a Debts and obligations owed by or forgiven the com (Che | mittee OR b. Debt | ts and obligations owed <u>to</u> urpose checked.) | or forgiven by the cor | nmittee. |
| 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? Yes Owed to or by: Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021 If bank loan, name of endorser or guarantor: | Loan 4. Type: 5. Date Debt Was Incurred: 2/17/2015 6. Original Amount of Debt: 34.00 | 2/28/15 _{\$} 34.00 | \$ 34.00 | \$FORGIVEN |
| Debt #2 Corp? Yes | Loan | | Tourit caraorsea. \$ = | |
| Owed to or by: Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021 | 4. Type: | 2/28/15 _{\$} 217.26 | \$ 217.26 | \$_0 FORGIVEN |
| Debt #3 Corp? Yes | Loan | 1 | inodik Endorsed, \$_ | |
| Alysa Diebolt 23225 Oakwood Eastpointe, MI 48021 | 5. Date Debt Was Incurred: 2/20/2015 6. Original Amount of Debt: 61.60 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | \$_61.60 | \$ O FORGIVEN |
| If bank loan, name of endorser or guarantor: | | P | Amount Endorsed: \$_ | |
| 40 | | Grand Tota | al (Outstanding debt) | \$0.00 |
| (C | omplete on last page of Schedule | snowing amounts owed by | or to the committee) | Enter this total on line 12a "owed |

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.

by"" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS

139195

| SCHEDULE 1E |
|-------------|
|-------------|

1. Committee I.D. Number

CTE Cardi DeMonaco Jr

| CANDIDATE COMMITTEE 2. | Committee Name | | | |
|--|--|--|---------------------------------------|--|
| This Schedule itemizes: | | | | |
| a Debts and obligations owed by or forgiven the co | mmittee OR b. Debt neck either a or b. Use only for the pu | s and obligations owed <u>to</u> or rpose checked.) | forgiven <u>by</u> the con | nmittee. |
| 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? Yes Owed to or by: Alysa Diebolt 23225 Oakwood Eastpointe, MI 48021 | Loan 4. Type: 5. Date Debt Was Incurred: 2/20/2015 6. Original Amount of Debt: 233.20 | 2/28/15 _{\$} 233.20 | \$ <u>233.20</u> | \$FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Amo | ount Endorsed: \$ | |
| Debt #2 Corp? Yes Owed to or by: | 4. Type: | s | | |
| | 6. <u>Original Amount of Debt</u> : | \$ \$ | \$ | \$FORGIVEN |
| | | <u> </u> | | |
| | | Arr | nount Endorsed: \$ | |
| Debt #3 Corp? Yes Owed to or by: | 4. Type: | \$ | | |
| | 5. Date Debt Was Incurred: | \$ | | |
| | | \$ | | |
| | 6. Original Amount of Debt: | \$ | ! s | \$ |
| | \$ | \$ | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | | nount Endorsed: \$ | |
| | | | | \$0.00 |
| | | Page Subtotal | (Outstanding debt) | Ψ0.00 |
| Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) | | | \$0.00 | |
| A dobt or obligation must be shown on this Scho | · · · · · · · · · | | | Enter this total on line 12a "owed by"" or line 12b |

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.

"owed to" of the Summary Page

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