



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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 10/23/2017 to 11/27/2017

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**

6. Treasurer's Name & Residential Address  
Cardi DeMonaco Jr, 23225 Oakwood, Eastpointe, MI 48021

Area Code & Phone 586.744.3864

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

Area Code and Phone \_\_\_\_\_

1. Committee I.D. Number  
**139195**

2. Committee Name  
**CTE Cardi DeMonaco Jr**

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.

7. Treasurer's Business Address

FILED  
 17 DEC - 6 AM 8:43  
 MACOMB COUNTY CLERK  
 MT. CLEMENS, MICHIGAN

Area Code and Phone \_\_\_\_\_

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  
11/7/2017

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. Dissolution of Candidate Committee

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 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 12/5/2017

Candidate Cardi DeMonaco Jr Signature [Signature] Date 12/5/2017



1. Committee I.D. Number 139195

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE Cardi DeMonaco Jr

	Column I This Period	Column II Cumulative this election cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1515.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1515.00</u>	(18.) \$ <u>7020.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1515.00</u>	(20.) \$ <u>7020.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>268.00</u>	(21.) \$ <u>290.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3388.52</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3388.52</u>	(23.) \$ <u>5979.86</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>3963.13</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1515.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5478.13</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3388.52</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2089.61</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 <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>10/23/2017</u> Name & Address: <u>Gina Auito, 29167 Eastrose, Roseville, MI 48066</u>	30.00 \$ _____	30.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/23/2017</u> Name & Address: <u>Jason Fulgenzi, 2100 PPlanavon St, Ferndale, MI 48220</u>	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 checked="" type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/23/2017</u> Name & Address: <u>Rachel Wolfe, 1785 Channing St, Apt B, Ferndale, MI 48220</u>	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 checked="" type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/23/2017</u> Name & Address: <u>Will Sanders, 7330 N. Lafayette, Dearborn Heights, MI 48127</u>	40.00 \$ _____	40.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		

Page Subtotal **110.00**

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 all contributions regardless of amount.

3. Contribution # 1      PAC Receipt?  YES      4. Date of Receipt 10/23/2017  
 Name & Address:  
Jason Leinhart, 150 Glynn Ct, Apt C2, Detroit, MI 48202

6. Amount      7. Cumulative for  
 \$ 40.00      \$ 40.00  
 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 Itemization](#)

3. Contribution #2      PAC Receipt?  YES      4. Date of Receipt 10/23/2017  
 Name & Address:  
Mike Keys, 23482 Grandy, Clinton Township, MI 48035

\$ 120.00      \$ 120.00

5. If over \$100.00 cumulative, please provide:  
 Occupation Legislative Asst.      Employer Macomb County Board of Cor  
 Business Address 1 S. Main Street, 9th Floor, Mount Clemens, MI 48043  
 Type of Contribution:  Direct       Loan from a person       Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3      PAC Receipt?  YES      4. Date of Receipt 10/23/2017  
 Name & Address:  
Veronica Klinefelt, 16143 Wilson, Eastpointe, MI 48021

\$ 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 Itemization](#)

3. Contribution # 4      PAC Receipt?  YES      4. Date of Receipt 10/23/2017  
 Name & Address:  
Thomas Shaheen, 22713 Alger, St. Clair Shores, MI 48080

\$ 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 Itemization](#)

Page Subtotal 240.00  
 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>10/23/2017</u> Name & Address: <u>Kathleen Dizenzo, 17640 Collinson, Eastpointe, MI 48021</u>	60.00 \$ _____	60.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/23/2017</u> Name & Address: <u>Kathy Tocco, 31669 Kendall, Fraser, MI 48026</u>	60.00 \$ _____	60.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/23/2017</u> Name & Address: <u>Ryan Bardoni, 3824 S Longmeadow Rd, Trenton, MI 48183</u>	30.00 \$ _____	30.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/23/2017</u> Name & Address: <u>Shirley Lappi, 32930 Whispering Lane, Chesterfield, MI 48047</u>	30.00 \$ _____	30.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		

Page Subtotal **180.00**

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>10/23/2017</u> Name & Address: <u>Patricia Germain, 25912 Salem, Roseville, MI 48066</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	30.00 \$ _____	30.00 \$ _____  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/23/2017</u> Name & Address: <u>Fred Barbret, 27844 Bohn, Roseville, MI 48066</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	30.00 \$ _____	30.00 \$ _____  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/23/2017</u> Name & Address: <u>Joe Wolford, 4120 Huron, Dearborn Heights, MI 48125</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	60.00 \$ _____	60.00 \$ _____  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/23/2017</u> Name & Address: <u>Carla Cavazos, 22231 Madison, St. Clair Shores, MI 48081</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	100.00 \$ _____	100.00 \$ _____  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **220.00**

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>10/23/2017</u> Name & Address: <u>James Horton, 17333 Ego, Eastpointe, MI 48021</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>150.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/23/2017</u> Name & Address: <u>Mary Perry, 23573 Donaldson, Clinton Township, MI 48035</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>150.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/23/2017</u> Name & Address: <u>Craig Brozowski, 24874 Valley, Eastpointe, MI 48021</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>90.00</u>	\$ <u>90.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/23/2017</u> Name & Address: <u>Mark Krause, 24930 Almond, Eastpointe, MI 48021</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>30.00</u>	\$ <u>30.00</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **320.00**

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>10/23/2017</u> Name & Address: <u>Joe DeMonaco, 12485 Lutz, Warren, MI 48093</u>	40.00 \$ _____	40.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/24/2017</u> Name & Address: <u>Donald Demiri, 2540 Woodward, Detroit, MI 48201</u>	100.00 \$ _____	100.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/25/2017</u> Name & Address: <u>Robert Fetter, 22028 Englehardt, St. Clair Shores, MI 48080</u>	30.00 \$ _____	30.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/25/2017</u> Name & Address: <u>Myra Golden, 16475 Stricker, Eastpointe, MI 48021</u>	30.00 \$ _____	30.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		

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**

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>10/27/2017</u> Name & Address: <u>Jordan Twardy, 2302 W 14 Mile, Royal Oak, MI 48073</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	75.00 \$ _____	75.00 \$ _____  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2017</u> Name & Address: <u>Judy Strong, 20054 15 Mile, Clinton Township, MI 48035</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	50.00 \$ _____	50.00 \$ _____  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/30/2017</u> Name & Address: <u>George Massu, 3938 Cottontail Ln, Shelby Twp, MI 48316</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	40.00 \$ _____	40.00 \$ _____  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/16/2017</u> Name & Address: <u>Penny Canada, 8609 Harbortowne, Clarkston, MI 48348</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	50.00 \$ _____	50.00 \$ _____  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal 215.00  
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>11/16/2017</u> Name & Address: <u>Michael Brohl, 24845 Petersburg, Eastpointe, MI 48021</u>	30.00 \$ _____	30.00 \$ _____
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> <span>Occupation _____ Employer _____</span> <span><a href="#">Click Here for Memo Itemization</a></span> </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> <span>Occupation _____ Employer _____</span> <span><a href="#">Click Here for Memo Itemization</a></span> </div> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> <span>Occupation _____ Employer _____</span> <span><a href="#">Click Here for Memo Itemization</a></span> </div> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> <span>Occupation _____ Employer _____</span> <span><a href="#">Click Here for Memo Itemization</a></span> </div> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **30.00**  
Grand Total of All Schedules 1A (Complete on last page of Schedule) **1515.00**

Enter this total on line 3a of Summary Page.



**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 139195  
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: <b>Alysa Diebolt, 23225 Oakwood, Eastpointe, MI 48021</b>  <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>Legislative Aide</b>  Employer Name & Business Address: <b>State of Michigan 124 N Capitol, Lansing, MI 48909</b>  <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- <b>LOAN</b> <b>Stamps</b> Description _____ 5. Date Of Receipt: <u>11/3/2017</u> 6. <b>Vendor Name &amp; Address:</b> _____  Click Here for Memo Itemization	\$ <u>268.00</u>	\$ <u>290.00</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   <b>If over \$100.00 cumulative, please provide:</b> Occupation:  Employer Name & Address:   <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 type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description _____ 5. Date Of Receipt: _____ 6. <b>Vendor Name &amp; Address:</b> _____  Click Here for Memo Itemization	\$ _____	\$ _____
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   <b>If over \$100.00 cumulative, please provide:</b> Occupation:  Employer Name & Address:   <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 type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description _____ 5. Date Of Receipt: _____ 6. <b>Vendor Name &amp; Address:</b> _____  Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal	268.00	290.00
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	268.00	

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 <b>Office Depot</b>  Address <b>19001 E 9 Mile, Eastpointe, MI 48021</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2017</u> Date	\$ <u>21.31</u>
Expenditure #2 Name <b>Party City</b>  Address <b>32469 Gratiot, Roseville, MI 48066</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2017</u> Date	\$ <u>29.36</u>
Expenditure #3 Name <b>Milestone Grill</b>  Address <b>17831 E 9 Mile, Eastpointe, MI 48021</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2017</u> Date	\$ <u>425.00</u>
Expenditure #4 Name <b>PayPal</b>  Address <b>2211 North First, San Jose, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2017</u> Date	\$ <u>1.17</u>
Expenditure #5 Name <b>PayPal</b>  Address <b>2211 North First, San Jose, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2017</u> Date	\$ <u>2.04</u>

Subtotal this page **478.88**

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

139195

1. Committee I. D. Number \_\_\_\_\_

CTE Cardi DeMonaco Jr

2. Committee Name \_\_\_\_\_

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PayPal</b>  Address <b>2211 North First, San Jose, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Transaction Fee</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2017</u> Date	\$ <u>2.04</u>
Expenditure #2 Name <b>PayPal</b>  Address <b>2211 North First, San Jose, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Transaction Fee</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2017</u> Date	\$ <u>0.88</u>
Expenditure #3 Name <b>PayPal</b>  Address <b>2211 North First, San Jose, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Transaction Fee</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2017</u> Date	\$ <u>0.88</u>
Expenditure #4 Name <b>PayPal</b>  Address <b>2211 North First, San Jose, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Transaction Fee</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2017</u> Date	\$ <u>1.46</u>
Expenditure #5 Name <b>PayPal</b>  Address <b>2211 North First, San Jose, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Transaction Fee</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2017</u> Date	\$ <u>1.46</u>

Subtotal this page **6.72**

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

Enter this total  
on line 8a 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 <b>Cardi DeMonaco Jr</b>  Address <b>23225 Oakwood, Eastpointe, MI 48021</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Loan Repayment</u>  <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2017</u> Date	\$ <u>1000.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>Cardi DeMonaco Jr</b>  Address <b>23225 Oakwood, Eastpointe, MI 48021</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Loan Repayment</u>  <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2017</u> Date	\$ <u>1000.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>PayPal</b>  Address <b>2211 North First, San Jose, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/2017</u> Date	\$ <u>3.20</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>PayPal</b>  Address <b>2211 North First, San Jose, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/2017</u> Date	\$ <u>2.48</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <b>Mass Mailing</b>  Address <b>35468 Mound Rd, Sterling Heights, MI 48310</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing Services</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2017</u> Date	\$ <u>607.24</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **2612.92**

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

Enter this total  
on line 8a 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 <b>Alysa Diebolt</b>  Address <b>23225 Oakwood, Eastpointe, MI 48021</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Loan Repayment</u>  <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <b>Note: Reported on this statement</b>	<u>11/23/2017</u> Date	\$ <u>22.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>Alysa Diebolt</b>  Address <b>23225 Oakwood, Eastpointe, MI 48021</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Loan Repayment</u>  <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <b>Note: Reported on this statement</b>	<u>11/23/2017</u> Date	\$ <u>268.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page	<b>290.00</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)	<b>3388.52</b>

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 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: <b>Cardi DeMonaco Jr, 23225 Oakwood, Eastpointe, MI 48021</b>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9/1/2017</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1000.00</u>	10/23/2017 \$ 1000. _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ 1000.00	\$ 0.00 <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: <b>Cardi DeMonaco Jr, 23225 Oakwood, Eastpointe, MI 48021</b>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9/12/2017</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1000.00</u>	10/23/2017 \$ 1000.00 _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ 1000.00	\$ 0.00 <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: <b>Alysa Diebolt, 23225 Oakwood, Eastpointe, MI 48021</b>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/2/2017</u> 6. <u>Original Amount of Debt:</u> <u>\$ 22.00</u>	11/23/2017 \$ 22.00 _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ 22.00	\$ 0.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

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)

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: Alysa Diebolt, 23225 Oakwood, Eastpointe, MI 48021	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11/3/2017</u> 6. <u>Original Amount of Debt:</u> <u>\$ 268.00</u>	11/23/2017 \$ 268.00 _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ 268.00	\$ 0.00 <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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

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)

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.



139195

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

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

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>10/23/2017</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <p style="text-align: center;">50</p>	5. Type of Fund Raising Activity  <p style="text-align: center;">Dinner</p>	6. Address and Name (If any) of the place where the activity was held. <p style="text-align: center;"><b>Milestone Grill</b> <b>17831 E. 9 Mile</b> <b>Eastpointe, MI 48021</b></p> <input type="checkbox"/> Private Residence
---	---	---	---

7. Total Contributions \$3,400.00

8. Other Receipts \_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8) \_\_\_\_\_

10. Total Cost of Event \$425  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

**Note: \$1,885.00 reported on 2017 Pre-Election Report and \$1,515.00 reported in 2017 Post-Election Report**

11.  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-IK), 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.