

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR LOCAL CANDIDATE COMMITTEES FILED WITH A COUNTY CLERK

		Illicition on the folial e made pu	200	
1. Committee ID #: 139195	*2. Type of Filing:	Original: Amendment to items: 4d & 8 & 9	Eff. Date: ,	2.20.2019
*3. Full Name of Committee (must include	Candidate's first and la	ast name):		
CTE Cardi DeMonaco Jr		•		
*4a. Candidate Fuil Name: Last Name		First Name	M.I.	
*4b. Political Party (if applicable):	_	*4c. County of Residence: MA	COMB 🖳	
*4d. Office Sought: Board Member - I	Local-MUYOR	*4e. District or Jurisdiction:	Eastpointe	
*5. Date Committee was Formed:				
*6a. Committee Phone:		6b. Committee Fax #:		
*6c. Committee Email Address:		6d. Committee Website Addres	s:	
*7a. Complete Committee Mailing Address	s (May be PO Box):	**************************************		
*7b. Complete Committee Street Address	/May not be DO Royl-			
vomplete committee street Address	(may not be PO box):		T. C.	19
*8. Treasurer Name and Complete Residen	Atial Address:			
Alysa Diebolt, 23225 Oakwood,		8021	EHE C	
		,	20	- 25
Phone #: (906) 399-9861		Address: alysamarie0@gmail.co	<u>m ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	
9. Designated Record Keeper Name and Complete Address:				
Alysa Diebolt, 23225 Oakwood	, Eastpointe, MI 4	8021	<u> </u>	Ö
Phone #: (906) 399-9861 *10. REPORTING WAIVER REQUEST:	Emai	l Address: alysamarie0@gmail.co	om 35	- 5
YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of \$1,000.00 in an election. I/We understand that if the committee does not spend or received in excess of \$1,000.00 in an election, the committee does not owe detailed campaign statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000.00 threshold and all required campaign statements must be filed. A Reporting Waiver does not exempt a committee from filing Late Contribution Reports. NO, I/We DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to receive or expend in excess of \$1,000.00 in an election. I/We understand that the committee owes detailed campaign statements even if the committee does not spend or receive in excess of \$1,000.00 in				
an election. I further understand that the filing fees. Further information regarding Re				to avoid paying late
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) While this item must be completed, an account does not have to be opened until the first contribution is received. *Official Depository (name and address):				
Secondary Depository (name and address):				
12. Verification: I/We certify that all reasons complete to the best of my/our knowledge of the signatures that verify the accuracy and of diligence will be used in the preparation of eaccurate and complete to the best of my/ou	or belief. If filing campai completeness of each streach states each statement electroni	gn statements electronically, we further a atement filed electronically by the comm ically filed by this committee and that the	agree that the signatures b nittee. I/We certify that all	pelow shall serve as reasonable
*Candidate: Cut OS	Date: a.d.	209 *Current Treasurer	elat Date	e: 2.25.2019
*Designated Record Keeper (If Applicable)	Alega /	relott	Date	:: 2.25.2019 :: 2.25.2019
CFR101 CAN SO.doc REV 04/18: Authority g	ranted under Act 388 of	1976, as amended * = Required Field		