



**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: <u>1/1/2019</u> to <u>7/20/2019</u>	
1. Committee I.D. Number 139195	4. Candidate Last Name <u>DeMonaco Jr</u> First Name <u>Cardi</u> M.I. <u>A</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>Eastpointe City Council</u> 4b. County of Residence MACOMB
2. Committee Name CTE Cardi DeMonaco Jr	6. Treasurer's Name & Residential Address <u>Alysa M. Diebolt</u> <u>23225 Oakwood</u> <u>Eastpointe, MI 48021</u> Area Code & Phone <u>9063999861</u>
5. Committee's Mailing Address 23225 Oakwood Eastpointe, MI 48021 Area Code and Phone <u>5867443861</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)
7. Treasurer's Business Address N/A	

FILED
 19 JUL 24 AM 9:25
 MICHIGAN COUNTY CLERK
 ANN ARBOR, MICHIGAN

<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary</p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____</p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input checked="" type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	<p>9e. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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	<u>Alysa M. Diebolt</u>	<u><i>Alysa M. Diebolt</i></u>	Date	<u>7/24/2019</u>
	Type or Print Name	Signature		
Candidate	<u>Cardi A. DeMonaco Jr</u>	<u><i>Cardi A. DeMonaco Jr</i></u>	Date	<u>7/24/2019</u>
	Type or Print Name	Signature		



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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$0.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1151.75</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1151.75</u>	(23.) \$ _____
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.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</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>\$2,089.61</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$2,089.61</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1151.75</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>937.86</u>	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139195
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 <u>USPS (online)</u> Address <u>475 U Efant Plaza SW</u> <u>Washington DC 20590</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/19/2019</u> Date	<u>\$ 1001.75</u>
Expenditure #2 Name <u>Michigan Democratic Party</u> Address <u>Leole Townsend</u> <u>Lansing, MI 48933</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LIST</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/22/2019</u> Date	<u>\$ 150.00</u>
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	\$ _____
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	\$ _____
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	\$ _____

Subtotal this page 1151.75
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) 1151.75

Enter this total
on line 8a of
Summary Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK
CANDIDATE COMMITTEE

139195

1. Committee I. D. Number

2. Committee Name

CTE Cardi DeMonaco Jr

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
<p>Expenditure #1 Name & Address: Friends of Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021</p>	<p>4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input checked="" type="checkbox"/> Other <i>Donation to Mayoral Committee of Stamps</i> <small>Click Here for Memo Itemization Type</small></p>	<p>3/12/2019 Date</p>	<p>\$ 1001.75</p>
<p>Expenditure #2 Name & Address: Friends of Cardi DeMonaco Jr 23225 Oakwood Eastpointe, MI 48021</p>	<p>4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input checked="" type="checkbox"/> Other <i>Donation to Mayoral Committee of List</i> <small>Click Here for Memo Itemization Type</small></p>	<p>3/12/2019 Date</p>	<p>\$ 150.00</p>
<p>Expenditure #3 Name & Address:</p>	<p>4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other <small>Click Here for Memo Itemization Type</small></p>	<p>_____ Date</p>	<p>\$ _____</p>
<p>Expenditure #4 Name & Address:</p>	<p>4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other <small>Click Here for Memo Itemization Type</small></p>	<p>_____ Date</p>	<p>\$ _____</p>
<p>Expenditure #5 Name & Address:</p>	<p>4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other <small>Click Here for Memo Itemization Type</small></p>	<p>_____ Date</p>	<p>\$ _____</p>

Page Subtotal

1151.75

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

1151.75

Enter this total on line 7 of the Summary Page