



**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.

1. Committee I.D. Number 139945 2. Committee Name Laura Cardamone For Trustee 5. Committee's Mailing Address 17187 Canvasback Clinton Twp MI 48038 Area Code and Phone 586-216-5837 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 98. S. Main Mount Clemens MI 48043 Area Code and Phone 586-216-5837		3. This Statement covers From: 4-21-2020 to 7-19-2020 4. Candidate Last Name Cardamone First Name Laura M.I. 4a. Office Sought Including District # or Community Served (If applicable) Trustee- Clinton Twp 4b. County of Residence Macomb 6. Treasurer's Name & Residential Address Laura Cardamone 17187 Canvasback Clinton Twp MI 48038 Area Code & Phone 586-216-5837 8. Designated Record Keeper's Name and 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 8-4-2020		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 _____ Type or Print Name _____ Signature _____ Date _____ Candidate Laura Cardamone _____ Type or Print Name _____ Signature _____ Date 7-20-2020	

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MT. CLEMENS, MICHIGAN



1. Committee I.D. Number 139945

2. Committee Name Laura Cardanore For Trustee

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>7,390.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>7,390.00</u>	(18.) \$ <u>7,390.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>—</u>	(19.) \$ <u>—</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>7,390.00</u>	(20.) \$ <u>7,390.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>860.64</u>	(21.) \$ <u>860.64</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>—</u>	(22.) \$ <u>—</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>7,350.26</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>7.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>7,357.26</u>	(23.) \$ <u>7,357.26</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>—</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>—</u>	(24.) \$ <u>—</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>1,300.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>—</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>7390.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>7,390.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>7,357.26</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>32.74</u>	



139945

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number Laura Cardamone For Truste
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 <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? ☐ YES 4. Date of Receipt <u>5-18-2020</u> Name & Address: <u>Michelle Behrman</u> <u>1001 Inglewood</u> <u>Rochester MI 48307</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		<u>\$ 100.00</u>	<u>\$ 100.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>5-18-2020</u> Name & Address: <u>Joyce Lalonde</u> <u>24801 Roseland</u> <u>Eastpointe MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		<u>\$ 70.00</u>	<u>\$ 70.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>5-18-2020</u> Name & Address: <u>Maureen Wark</u> <u>36270 Vita Bella</u> <u>Clinton Twp MI 48035</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance Agent</u> Employer <u>M^cGovern Agency</u> Business Address <u>37102 Groesbeck</u> <u>Clinton Twp MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		<u>\$ 500.00</u>	<u>\$ 500.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>5-18-2020</u> Name & Address: <u>Heather Brdak</u> <u>51696 Promenade Ln</u> <u>New Baltimore MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		<u>\$ 25.00</u>	<u>\$ 25.00</u>
		Click Here for Memo Itemization	

Page Subtotal

695.00

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 139945
2. Committee Name Laura Cardamone For Trustee

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.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 5-18-2020
Name & Address:

Jennifer Miller
162 Riverside
Mount Clemens MI 48043

\$ 200.00 \$ 200.00

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

Occupation Administrator Employer MEA

[Click Here for Memo Itemization](#)

Business Address 1216 Kenzie East Lansing MI 48823

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 5-18-2020
Name & Address:

William J. Sowersby (Personal Funds)
37860 Saddle Lane
Clinton Twp MI 48036

\$ 200.00 \$ 200.00

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

Occupation State Representative Employer _____

[Click Here for Memo Itemization](#)

Business Address 100 N. Capitol Ave Lansing 48933

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 5-18-2020
Name & Address:

Edward Bruley
38157 Radde
Clinton Twp MI 48036

\$ 100.00 \$ 100.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 5-18-2020
Name & Address:

Edward Carey
51404 Royal Links
Macomb Twp MI 48042

\$ 100.00 \$ 100.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

600.00

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 139945
2. Committee Name Laura Caplanone For Trustee

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.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 5-18-2020
Name & Address:

Andrew Patzert
21175 Harrington
Clinton Twp MI 48036

\$ 300.00 \$ 300.00

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

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 5-19-2020
Name & Address:

Mike Grix
49921 Salisbury
Chesterfield, MI 48047

\$ 30.00 \$ 30.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 5-20-2020
Name & Address:

Stacy LaPlante
49621 Golden Gate
Macomb MI 48044

\$ 50.00 \$ 50.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 5-20-2020
Name & Address:

Kim Green
50025 Maurice
Chesterfield MI 48047

\$ 50.00 \$ 50.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

430.00

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

139945

2. Committee Name

Laura Cardanone For Trustee

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.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 5-20-2020
Name & Address:

Casabella Sabagh
4133 Norwich
Rochester Hills MI 48306

\$ 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](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 5-20-2020
Name & Address:

Angela Manzella
18751 Wigeon
Clinton Twp MI 48038

\$ 200.00 \$ 200.00

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

Occupation Asst. Principal Employer Clippan Valley Schools

Business Address 19120 Cass Clinton Twp 48038

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 5-21-2020
Name & Address:

Tracey Tokich
22710 Gordon Switch
St. Clair Shores MI 48081

\$ 100.00 \$ 100.00

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 5-21-2020
Name & Address:

Nancy Demling
20776 Moron
Clinton Twp MI 48036

\$ 35.00 \$ 35.00

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

385.00

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 139945
2. Committee Name Laura Cardamone For Trustee

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.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 5-21-2020
Name & Address:

Warren Sanford
22514 Wildwood
St. Clair Shores MI 48081

\$ 200.00 \$ 200.00

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

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 5-21-2020
Name & Address:

Karen Mundt
21085 Balfour
Clinton Twp MI 48036

\$ 100.00 \$ 100.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 5-22-2020
Name & Address:

Tekla Yokich
23015 Ardmore Park
St. Clair Shores MI 48081

\$ 100.00 \$ 100.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 5-22-2020
Name & Address:

Michelle DeBeaussaert
39856 Brylor Ct.
Clinton Twp MI 48038

\$ 75.00 \$ 75.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

475.00

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 139945
2. Committee Name Laura Cardamone For Trustee

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? ☐ YES	4. Date of Receipt <u>5-22-2020</u>	
Name & Address: <u>Debra Dorosh</u> <u>44188 Rina Lane</u> <u>Clinton Twp MI 48038</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
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 <u>5-22-2020</u>	
Name & Address: <u>Carole Bannister</u> <u>18877 Highlite Dr.S</u> <u>Clinton Twp, MI 48035</u>		\$ <u>30.00</u>	\$ <u>30.00</u>
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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>5-23-2020</u>	
Name & Address: <u>Marian Cardamone</u> <u>1695 Villa</u> <u>Birmingham MI 48009</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
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 <u>5-23-2020</u>	
Name & Address: <u>Martin Winiarski</u> <u>40995 Rosewood</u> <u>Clinton Twp MI 48038</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
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

130.00

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 139945
2. Committee Name Lawrence Cardamone for Trustee

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.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 5-23-2020
Name & Address:

David Bonior
1000 New Jersey Ave, SE #1107
Washington DC 20003

\$ 500.00 \$ 500.00

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

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 5-27-2020
Name & Address:

Emil Cardamone
41945 Millview
Sterling Hts MI 48314

\$ 500.00 \$ 500.00

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

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 5-27-2020
Name & Address:

Lynn Davidson
20800 Park Place Ln
Clinton Twp MI 48036

\$ 50.00 \$ 50.00

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

Occupation X Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 5-27-2020
Name & Address:

Ed Ratobylski
16208 Terra Bella
Clinton Twp MI 48038

\$ 100.00 \$ 100.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

1,150.00

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 139945
2. Committee Name Laura Cardamone For Trustee

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.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 5-27-2020
Name & Address:

Paul Gielegem (Personal Funds)
37905 E Horseshoe
Clinton Twp MI 48036

\$ 100.00 \$ 100.00

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 5-28-2020
Name & Address:

Charles Anderson
47886 Addario
Shelby Twp MI 48315

\$ 150.00 \$ 150.00

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

Occupation Rep. Employer United Auto Workers

Business Address 8000 E. Jefferson Detroit MI 48214

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 5-28-2020
Name & Address:

Robert Mijac (Not Committee Funds)
43710 Via Antonio
Sterling Hts MI 48314

\$ 100.00 \$ 100.00

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 6-1-2020
Name & Address:

Josh Lidtke
20940 Parkplace Ln
Clinton Twp MI 48038

\$ 20.00 \$ 20.00

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

370.00

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 139945
2. Committee Name Laura Cardinale For Trustee

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? ☐ YES Name & Address: <u>Ken Pearl (Personal Funds)</u> <u>38316 Santa Barbara</u> <u>Clinton Twp MI 48036</u>	4. Date of Receipt <u>6-2-2020</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
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 Name & Address: <u>Mark Brewer</u> <u>37414 Stonegate</u> <u>Clinton Twp MI 48036</u>	4. Date of Receipt <u>6-2-2020</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
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 # 3 PAC Receipt? ☐ YES Name & Address: <u>August Gitschlag</u> <u>3212 Evaline #2</u> <u>Hemlock MI 48022</u>	4. Date of Receipt <u>6-4-2020</u>	\$ <u>25.00</u>	\$ <u>25.00</u>
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 Name & Address: <u>Veronica Cattivera</u> <u>40126 Palazzo</u> <u>Clinton Twp MI 48036</u>	4. Date of Receipt <u>6-5-2020</u>	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Language Interpreter</u> Employer <u>Self</u> Business Address <u>40126 Palazzo Clinton Twp 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

375.00

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 139945
2. Committee Name Laura Cardamone For Trustee

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.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 6-6-2020
Name & Address:

Thomas Giachino
2742 Rhodes
Troy MI 48063

\$ 100.00 \$ 100.00

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 6-6-2020
Name & Address:

Charles Welton
2742 Rhodes
Troy MI 48063

\$ 100.00 \$ 100.00

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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 6-8-2020
Name & Address:

Gary Lynova
45451 Fielding
Macomb MI 48042

\$ 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 6-11-2020
Name & Address:

Fred Barbret
27844 Bohn
Roseville, MI 48066

\$ 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

280.00

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 139945
2. Committee Name Laura Cardamone For Trustee

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.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 6-13-2020
Name & Address:

Sharon Gire
37567 Radde
Clinton Twp MI 48036

\$ 50.00 \$ 50.00

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 6-17-2020
Name & Address:

Janet Seewald
151 S. Wilson
Mount Clemens MI 48043

\$ 200.00 \$ 200.00

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

[Click Here for Memo Itemization](#)

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 6-18-2020
Name & Address:

Lisa Miller
42992 Ian Ct.
Clinton Twp MI 48036

\$ 25.00 \$ 25.00

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 6-18-2020
Name & Address:

David Bonior
1000 New Jersey Ave SE, Apt 1107
Washington, DC 20003

\$ 250.00 \$ 750.00

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

[Click Here for Memo Itemization](#)

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

525.00

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

139945

2. Committee Name

Laura Cardamone For Trust

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.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 6-22-2020

Name & Address:

Frank Bedward
41001 Hidden Oaks
Clinton Twp MI 48038

\$ 100.00 \$ 100.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 6-28-2020

Name & Address

Emil Cardamone
41945 Hillview
Starling Heights MI 48314

\$ 500.00 \$ 1,000.00

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

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 7-1-2020

Name & Address:

Mike V. Keys (Personal Funds)
23482 Grandy
Clinton Twp MI 48035

\$ 50.00 \$ 50.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 7-2-2020

Name & Address

Laura Cardamone
17187 Canvasback
Clinton Twp MI 48036

\$ 1000 \$ 1,478.84

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

Occupation Counselor Employer Self - Venture Counseling

[Click Here for Memo Itemization](#)

Business Address 198 S. Main Mount Clemens 48043

Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser

Page Subtotal

1,650

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 1399415
2. Committee Name Laura Cardamone For Trustee

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.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 7-7-2020
Name & Address:

Dennis Bruck
19637 Lloyd
Clinton Twp MI 48038

\$ 25.00 \$ 25.00

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 7-9-2020
Name & Address:

Laura Cardamone
17187 Canvasback
Clinton Twp MI 48038

\$ 300.00 \$ 1778.84

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

Occupation Owner/Consultant Employer Venture Counseling

Business Address 98 S. Main Mount Clemens 48038

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 _____
Name & Address:

\$ _____ \$ _____

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 _____
Name & Address:

\$ _____ \$ _____

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

325.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

7340.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139945
2. Committee Name Laura Cardamone For Trustee

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)
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Contribution # 1 PAC Receipt? ☐ Yes

Name & Address:

Laura Cardamone
17187 Canvasback
Clinton Twp MI 48038

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

4. ☐ 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- LOAN

Description Office Supplies

5. Date Of Receipt: 5-9-2020

6. Vendor Name & Address:

Meijer
15055 Hall
Shelby Twp MI 48315

[Click Here for Memo Itemization](#)

\$ 12.68 \$ 12.68

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

Laura Cardamone
17187 Canvasback
Clinton Twp MI 48038

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

4. ☐ 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- LOAN

Description Stamps

5. Date Of Receipt: 5-11-2020

6. Vendor Name & Address:

Costco
45460 Market
Shelby Twp MI 48315

[Click Here for Memo Itemization](#)

\$ 54.75 \$ 67.43

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

Laura Cardamone
17187 Canvasback
Clinton Twp MI 48038

If over \$100.00 cumulative, please provide:

Occupation: Counselor / Owner

Employer Name & Address:

~~Shelby~~ Venture Counseling
148 S. Main
Mount Clemens MI 48043

4. ☐ 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- LOAN

Description Stamps

5. Date Of Receipt: 5-19-2020

6. Vendor Name & Address:

Costco
45460 Market
Shelby Twp MI 48315

[Click Here for Memo Itemization](#)

\$ 54.75 \$ 122.18

☐ Fund Raiser Contribution

Page Subtotal

122.18

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number _____

CANDIDATE COMMITTEE

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)
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Contribution # 1 PAC Receipt? ☐ Yes Name & Address: <u>Laura Cardamone</u> <u>17187 Canvasback</u> <u>Clinton Twp MI 48038</u> If over \$100.00 cumulative, please provide: Occupation: <u>Counselor/Owner</u> Employer Name & Business Address: <u>Venture Counseling</u> <u>198 S. Main</u> <u>Mount Clemens MI 48043</u> ☐ Fund Raiser Contribution	4. ☐ 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- LOAN Description <u>Balance of Printing Bill</u> 5. Date Of Receipt: <u>6-1-2020</u> 6. Vendor Name & Address: <u>American Graphics Printing</u> <u>37895</u>	\$ <u>34.86</u>	\$ <u>157.04</u>
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[Click Here for Memo Itemization](#)

Contribution # 2 PAC Receipt? ☐ Yes Name & Address: <u>Laura Cardamone</u> <u>17187 Canvasback</u> <u>Clinton Twp 48038</u> If over \$100.00 cumulative, please provide: Occupation: <u>Owner/Counselor</u> Employer Name & Address: <u>Venture Counseling</u> <u>198 S. Main</u> <u>Mount Clemens 48043</u> ☐ Fund Raiser Contribution	4. ☐ 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- LOAN Description <u>Voter File Contribution</u> 5. Date Of Receipt: <u>6-22-2020</u> 6. Vendor Name & Address: <u>Michigan Democratic Party -</u> <u>Federal Account</u> <u>606 Townsend</u> <u>Lansing MI 48933</u>	\$ <u>250.00</u>	\$ <u>407.04</u>
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[Click Here for Memo Itemization](#)

Contribution #3 PAC Receipt? ☐ Yes Name & Address: <u>Laura Cardamone</u> <u>17187 Canvasback</u> <u>Clinton Twp 48038</u> If over \$100.00 cumulative, please provide: Occupation: <u>Owner/Counselor</u> Employer Name & Address: <u>Venture Counseling</u> <u>198 S. Main</u> <u>Mount Clemens MI 48043</u> ☐ Fund Raiser Contribution	4. ☐ 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- LOAN Description <u>Stamps</u> 5. Date Of Receipt: <u>6-22-2020</u> 6. Vendor Name & Address: <u>United States Postal Service</u> <u>155 S Main</u> <u>Mount Clemens 48043</u>	\$ <u>71.80</u>	\$ <u>478.84</u>
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[Click Here for Memo Itemization](#)

Page Subtotal 356.66

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139945
2. Committee Name Laura Cardamone For Trustee

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? ☐ Yes Name & Address: <u>Jennifer Miller</u> <u>162 Riverside</u> <u>Mount Clemens MI 48043</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: <u>MEA</u> <u>1216 Kerdale</u> <u>East Lansing MI 48823</u> ☐ Fund Raiser Contribution	4. ☐ 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- LOAN Description <u>Stamps</u> 5. Date Of Receipt: <u>7-1-2020</u> 6. Vendor Name & Address: <u>USPS</u> <u>155 S. Main</u> <u>Mount Clemens 48043</u>	\$ <u>281.80</u>	481.80 \$ <u>281.80</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: <u>Laura Cardamone</u> <u>17187 Canwasback</u> <u>Clinton Twp 48036</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <u>Venture Counseling</u> <u>48 S. Main</u> <u>Mount Clemens MI 48043</u> ☐ Fund Raiser Contribution	4. ☐ 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- LOAN Description <u>Fee in lieu of Petitions</u> 5. Date Of Receipt: <u>Apr. 1 21, 2020</u> 6. Vendor Name & Address: <u>Clinton Twp Treasurer</u> <u>40700 Rondo Plant</u> <u>Clinton Twp MI 48036</u>	\$ <u>100.00</u>	578.84 \$ <u>578.84</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ 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- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ _____	\$ _____

Page Subtotal 381.80

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 860.64

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139975
2. Committee Name Laura Cardamone for Trustee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>American Graphics Printing</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp MI 48035</u> ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-1-2020</u> Date	<u>\$ 581.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>American Graphics Printing</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp MI 48035</u> ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-17-2020</u> Date	<u>\$ 867.08</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Ministerial Alliance of Macomb County</u> Address <u>23512 Joy</u> <u>Clinton Twp MI 48036</u> ☐ Fund Raiser	Purpose: <u>Donations - Summer Play Pack Program</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-15-2020</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>US Postmaster</u> Address <u>155 S Main</u> <u>Mt Clemens MI 48043</u> ☐ Fund Raiser	Purpose: <u>Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-26-20</u> Date	<u>\$ 2845.61</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Mass Mailing</u> Address <u>35468 Mount Sterling Hts 48310</u> ☐ Fund Raiser	Purpose: <u>Mail Services</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-26-20</u> Date	<u>\$ 501.97</u> Click Here for Memo Itemization Type

Subtotal this page 4895.66
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**

1. Committee I. D. Number 139945
2. Committee Name Laura Cardamone For Trustee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Poppy Designs</u> Address <u>23255 Oakwood</u> <u>Eastpointe MI 48021</u> ☐ Fund Raiser	Purpose: <u>Graphic Design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-2-20</u> Date	\$ <u>150.00</u>
Expenditure #2 Name <u>American Graphics Printing</u> Address <u>34895 Groedbeck</u> <u>Clinton Twp MI 48035</u> ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-2-20</u> Date	\$ <u>867.08</u>
Expenditure #3 Name <u>US Postmaster</u> Address <u>155 S Main</u> <u>Mount Clemens 48043</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-9-20</u> Date	\$ <u>1184.65</u>
Expenditure #4 Name <u>Mass Mailing</u> Address <u>35468 Mound</u> <u>Sterling Hts MI 48310</u> ☐ Fund Raiser	Purpose: <u>Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-9-20</u> Date	\$ <u>252.87</u>
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 2454.60
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 7,350.26
Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139945

2. Committee Name Laura Cardamone For Trustee

This Schedule itemizes:

☒ Debts and obligations owed by or forgiven the committee OR ☐ 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? ☐ Yes Owed to or by: <u>Laura Cardamone</u> <u>17187 Canvasback</u> <u>Clinton Twp MI 48038</u>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>7-2-2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: <u>Laura Cardamone</u> <u>17187 Canvasback</u> <u>Clinton Twp MI 48038</u>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>7-9-2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 300.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>300.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,300.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

1,300.00

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.