



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.

1. Committee I.D. Number 139945		3. This Statement covers From: 8-25-2020 12-18-2020	
2. Committee Name Laura Cardamone for Trustee		4. Candidate Last Name Cardamone First Name Laura M.I. 4a. Office Sought Including District # or Community Served (If applicable) Clinton Twp Trustee 4b. County of Residence Macomb	
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.		6. Treasurer's Name & Residential Address Laura Cardamone 17187 Canvasback Clinton Twp MI 48038 Area Code & Phone 586-216-5837	
7. Treasurer's Business Address 98 S. Main Mount Clemens MI 48043 Area Code and 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 11-3-2020		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 Signature _____ Date 10/18/2020	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139945
2. Committee Name Laura Cardanone 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>5,645.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>5,645.00</u>	(18.) \$ <u>14,335.00</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>5,645.00</u>	(20.) \$ <u>14,335.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>895.40</u>	(21.) \$ <u>1,900.04</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>5,167.10</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>21.93</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>5,189.03</u>	(23.) \$ <u>12,811.54</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>2,500.00</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>1,067.44</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>5,645.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>6,712.44</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>5,189.03</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1,523.41</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 <u>9-31-2020</u>	
Name & Address: <u>Richard Strobl</u> <u>41523 Mary Kay</u> <u>Clinton Twp MI 48038</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
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 <u>9-31-2020</u>	
Name & Address: <u>Bilal Mirza</u> <u>43702 Grove</u> <u>Clinton Twp MI 48038</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
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 #3	PAC Receipt? ☐ YES	4. Date of Receipt <u>9-3-2020</u>	
Name & Address: <u>Donna Danford</u> <u>22514 Wildwood</u> <u>St. Clair Shores MI 48081</u>		\$ <u>30.00</u>	\$ <u>30.00</u>
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 <u>9-3-2020</u>	
Name & Address: <u>Harold Brewer</u> <u>21371 Cass</u> <u>Clinton Twp MI 48036</u>		\$ <u>30.00</u>	\$ <u>30.00</u>
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			

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

1. Committee I.D. Number _____

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.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 9-3-2020
Name & Address:

Thomas McGovern
62440 Bates
Lenox MI 48048

\$ 30.00 \$ 30.00

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 9-5-2020
Name & Address:

Joyce Lalonde
24801 Rosalind
Eastpointe MI 48021

\$ 30.00 \$ 100.00

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 #3 PAC Receipt? ☐ YES 4. Date of Receipt 9-5-2020
Name & Address:

Leo Lalonde
24801 Rosalind
Eastpointe MI 48021

\$ 30.00 \$ 30.00

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 9-8-2020
Name & Address:

William Somerby
37860 Saddle Lane
Clinton Twp MI 48036

\$ 100.00 \$ 300.00

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

[Click Here for Memo Itemization](#)

Occupation State Representative Employer _____

Business Address 100 N. Capitol Ave Lansing MI 48933

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

Page Subtotal

190.00

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 <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>9-8-2020</u> Name & Address: <u>Michelle DeBeaussant</u> <u>39856 Baylor Ct</u> <u>Clinton Twp MI 48034</u>		\$ <u>75.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> 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 <u>9-8-2020</u> Name & Address: <u>Mary Joan Schuhl</u> <u>35651 Union Lake</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 _____		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 <u>9-8-2020</u> Name & Address: <u>Karen DeClark</u> <u>5100 18 1/2 Mile Rd</u> <u>Stirling Hts MI 48314</u>		\$ <u>30.00</u>	\$ <u>30.00</u>
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 <u>9-8-2020</u> Name & Address: <u>Charles Cardanone</u> <u>3639 S. Louisville</u> <u>Tulsa, OK 74135</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
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

185.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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2. Committee Name Laura Cardanone For Trustee

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3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt <u>9-10-20</u> Name & Address: <u>Lois Hill</u> <u>15 S. Highland</u> <u>Mount Clemens MI 48043</u>		\$ <u>60.00</u>	\$ <u>60.00</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>9-10-2020</u> Name & Address: <u>CTE Richard M. Steenland</u> <u>28434 Bohu</u> <u>Roseville MI 48066</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 #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>9-10-2020</u> Name & Address: <u>Nancy Duenling</u> <u>20776 Moran</u> <u>Clinton Twp MI 48036</u>		\$ <u>50.00</u>	\$ <u>85.00</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 _____ Name & Address: <u>Jill Zach</u> <u>19292 Scenic Harbor</u> <u>Harlow MI 48044</u>		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

460.00

Grand Total of All Schedules 1A
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ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE

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2. Committee Name Laura Cardamone For Trustee

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3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt <u>9-12-2020</u> Name & Address: <u>David E. Bonior</u> <u>1000 New Jersey Ave. SE</u> <u>Washington DC 20003</u>		\$ <u>100.00</u>	\$ <u>850.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> 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>9-12-2020</u> Name & Address: <u>Randall Chiani</u> <u>14 First St.</u> <u>Mount Clemens MI 48043</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 4. Date of Receipt <u>9-14-2020</u> Name & Address: <u>Tracey A. Yokich</u> <u>22710 Gordon Switch</u> <u>St. Clair Shores MI 48081</u>		\$ <u>250.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Circuit Ct. Judge</u> Employer <u>State of Michigan</u> Business Address <u>40 N. Main Mount Clemens MI 48043</u> 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>9-14-2020</u> Name & Address: <u>Denis J. Brock</u> <u>19637 Lloyd</u> <u>Clinton Twp MI 48038</u>		\$ <u>30.00</u>	\$ <u>55.00</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 480.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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

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3. Contribution #1	PAC Receipt? ☐ YES	4. Date of Receipt <u>9-14-2020</u>	
Name & Address: <u>Sharon Gire</u> <u>37567 Radde</u> <u>Clinton Twp MI 48036</u>		<u>\$ 30.00</u>	<u>\$ 80.00</u>
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 <u>9-16-2020</u>	
Name & Address: <u>Kristi Pozzi</u> <u>47394 Rockwood</u> <u>Macomb MI 48044</u>		<u>\$ 100.00</u>	<u>\$ 100.00</u>
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 #3	PAC Receipt? ☐ YES	4. Date of Receipt <u>9-16-2020</u>	
Name & Address: <u>Ruth Gallop</u> <u>32418 Greenlawn</u> <u>St. Clair Shores MI 48082</u>		<u>\$ 100.00</u>	<u>\$ 100.00</u>
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 <u>9-17-2020</u>	
Name & Address: <u>Jennifer Miller</u> <u>162 Riverside</u> <u>Mount Clemens MI 48043</u>		<u>\$ 100.00</u>	<u>\$ 581.80</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Administrator</u> Employer <u>MEA</u>			
Business Address <u>1216 Kendale East Lansing MI 48823</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

330.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139945
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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 <u>9-17-2020</u> Name & Address: <u>Michelle Spolt</u> <u>31985 Riverpoint</u> <u>New Baltimore MI 48047</u>		\$ <u>40.00</u>	\$ <u>40.00</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>9-17-2020</u> Name & Address: <u>Mrs. Polutsky</u> <u>37811 Siesta</u> <u>Harrison Twp MI 48045</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 4. Date of Receipt <u>9-16-2020</u> Name & Address: <u>Danielle Hicks</u> <u>8130 Meadow</u> <u>Warren MI 48089</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 #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>9-17-2020</u> Name & Address: <u>Susan Diliberti</u> <u>41202 Worthington</u> <u>Clinton Twp MI 48038</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	

Page Subtotal

290.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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>9-21-2020</u>	
Name & Address: <u>Carole Bannister</u> <u>14877 Highline Dr.S.</u> <u>Clinton Twp MI 48035</u>		\$ <u>30.00</u>	\$ <u>60.00</u>
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 <u>9-21-2020</u>	
Name & Address: <u>Lynn Davidson</u> <u>20800 Park Plac h.</u> <u>Clinton Twp MI 48036</u>		\$ <u>30.00</u>	\$ <u>80.00</u>
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 #3	PAC Receipt? ☐ YES	4. Date of Receipt <u>9-21-2020</u>	
Name & Address: <u>Gary Lynne</u> <u>45451 Fielding</u> <u>Macomb MI 48042</u>		\$ <u>30.00</u>	\$ <u>60.00</u>
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 <u>9-23-2020</u>	
Name & Address: <u>Paul Gicleghem For Treasurer</u> <u>37905 Horseshoe Dr E.</u> <u>Clinton Twp MI 48038</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
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			

Page Subtotal

190.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139945
2. Committee Name Laura Cardanone For Treasurer

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 Name & Address: <u>Sara Gielegheim</u> <u>37905 Horseshoe Dr. E.</u> <u>Clinton Twp, MI 48036</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>9-23-2020</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 Name & Address: <u>Robert Mijal</u> <u>43710 Via Antonio</u> <u>Sterling Hts MI 48314</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>9-21-2020</u>	\$ <u>30.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner - Mass Marketing</u> Employer <u>Self</u> Business Address <u>35468 Mound Sterling Hts 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Laura Cardanone</u> <u>17187 Canvasback</u> <u>Clinton Twp MI 48038</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>9-28-2020</u>	\$ <u>1,200.00</u>	\$ <u>3078.84</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner - Counselor</u> Employer <u>Venture Counseling Group</u> Business Address <u>36401 Harper Clinton Twp MI 48035</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Linda Pidutti</u> <u>37649 Charter Oaks</u> <u>Clinton Twp MI 48036</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>9-29-2020</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	

Page Subtotal

1,330.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139945
2. Committee Name Laura Cardamone For Tr-see

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Henry Taner</u> <u>14052 Bery</u> <u>Sterling Hts MI 48312</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>9-29-2020</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 #2 Name & Address: <u>Aaron Squeo</u> <u>20211 Abraham</u> <u>Clinton Twp MI 48035</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>10-2-2020</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 # 3 Name & Address: <u>Linda Flynn</u> <u>43225 Chardonway</u> <u>Sterling Hts MI 48314</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>10-7-2020</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 # 4 Name & Address: <u>David E Bonior</u> <u>1000 New Jersey Ave SE, Apt 1107</u> <u>Washington, DC 20003</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>10-8-2020</u>	\$ <u>250.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

380.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 <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>10-15-2020</u> Name & Address: <u>CAW Michigan V-PAC</u> <u>8000 E. JEFFERSON</u> <u>DETROIT MI 48214</u>		\$ <u>1,000.00</u>	\$ <u>1,500.00</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>10-15-2020</u> Name & Address: <u>Frederick Perayeff</u> <u>4925 P.ickford</u> <u>Troy MI 48085</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self-Employed</u> Employer _____ Business Address <u>Same</u> 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

1,700.00

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

5,645.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 134445
2. Committee Name Laura Cardanone 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 all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? ☐ Yes Name & Address: <u>Roger Cardanone</u> <u>17187 Carnasback</u> <u>Clinton Twp MI 48038</u> If over \$100.00 cumulative, please provide: Occupation: <u>Deputy Clerk</u> Employer Name & Business Address: <u>Macomb Twp</u> <u>54111 Broughton</u> <u>Macomb MI 48042</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>Signs</u> 5. Date Of Receipt: <u>8-27-2020</u> 6. Vendor Name & Address: <u>Sawicki & Son</u> <u>1521 W. LaFayette</u> <u>Detroit MI 48216</u>	\$ <u>545.90</u>	\$ <u>689.90</u>
Contribution #2 PAC Receipt? ☐ Yes Name & Address: <u>Roger Cardanone</u> <u>17187 Carnasback</u> <u>Clinton Twp MI 48038</u> If over \$100.00 cumulative, please provide: Occupation: <u>Deputy Clerk</u> Employer Name & Address: <u>Macomb Twp</u> <u>54111 Broughton</u> <u>Macomb Twp MI 48042</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>8-27-2020</u> 6. Vendor Name & Address: <u>Costco</u> <u>45460 Market</u> <u>Shelby Twp MI 48315</u>	\$ <u>109.50</u>	\$ <u>799.40</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: <u>Veronica Cattivera</u> <u>40126 Palazzo</u> <u>Clinton Twp MI 48038</u> If over \$100.00 cumulative, please provide: Occupation: <u>Language Interpreter</u> Employer Name & Address: <u>Self</u> <u>40126 Palazzo</u> <u>Clinton Twp MI 48038</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>Masks</u> 5. Date Of Receipt: <u>9-16-2020</u> 6. Vendor Name & Address:	\$ <u>240.00</u>	\$ <u>440.00</u>

Page Subtotal

895.40

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

895.40

Enter this total
on line 6 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>Roger Cardamone</u> Address <u>17187 Canvassback</u> <u>Clinton Twp MI 48038</u> ☐ Fund Raiser	Purpose: <u>Repay Loan Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-31-20</u> Date	<u>\$ 545.90</u> Click Here for Memo Itemization Type <u>See 1-2K</u> <u>Page 1 - Cont. 1</u>
Expenditure #2 Name <u>Macomb Co. Democratic Comm.</u> Address <u>176 S. Main</u> <u>Mount Clemens MI 48043</u> ☐ Fund Raiser	Purpose: <u>Donation</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-3-2020</u> Date	<u>\$ 250.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>James Abney</u> Address <u>21635 Wendell</u> <u>Clinton Twp MI 48036</u> ☒ Fund Raiser	Purpose: <u>Yoga Fundraiser</u> <u>Instructor</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-17-2020</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>American Graphics Printing</u> Address <u>34895 Groedbeck</u> <u>Clinton Twp MI 48035</u> ☐ Fund Raiser	Purpose: <u>Literature</u> <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-22-2020</u> Date	<u>\$ 200.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Macomb Co. Dem. Comm.</u> Address <u>176 S. Main</u> <u>Mount Clemens 48043</u> ☐ Fund Raiser	Purpose: <u>Donation</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-28-2020</u> Date	<u>\$ 2,000.00</u> Click Here for Memo Itemization Type

Subtotal this page

3095.90

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 Kenra Cardano 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>23225 Oakwood</u> <u>Eastpointe, MI 48021</u> ☐ Fund Raiser	Purpose: <u>Graphic Services</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-2-20</u> Date	<u>\$ 150.00</u>
Expenditure #2 Name <u>C&G Publishing</u> Address <u>13650 N. M. I. R.</u> <u>Warren MI 48089</u> ☐ Fund Raiser	Purpose: <u>Advertising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-2-20</u> Date	<u>\$ 1896.20</u>
Expenditure #3 Name <u>Vinson Chapel</u> Address <u>22435 Quinn</u> <u>Clinton Twp MI 48035</u> ☐ Fund Raiser	Purpose: <u>Donation - Halloween Event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-13-20</u> Date	<u>\$ 25.00</u>
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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

2071.20

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

5,167.10

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:

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 fc, 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: Laura Cardamone 17187 Canvasback Clinton Twp MI 48038	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>7-7-2020</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: Laura Cardamone 17187 Canvasback Clinton Twp MI 48038	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: Laura Cardamone 17187 Canvasback Clinton Twp MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9-28-2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,200.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>1,200.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2,500.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

2,500.00

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>9-17-2020</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>34</u>	5. Type of Fund Raising Activity <u>Yoga Fundraiser</u>	6. Address and Name (If any) of the place where the activity was held. <u>21085 Balfour</u> <u>Clinton Twp MI</u> <u>49036</u> ☒ Private Residence
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7. Total Contributions

\$ 2,345.00

8. Other Receipts

—

9. Gross Receipts (Add lines 7 and 8)

\$ 2,345.00

10. Total Cost of Event

\$ 130.97 (\$ 130.97 of total cost is exempt Food/beverage)

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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.