



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 <u>139945</u>		3. This Statement covers From <u>10-19-20</u> to <u>11-23-20</u>	
2. Committee Name <u>Laura Cardamone For Trustee</u>		4. Candidate Last Name <u>Cardamone</u> First Name <u>Laura</u> M.I. 4a. Office Sought Including District # or Community Served (If applicable) <u>Trustee - Clinton Twp</u> 4b. County of Residence <u>Macomb</u>	
5. Committee's Mailing Address <u>17187 Camerastack</u> <u>Clinton Twp MI 48038</u> Area Code and Phone <u>586-246-5837</u> 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 <u>Laura Cardamone</u> <u>17187 Camerastack</u> <u>Clinton Twp MI 48038</u> Area Code & Phone <u>586-246-5837</u>	
7. Treasurer's Business Address <u>36401 Harper</u> <u>Clinton Twp MI 48035</u> Area Code and Phone <u>586-6649-7589</u>		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 <u>11-3-2020</u>		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 lates 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 _____ Date _____ Type or Print Name Signature Candidate <u>Laura Cardamone</u> , <u>Laura Cardamone</u> Date <u>11/26/2020</u> Type or Print Name Signature			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

134945

2. Committee Name

Laura Condanne Sul 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.) \$	1135.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	1135.00	(18.) \$ 15,470
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	—	(19.) \$ —
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	1135.00	(20.) \$ 15,470
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	361.47	(21.) \$ 2261.51
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	—	(22.) \$ —
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	1974.20	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	—	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	—	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	1974.20	(23.) \$ 14,785.79
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	—	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	—	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	—	(24.) \$ —
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	2,500.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	—	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	1023.41	
14. Amount received during reporting period (Line 5. Total Contributions & Other Receipts)	(14.) + \$	1135.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	2158.41	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	1974.20	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	184.21	

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1 Committee ID Number 139945
2 Committee Name Laura Cardano 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 Name & Address: <u>Clinton Twp Democrats</u> <u>24130 Wellington Crescent #101</u> <u>Clinton Twp MI 48031</u>	PAC Receipt? ☒ YES 4. Date of Receipt <u>10-26-2020</u>	\$ <u>300.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct Loan from a person Fund Raiser			
3 Contribution # 2 Name & Address: <u>Linda Pediti</u> <u>37649 Charter Oak</u> <u>Clinton Twp MI 48031</u>	PAC Receipt? YES 4. Date of Receipt <u>10-28-2020</u>	\$ <u>30.00</u>	\$ <u>90.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct Loan from a person Fund Raiser			
3 Contribution # 3 Name & Address: <u>Jennifer West</u> <u>20753 Alder Ct.</u> <u>Clinton Twp MI 48038</u>	PAC Receipt? YES 4. Date of Receipt <u>10-29-2020</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			
3 Contribution # 4 Name & Address: <u>Laura Cardano</u> <u>17147 Cambridge</u> <u>Clinton Twp MI 48038</u>	PAC Receipt? YES 4. Date of Receipt <u>11-5-2020</u>	\$ <u>750.00</u>	\$ <u>4,175.34</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Coordinator/Owner</u> Employer <u>Venture Counseling Group</u> Business Address <u>36401 Harper Clinton Twp 48038</u> Type of Contribution: ☒ Direct Loan from a person Fund Raiser			

Page Subtotal 1105.00

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 1344-15
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 Name & Address: <u>Ed Bailey</u> <u>38157 Rubbo</u> <u>Clinton Twp MI 48038</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>11-23-2020</u>	\$ <u>30.00</u>	\$ <u>130.00</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 Name & Address: _____	PAC Receipt? ☐ YES 4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: _____	PAC Receipt? ☐ YES 4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: _____	PAC Receipt? ☐ YES 4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal	<u>30.00</u>
Grand Total of All Schedules 1A (Complete on last page of Schedule)	<u>1135.00</u>

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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 Cardamone</u> <u>17187 Comusback</u> <u>Clinton Twp MI 48035</u> If over \$100.00 cumulative, please provide: Occupation: <u>Dep. Clerk</u> Employer Name & Business Address: <u>Macomb Township</u> <u>5411 Broughton</u> <u>Macomb 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>Candy For Truck or Treat</u> 5. Date Of Receipt: <u>10-25-2020</u> 6. Vendor Name & Address: <u>Costco</u> <u>45460 Market</u> <u>Shelby Twp MI 48315</u> Click Here for Memo Itemization	\$ <u>44.97</u>	\$ <u>844.37</u>
Contribution #2 PAC Receipt? ☐ Yes Name & Address: <u>Laura Cardamone</u> <u>17187 Comusback</u> <u>Clinton Twp MI 48035</u> If over \$100.00 cumulative, please provide: Occupation: <u>Counselor/Owner</u> Employer Name & Address: <u>Venture Counseling</u> <u>36401 Harper</u> <u>Clinton Twp MI 48035</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>Hand Sanitizer</u> 5. Date Of Receipt: <u>10-24-2020</u> 6. Vendor Name & Address: <u>Amazon</u> <u>440 Terry Ave N</u> <u>Seattle WA 98109</u> Click Here for Memo Itemization	\$ <u>316.50</u>	\$ <u>895.34</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: Click Here for Memo Itemization	\$	\$

Page Subtotal 361.47

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

361.47

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
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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>Macomb Co. Dem. 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>10-26-20</u> Date	<u>\$ 500.00</u>
Expenditure #2 Name <u>C & G Newspapers</u> Address <u>13650 11 Mile Rd</u> <u>Warren MI 48091</u> ☐ Fund Raiser	Purpose <u>Newspaper Ad</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-6-20</u> Date	<u>\$ 1,474.20</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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

1974.20

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

1974.20

Enter this total
on line 8a of
Summary Page



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**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 ft. 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. Date Debt Was Incurred: <u>7-7-2020</u> 6. Original Amount of Debt: <u>\$ 1,000</u>	\$ \$ \$ \$ \$	\$ 0	\$ 1,000.00 ☐ 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. Date Debt Was Incurred: <u>7-9-2020</u> 6. Original Amount of Debt: <u>\$ 300.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 300.00 ☐ 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. Date Debt Was Incurred: <u>9-28-2020</u> 6. Original Amount of Debt: <u>\$ 1200.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 1200.00 ☐ 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.