

## CANDIDATE COMMITTEE COVER PAGE

## FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.		3. This Statement covers From: 10/21/2020 to 12/31/2020						
1. Committee I.D. Number		4. Candidate Last Name		First Name	M.	I.		
139195		DeMonaco Jr	Cardi		Α			
100100		4a. Office Sought Including District # or Community Served (If applicable)						
2. Committee Name		City Council - Eastpointe						
CTE Cardi DeMonaco Jr		4b. County of Residence MACOMB						
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address						
23225 Oakwood Eastpointe, MI 48021		Alysa M. Diebolt						
Lastpointe, Wii 4002 i		23225 Oakwood Eastpointe, MI 48021  LEHECO			) •			
		Lastpointe, MI 48021  CLEHE BOOL  CLEHE BOOL  AND CLEHE BOOL  CLEH				- -		
(586) 744, 3864						= -		
Area Code and Phone (586) 744-3864 If the address in this box is different from the committee					(J)	FILE		
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.						ויו		
7. Treasurer's Business Address								
		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)				)		
					IGAN	] ]		
Area Code and Phone		Area Code and Phone						
9. TYPE OF STATEMENT			9e. Dissolution	of Candidate Con	nmittee			
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the		By checking	this Item I/We cert	ify any outstan	dina debt		
	current year:		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					
Pre-Election or Post-Election Statement relates to:	July Quarterly		the committee. T	he committee has	no oustanding	j assets,		
Primary		ic.i.j	owes no lates fee	s or has any oustai	nding debt.			
General	October Quarterly		Further, if the dissolution cannot be granted, that this be					
Convention			considered a requ	est for the Reporti	ing Waiver.			
Special Special	9c. 🛐	101-1 10000						
School	9c. X Annual Statement (2020) Coverage Year		Effectiv	Effective date of dissolution				
l <u></u>	gd. Amen	idment to Campaign Statemen						
Caucus	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being			tion of residual fur	nds must be re	ported on		
	amen	·	Schedule 18 and	the Summary Pag	ge.	•		
Date of Election, Convention or Caucus	1							
Date of Election, Conference of Charles								
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 Alysa M. Diebolt , Aline 17 Diebolt Jan 27, 2021								
Designated Record keeper Type or Print Name		Signature		→ Date —	,			
<b>"</b>								
Candidate Cardi DeMonaco Jr , Candidate Date Jan 27, 2021								
Type or Print Name Signature								

1. Committee I.D. Number 139195

## **SUMMARY PAGE CANDIDATE COMMITTEE**

2. Committee Name CTE Cardi DeMonaco Jr

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
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.) \$	(23.) \$
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	V. 17	. , ,
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$1,000.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	•
13. Ending Balance of last report filed	(13.) \$ 1,937.86	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ <u>\$1,937.86</u>	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ \$0.00	
(Subtract line 16 from line 15)	(17.) \$ 1,937.86	



## DEBTS AND OBLIGATIONS **SCHEDULE 1E**

1. Committee I.D. Number 139195

CANDIDATE COMMITTEE 2. C	Committee Name CIE Card	ii Delvionaco Jr		<del></del>
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com	mittee <b>OR</b> b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> o	r forgiven <u>by</u> the cor	mmittee.
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: 23225 Oakwood Eastpointe, MI 48021	4. Type: Loan  5. Date Debt Was Incurred: 10/19/20 6. Original Amount of Debt: \$ 1,000.00	**************************************	\$	\$_1,000.00 FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt:	\$ \$	<b> </b>	\$FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount 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:		A	mount Endorsed: \$_	
(C	Complete on last page of Schedule	Grand Total	(Outstanding debt) of all Schedules 1E or to the committee)	Enter this total
A debt or obligation must be shown on this Sched	ule if there was an outstanding a	mount owed on it at the c	losing date of	on line 12a "owed by"" or line 12b "owed to" of the

this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Summary Page

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