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MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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: 10/21/2023 to 12/31/2023

1. Committee I.D. Number
139195

2. Committee Name
CTE CARDI DEMONACO JR

4. Candidate Last Name First Name M.I.
DEMONACO JR CARDI A

4a. Office Sought Including District # or Community Served (If applicable)
COUNCIL, EASTPOINTE

4b. County of Residence **MACOMB COUNTY**

5. Committee's Mailing Address
**23225 OAKWOOD
EASTPOINTE, MI 48021**

Area Code and Phone (586) 744-3864

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
**ALYSA DIEBOLT
23225 OAKWOOD
EASTPOINTE, MI 48021**

Area Code & Phone (906) 399-9861

7. Treasurer's Business Address
**23225 OAKWOOD
EASTPOINTE, MI 48021**

Area Code and Phone (906) 399-9861

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
**ALYSA DIEBOLT
23225 OAKWOOD
EASTPOINTE, MI 48021**

Area Code and Phone (906) 399-9861

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

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

9c. Annual Statement (2023)
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 _____ / _____
Type or Print Name Signature

Submitted electronically, signature on file Date 01/29/2024

Candidate _____ / _____
Type or Print Name Signature

Submitted electronically, signature on file Date 01/29/2024



1. Committee I.D. Number 139195

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE CARDI DEMONACO JR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>0.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>267.56</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>267.56</u>	(23.) \$ <u>267.56</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>472.66</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>472.66</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>267.56</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>205.10</u> *	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139195
2. Committee Name CTE CARDI DEMONACO JR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMAZON.COM Address 410 TERRY AVE N SEATTLE, WA 98109 <input type="checkbox"/> Fund Raiser	Purpose: <u>FOUR COPIES OF BOOK WALKABLE CITY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/22/2023</u> Date	\$ <u>63.56</u>
Expenditure #2 Name UNITED STATES POSTAL SERVICE Address 22430 GRATIOT AVE EASTPOINTE, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTCARD POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/22/2023</u> Date	\$ <u>204.00</u>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **267.56**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **267.56**

Enter this total
on line 8a of
Summary Page