



**FILED**  
**24 JUL 2024 PM 10:03**  
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: 01/01/2024 to 07/20/2024

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 (2024 )  
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 07/24/2024

Candidate \_\_\_\_\_ / \_\_\_\_\_  
Type or Print Name Signature  
Submitted electronically, signature on file Date 07/24/2024



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>1,360.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,360.00</u>	(18.) \$ <u>1,360.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1,360.00</u>	(20.) \$ <u>1,360.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
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>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>30.70</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>30.70</u>	(23.) \$ <u>298.26</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>205.10</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,360.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,565.10</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>30.70</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,534.40</u> *	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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

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? <input type="checkbox"/> YES      4. Date of Receipt <u>07/07/2024</u> Name & Address: <b>ALYSA DIEBOLT</b> <b>23225 OAKWOOD AVE</b> <b>EASTPOINTE, MI 48021</b>  <b>5. If over \$100.00 cumulative, please provide:</b> Occupation <u>ARTIST</u> Employer <u>BRICK TOWN GLASS</u> Business Address <u>23225 OAKWOOD AVE, EASTPOINTE, MI 48021</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/16/2024</u> Name & Address: <b>DANIELLE HICKS</b> <b>8130 MEADOW AVE</b> <b>WARREN, MI 48089</b>  <b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>30.00</u>	\$ <u>30.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/17/2024</u> Name & Address: <b>RICK FLYNN</b> <b>43225 CHARDONNAY DR</b> <b>STERLING HEIGHTS, MI 48314</b>  <b>5. If over \$100.00 cumulative, please provide:</b> Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/18/2024</u> Name & Address: <b>KATHRYNE BAKER</b> <b>1615 BEAUFIELD ST</b> <b>FERNDAL, MI 48220</b>  <b>5. If over \$100.00 cumulative, please provide:</b> Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>OAKLAND HOUSING, INC</u> Business Address <u>950 E MAPLE RD, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>

Page Subtotal **480.00**

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 139195  
2. Committee Name CTE CARDI DEMONACO JR

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? <input type="checkbox"/> YES      4. Date of Receipt <u>07/18/2024</u> Name & Address: <b>FRIENDS OF MAI XIONG</b> P.O. BOX 5385 WARREN, MI 48090	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/18/2024</u> Name & Address: <b>LEO LALONDE</b> 24801 ROSALIND AVE EASTPOINTE, MI 48021	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/18/2024</u> Name & Address: <b>JOYCE LALONDE</b> 24801 ROSALIND AVE EASTPOINTE, MI 48021	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/19/2024</u> Name & Address: <b>LAURA NOVAKOSKI</b> 23058 TUSCANY AVE EASTPOINTE, MI 48021	\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **230.00**

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 139195  
2. Committee Name CTE CARDI DEMONACO JR

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? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/2024</u> Name & Address: <b>DENISE CHANDLER</b> 6110 TREMONT ST DALLAS, TX 75214	<b>\$ 50.00</b>	<b>\$ 50.00</b>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/2024</u> Name & Address: <b>MICHAEL DEMONACO</b> 22649 ELM CRK DR MACOMB, MI 48042	<b>\$ 500.00</b>	<b>\$ 500.00</b>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/2024</u> Name & Address: <b>JUDY HARTWELL</b> 25921 MARITIME CIR S HARRISON TWP, MI 48045	<b>\$ 50.00</b>	<b>\$ 50.00</b>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/2024</u> Name & Address: <b>NICHOLAS PEDERSEN</b> 36924 BRITTANY HILL DR FARMINGTON, MI 48335	<b>\$ 50.00</b>	<b>\$ 50.00</b>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **650.00**

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

**1,360.00**

Enter this total on  
line 3a of Summary  
Page.



**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 <b>PAYPAL</b>  Address 2211 N FIRST ST SAN JOSE, CA 95131  <input type="checkbox"/> Fund Raiser	Purpose: <u>TRANSACTION FEE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/07/2024</u> Date	\$ <u>3.38</u>
Expenditure #2 Name <b>PAYPAL</b>  Address 2211 N FIRST ST SAN JOSE, CA 95131  <input type="checkbox"/> Fund Raiser	Purpose: <u>TRANSACTION FEE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/2024</u> Date	\$ <u>1.36</u>
Expenditure #3 Name <b>PAYPAL</b>  Address 2211 N FIRST ST SAN JOSE, CA 95131  <input type="checkbox"/> Fund Raiser	Purpose: <u>TRANSACTION FEE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/18/2024</u> Date	\$ <u>7.72</u>
Expenditure #4 Name <b>PAYPAL</b>  Address 2211 N FIRST ST SAN JOSE, CA 95131  <input type="checkbox"/> Fund Raiser	Purpose: <u>TRANSACTION FEE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2024</u> Date	\$ <u>1.36</u>
Expenditure #5 Name <b>PAYPAL</b>  Address 2211 N FIRST ST SAN JOSE, CA 95131  <input type="checkbox"/> Fund Raiser	Purpose: <u>TRANSACTION FEE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/2024</u> Date	\$ <u>1.94</u>

Subtotal this page **15.76**

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 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 <b>PAYPAL</b>  Address <b>2211 N FIRST ST SAN JOSE, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>TRANSACTION FEE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/2024</u> Date	\$ <u>14.94</u>
Expenditure #2 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 #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 **14.94**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **30.70**

Enter this total on line 8a of Summary Page



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

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

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>07/31/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>0</u>	5. Type of Fund Raising Activity  FUNDRAISER (TO BE HELD ON 7/31/2024)	6. Address and Name (If any) of the place where the activity was held. PRIVATE RESIDENCE 23225 OAKWOOD AVE EASTPOINTE, MI 48021 <input type="checkbox"/> Private Residence
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7. Total Contributions 1,360.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 1,360.00

10. Total Cost of Event 0.00  
(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.