

CANDIDATE COMMITTEE COVER PAGE

FILED 24 JUL 2024 PM 10:03

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

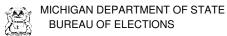
FOR OFFICIAL USE ONLY

3. This Statement covers From: 01/01/2024 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 07/20/2024 1. Committee I.D. Number 4. Candidate Last Name First Name M.I. CARDI DEMONACO JR Α 139195 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name COUNCIL, EASTPOINTE CTE CARDI DEMONACO JR 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 23225 OAKWOOD ALYSA DIEBOLT EASTPOINTE, MI 48021 **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 Area Code & Phone (906) 399-9861 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) **23225 OAKWOOD** ALYSA DIEBOLT EASTPOINTE, MI 48021 **23225 OAKWOOD** EASTPOINTE, MI 48021 Area Code and Phone (906) 399-9861 (906) 399-9861 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from X July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (2024) Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 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. Submitted electronically. Current Treasurer or signature on file 07/24/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 07/24/2024 signature on file Candidate _ Date Signature Type or Print Name

1. Committee I.D. Number 139195

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 1,360.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 1,360.00	(18.) \$ 1,360.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _1,360.00	(20.) \$ 1,360.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>30.70</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 30.70	(23.) \$ 298.26
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS		
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
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.) \$ 0.00	
	BALANCE STATEMENT	1
13. Ending Balance of last report filed	(13.) \$_205.10	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 1,360.00	
(Line 5, Total Contributions & Other Receipts)	1 505 10	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(13.) = \(\psi_{}^{}\)	
(Add lines 9 and 11)	(16.) - \$ 30.70	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 1,534.40 *	



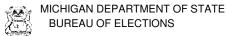
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

139195

CANDIDATE COMMITTEE

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 07/07/2024 Name & Address: ALYSA DIEBOLT 23225 OAKWOOD AVE EASTPOINTE, MI 48021 5. If over \$100.00 cumulative, please provide: Occupation ARTIST Employer BRICK TOWN GLASS	_{\$} 100.00	_{\$} 100.00
Business Address 23225 OAKWOOD AVE, EASTPOINTE, MI 48021 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/16/2024 Name & Address DANIELLE HICKS 8130 MEADOW AVE WARREN, MI 48089	\$30.00	_{\$} 30.00
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 PAC Receipt? YES 4. Date of Receipt 07/17/2024 Name & Address: RICK FLYNN 43225 CHARDONNAY DR STERLING HEIGHTS, MI 48314	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer_		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address KATHRYNE BAKER 1615 BEAUFIELD ST FERNDALE, MI 48220	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation EXECUTIVE DIRECTOR Employer OAKLAND HOUSING, INC		
Business Address 950 E MAPLE RD, BIRMINGHAM, MI 48009 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	480.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 1 of 3	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

139195

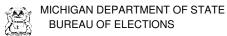
CANDIDATE COMMITTEE

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 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 07/18/2024 Name & Address: FRIENDS OF MAI XIONG P.O. BOX 5385 WARREN, MI 48090 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 100.00	_{\$} 100.00
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address LEO LALONDE 24801 ROSALIND AVE EASTPOINTE, MI 48021	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address: JOYCE LALONDE 24801 ROSALIND AVE EASTPOINTE, MI 48021	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/19/2024 Name & Address LAURA NOVAKOSKI 23058 TUSCANY AVE EASTPOINTE, MI 48021	_{\$} 30.00	_{\$} 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

Page ____ of ____

Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

139195

CANDIDATE COMMITTEE

2. Committee Name CTE CARDI DEMONACO JR

Enter contributor's name and address. If contribution is from an individual, enter last name, first nam middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	ne, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address: DENISE CHANDLER 6110 TREMONT ST DALLAS, TX 75214	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	<u></u>	
Business Address	-	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address MICHAEL DEMONACO 22649 ELM CRK DR MACOMB, MI 48042	<u>\$500.00</u>	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address: JUDY HARTWELL 25921 MARITIME CIR S HARRISON TWP, MI 48045	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	_	
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address NICHOLAS PEDERSEN 36924 BRITTANY HILL DR FARMINGTON, MI 48335	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address	_	
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Su	obtotal 650.00	
Grand Total of All Schedule	es 1A 1,360.00	

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

Enter this total on line 3a of Summary Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 139195

	A B (D : H (:)	T = 5 :	2.4
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name PAYPAL		07/07/2024	. 0.00
IAIIAL	TD AND A OTION FEE	Data	\$ <u>3.38</u>
Address	Purpose: TRANSACTION FEE	Date	
2211 N FIRST ST			
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name PAYPAL		07/16/2024	\$ 1.36
	TDANGACTION FEE	Date	Ψ <u>1.00</u>
Address	Purpose: TRANSACTION FEE		
2211 N FIRST ST			
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Experialiture #3			
Name PAYPAL		07/18/2024	7 70
	TDANICACTION FFF		\$ <u>7.72 </u>
Address	Purpose: TRANSACTION FEE	Date	
2211 N FIRST ST			
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name PAYPAL		07/19/2024	\$ 1.36
Address	Purpose: TRANSACTION FEE	Date	\$ <u>1.36</u>
2211 N FIRST ST	Purpose: TT // (145/15/16/17/12/12		
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expanditure #5			
Expenditure #5			
Name PAYPAL		07/20/2024	
Address	Purpose: TRANSACTION FEE	Date	\$ <u>1.94 </u>
2211 N FIRST ST	Purpose:	Dato	· ·
SAN JOSE, CA 95131			
O/114 000E, O/1 00101	Check box if this expenditure is payment of		
C contraction	debt or obligation reported on previous		
Fund Raiser	statement	<u>†</u>	
	Subto	tal this page	15.76
	Outsid Takel - C-II C	Pohodulos 4D	
	Grand Total of all S (Complete on last page		
	(Complete on last page	3. 33.13ddio)	



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	6. Amount
Expenditure #1		•	
Name PAYPAL		07/20/2024	\$ 14.94
Address	Purpose: TRANSACTION FEE	Date	<u> </u>
2211 N FIRST ST	1 (1) (2)		
SAN JOSE, CA 95131			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name			\$
• • •	Burnasa	Date	Ψ <u></u>
Address	Purpose:		
	Click H	ere for Memo Iter	mization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name			
			\$
Address	Purpose:	Date	
	Click He	ere for Memo Iter	mization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
	-	Date	\$
Address	Purpose:	Date	
	Click H	ere for Memo Iter	mization Type
		ore for wierrie fier	inzanori Typo
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
	statement		
Expenditure #5			
Name			\$
Address	Purpose:	Date	* <u> </u>
	Click H	ere for Memo Iter	mization Type
	Check box if this expenditure is payment of	2.2 (3	
Fund Raiser	debt or obligation reported on previous statement		
<u> </u>		al this page	1404
	Subiol	a. and page	14.94

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

Enter this total on line 8a of Summary Page



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

139195 1. Committee I.D. Number

	- USE A SEPARATE SHI	EET FOR EACH EVENT -	
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. PRIVATE RESIDENCE
07/31/2024	0	FUNDRAISER (TO BE HELD ON 7/31/2024)	23225 OAKWOOD AV EASTPOINTE, MI 4802 Private Residence
. Total Contributions	1,360.00		
. Other Receipts	0.00	· · · · · · · · · · · · · · · · · · ·	
. Gross Receipts (Add lines 7 a	and 8) 1,360.00	· · · · · · · · · · · · · · · · · · ·	
0. Total Cost of Event Fotal Cost includes In-Kind Cor	0.00 ntributions and All Expenditures	Made For the Event	
1. Check if event was a joi	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
	- <u> </u>		
	- <u> </u>		
	- <u> </u>		

- 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.

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Page		of I	