

#### CANDIDATE COMMITTEE COVER PAGE

FILED 23 OCT 2024 PM 09:17

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

3. This Statement covers From: 07/21/2024 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 10/20/2024 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 July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. X 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 10/23/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 10/23/2024 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.) \$ 5,540.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 5,540.00	(18.) \$ 6,900.00
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.) \$ _5,540.00	(20.) \$ 6,900.00
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.) \$ 517.11	
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.) \$ 517.11	(23.) \$ 815.37
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	(11.) \$	(24.) \$ 0.00
12. Debts and Obligations	0.00	
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 1,534.40	
14. Amount received during reporting period	(14.) + \$ 5,540.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_7,074.40	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 517.11	
17. ÈNDING BALANCÉ	C EE7 00	
(Subtract line 16 from line 15)	(17.) \$ 6,557.29	•

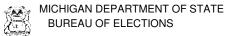


1. Committee I.D. Number

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**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 07/22/2024  Name & Address: DAVID EASON 4193 E GEDDES AVE CENTENNIAL, CO 80122	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:  Occupation Employer		
Business Address  Type of Contribution: Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/2024		
Name & Address  ELIZA PARKINSON		
406 WAVERLEY AVE	§ 50.00	<sub>\$</sub> 50.00
ROYAL OAK, MI 48067	Ψ	Ψ
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 07/22/2024  MARY ANN MERCIECA 3930 BRIGHTON LN CANTON, MI 48188	§ 30.00	<sub>\$</sub> 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 # 4 PAC Receipt? YES 4. Date of Receipt 07/22/2024  Name & Address  MARY THOMAS  42298 MANDALAY CT  STERLING HEIGHTS, MI 48313	<sub>\$</sub> 50.00	<sub>\$</sub> _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 Subtotal	155.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page.	- <b>-</b>



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 07/22/2024  Name & Address:  JIM KOPAS  126 NEW ST  MT CLEMENS, MI 48043	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:   Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/2024  Name & Address  PENNY CANADA  8609 HARBORTOWNE DR  CLARKSTON VLG, MI 48348	\$30.00	<sub>\$</sub> 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 07/23/2024  KEVIN HRIT 2141 FRANKLIN RD BERKLEY, MI 48072  5. If over \$100.00 cumulative, please provide:	§ 50.00	<sub>\$</sub> 50.00
Occupation Employer		
Business Address Loan from a person   Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/23/2024  Name & Address  CAROLE CHI 35325 MORAVIAN DR  STERLING HEIGHTS, MI 48312	<sub>\$</sub> 10.00	<sub>\$</sub> _10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		_
Page Subtotal	140.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	<del>-</del> -

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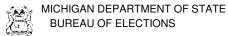


1. Committee I.D. Number

139195

**CANDIDATE COMMITTEE** 

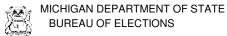
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/23/2024  Name & Address: MEG HEERES  4701 W WARREN AVE DETROIT, MI 48210  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
Occupation Employer		
Business Address  Type of Contribution:   Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/23/2024  Name & Address  JOE WOLFORD  38590 LOWELL DR  FARMINGTON HILLS, MI 48331	<sub>\$</sub> 30.00	§ 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/23/2024  Name & Address:  ED BRULEY 38157 RADDE ST CLINTON TWP, MI 48036	<u>\$ 100.00</u>	<sub>\$</sub> 100.00
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 07/24/2024 Name & Address SHELLY CIOPPA 21763 NEVADA AVE EASTPOINTE, MI 48021	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer SHARP EDGE TAX SOLUTIONS LLC		
Business Address 25801 HARPER AVE, #1, ST CLAIR SHORES, MI 48081		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	410.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number \_\_\_\_\_139195

#### **CANDIDATE COMMITTEE**

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2024  Name & Address: DENNIS BRUCK 19637 LLOYD ST CLINTON TWP, MI 48038	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024  Name & Address		
JUDITH JOHNSTON 24660 LAMBRECHT AVE EASTPOINTE, MI 48021	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
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 07/24/2024  Name & Address:  ANGELA LENDA 38409 PRIMROSE LN HARRISON TWP, MI 48045	<u>\$ 100.00</u>	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address LACY MROCK 16939 STEPHENS RD EASTPOINTE, MI 48021	<sub>\$</sub> 50.00	<sub>\$</sub> 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 Subtotal	205.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 4 of 17	Enter this total on line 3a of Summary	
Page of	Page.	



1. Committee I.D. Number \_\_\_\_\_139195

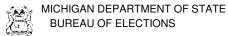
**CANDIDATE COMMITTEE** 

2. Committee Name CTE CARDI DEMONACO JR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/25/2024  Name & Address: NANCY DUEMLING 20776 MOXON DR CLINTON TWP, MI 48036	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/25/2024  Name & Address  JACK ELLIS 21700 STATLER ST ST CLAIR SHORES, MI 48081	\$60.00	<sub>\$</sub> 60.00
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 07/25/2024  Name & Address: CHRISTINA HINES 4817 LA CHENE DR WARREN, MI 48092	<sub>\$</sub> 50.00	<sub>\$</sub> 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 07/27/2024 Name & Address CHERYL NORTHERN 6433 WILLOW BROOM TRAIL LITTLETON, CO 80125	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:  Loan from a person Fund Raiser		
Page Subtotal	185.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

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line 3a of Summary Page.



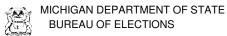
#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

1. Committee I.D. Number

139195

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? YES 4. Date of Receipt 07/27/2024  Name & Address: DENNIS WHITTIE 1510 CAMDEN ST FERNDALE, MI 48220	<sub>\$</sub> 200.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer THE WHITTIE LAW CENTER, PLLC  Business Address 1500 N STEPHENSON HWY, ROYAL OAK, MI 48067  Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2024		
Name & Address LINDA PIDUTTI 37649 CHARTER OAKS BLVD CLINTON TWP, MI 48036	<sub>\$</sub> 60.00	<sub>\$</sub> 60.00
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 07/29/2024  Name & Address:  GARY CYNOWA  45451 FIELDING ST  MACOMB, MI 48042	<sub>\$</sub> 50.00	<sub>\$</sub> 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 07/29/2024  Name & Address  LAURA CARDAMONE  16826 ST PAUL ST  GROSSE POINTE, MI 48230	<sub>\$</sub> 50.00	<sub>\$</sub> _50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:  Loan from a person Fund Raiser		
Page Subtotal	360.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 6 of 17	Enter this total on line 3a of Summary Page.	



**CANDIDATE COMMITTEE** 

1. Committee I.D. Number \_\_\_\_\_139195

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? YES 4. Date of Receipt 07/29/2024  Name & Address: JEFFERY DIEBOLT  1315 MONTANA AVE GLADSTONE, MI 49837	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/29/2024		
Name & Address JULIE MATUZAK 38250 FAIRWAY CT #71 CLINTON TWP, MI 48038 5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	§ 100.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/29/2024  LISA LOZEN 31253 GAY ST ROSEVILLE, MI 48066	<sub>\$</sub> 30.00	§ 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address   Type of Contribution:      Direct		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/29/2024		
MICHELLE DEBEAUSSAERT 39856 BRYLOR CT CLINTON TWP, MI 48038	<sub>\$</sub> 40.00	<sub>\$</sub> 40.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	270.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 7 of 17	Enter this total on line 3a of Summary Page.	



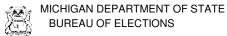
#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

139195

1. Committee I.D. Number

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? YES 4. Date of Receipt 07/29/2024  Name & Address: DAVID BUPTE 3624 TRANQUILITY POINT LEXINGTON, KY 40509	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:  Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/2024		
Name & Address CHRIS CHARRON 22512 MARINE AVE EASTPOINTE, MI 48021	<sub>\$</sub> 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 07/30/2024  Name & Address:  ROB MIJAC 43710 VIA ANTONIO DR  STERLING HEIGHTS, MI 48314	§ 30.00	<sub>\$</sub> 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 # 4 PAC Receipt? YES 4. Date of Receipt 07/30/2024  Name & Address  GREG PAWLICA  430 E SARATOGA ST  FERNDALE, MI 48220	<sub>\$</sub> 100.00	<sub>\$_</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	210.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  O 17	Enter this total on line 3a of Summary	
Page 8 of 17	Page.	

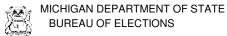


### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

139195

1. Committee I.D. Number

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/30/2024  Name & Address: GINA AIUTO 29167 E ROSE ROSEVILLE, MI 48066  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
Occupation Employer		
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/31/2024  Name & Address  AARON SQUEO 20211 ABRAHM ST  CLINTON TWP, MI 48035	<sub>\$</sub> 30.00	<sub>\$</sub> 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 07/31/2024  Name & Address:  PAUL KOLBE 15610 CAMDEN AVE EASTPOINTE, MI 48021	<sub>\$</sub> 50.00	<sub>\$</sub> 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 07/31/2024 Name & Address PATRICIA GERMAIN 25912 SALEM ST ROSEVILLE, MI 48066	<sub>\$</sub> 30.00	<sub>\$</sub> 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	160.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page _ of _ 17	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number \_\_\_\_\_139195

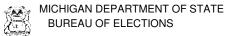
#### **CANDIDATE COMMITTEE**

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 07/31/2024  Name & Address: MIKE KEYS  35316 JAMESTOWN DR  CLINTON TWP, MI 48035  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Occupation Employer		
Business Address  Type of Contribution:   Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/31/2024  Name & Address  DENISE MENTZER  1399 KINGSLEY ST  MT CLEMENS, MI 48043	\$ 100.00	<sub>\$</sub> 100.00
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 07/31/2024  Name & Address:  JANET DEMONACO  18043 CURTAIN AVE  EASTPOINTE, MI 48021	\$ 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/31/2024 Name & Address MARIA MIJAC 43710 VIA ANTONIO DR STERLING HEIGHTS, MI 48314	§30.00	<sub>\$</sub> 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	330.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	_1

Page IU of I/

Page.



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 07/31/2024  Name & Address: CITIZENS FOR MICHAEL RADTKE 34205 BARRETT DR STERLING HEIGHTS, MI 48312	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:   Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/31/2024  Name & Address  SARAH STOVALL  23628 MARLBOROUGH DR  CLINTON TWP, MI 48036	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
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 07/31/2024  Name & Address:  KATHY DICENZO  17640 COLLINSON AVE  EASTPOINTE, MI 48021	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address   Type of Contribution:    Direct    Loan from a person    Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/31/2024 Name & Address SAIMA KHALIL 12101 VOLPE DR STERLING HEIGHTS, MI 48312	<sub>\$</sub> 100.00	<sub>\$_</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	250.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page.	<del>-</del> '



#### **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? YES 4. Date of Receipt 07/31/2024  Name & Address: MARY PERRY 23573 DONALDSON ST CLINTON TWP, MI 48035  5. If over \$100.00 cumulative, please provide: Occupation Employer	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/31/2024  Name & Address  APRIL BROZOWSKI 24874 VALLEY AVE EASTPOINTE, MI 48021  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Occupation Employer		
Business Address  Type of Contribution: ✓ Direct		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/31/2024  Name & Address:  CRAIG BROZOWSKI 24874 VALLEY AVE EASTPOINTE, MI 48021	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
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 07/31/2024  Name & Address  GEORGE HIGGINS  18331 BREEZEWAY  FRASER, MI 48026	<sub>\$</sub> 125.00	<sub>\$</sub> 125.00
5. If over \$100.00 cumulative, please provide:		
Occupation REALTOR SALES ASSOCIATE Employer Employer		
Business Address 15501 METRO PKWY, CLINTON TWP, MI 48036		
Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal	425.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	425.00	-
10 17	Enter this total on line 3a of Summary	_

Page IZ of I

Page.



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 07/31/2024  Name & Address: MARK ABRAHAM  5291 PARKER RD	000 00	000.00
FORT GRATIOT TWP, MI 48059	<sub>\$</sub> 200.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation CHIEF EXECUTIVE OFFICER Employer FARM SCIENCE		
Business Address 4045 E COURT ST, BURTON, MI 48509		
Type of Contribution:   Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/31/2024  Name & Address		
DAVID GOSSELIN		
16534 JULIANA AVE	<sub>\$</sub> 250.00	<sub>s</sub> 250.00
EASTPOINTE, MI 48021		·
5. If over \$100.00 cumulative, please provide:		
Occupation N/A Employer N/A		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/31/2024  Name & Address:  WESAM ZEITONAH 53554 ADDINGTON DR MACOMB, MI 48042	\$ 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation CO-OWNER Employer LIQUOR LAND		
Business Address 17934 E 9 MILE RD, EASTPOINTE, MI 48021		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/31/2024		_
Name & Address ———————————————————————————————————		
28479 HOOVER RD	,200.00	200.00
WARREN, MI 48093	<u>\$ 200:00</u>	\$ <u></u> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation MAGISTRATE Employer 38TH DISTRICT COURT		
Business Address 16101 E 9 MILE RD, EASTPOINTE, MI 48021		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	900.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	_l
Page 13 of 17	line 3a of Summary Page.	



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 07/31/2024  Name & Address: MARGARET PODSIADLIK 16113 WILSON AVE EASTPOINTE, MI 48021	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/31/2024  Name & Address  PAUL WOJNO 32035 MARGARET CT  WARREN, MI 48093	\$ 100.00	<sub>\$</sub> 100.00
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 07/31/2024  Name & Address:  KRYSTAL RUCKER 22409 FIRWOOD AVE EASTPOINTE, MI 48021  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/01/2024  Name & Address  PEGGY DIMERCURIO 24364 MABRAY AVE  EASTPOINTE, MI 48021	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:  Loan from a person Fund Raiser		
Page Subtotal	230.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

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line 3a of Summary Page.



1. Committee I.D. Number

139195

**CANDIDATE COMMITTEE** 

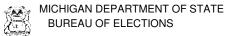
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/02/2024  Name & Address: COMMITTEE TO ELECT MELANIE PIANA  387 W LEWISTON AVE FERNDALE, MI 48220  5. If over \$100.00 cumulative, please provide: Occupation Employer	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Business Address  Type of Contribution:   Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/02/2024  Name & Address SHIRLEY LAPPI 32930 WHISPERING LN NEW BALTIMORE, MI 48047	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/02/2024  Name & Address:  JAMES GAMMICCHIA 49377 PERCHERON DR MACOMB, MI 48042	<sub>\$</sub> 50.00	<sub>\$</sub> 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 08/04/2024 Name & Address KATHLEEN CHARBONNEAU 38725 HARRISON CREEK CT HARRISON TWP, MI 48045	<sub>\$</sub> 30.00	<sub>\$</sub> 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	210.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 15 of 17	Enter this total on line 3a of Summary Page.	



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 08/05/2024  Name & Address: DAVID BONIOR 1000 NEW JERSEY AVE SE WASHINGTON, DC 20003	§300.00	<sub>\$</sub> 300.00
5. If over \$100.00 cumulative, please provide:  Occupation N/A Employer N/A		
Business Address  Type of Contribution:   Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/05/2024  Name & Address  SPENCER CALHOUN  16 N HIGHLAND ST  MT CLEMENS, MI 48043	<sub>\$</sub> 20.00	<sub>\$</sub> 20.00
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 08/06/2024  JOHN HOFMANN  22116 NORMANDY AVE  EASTPOINTE, MI 48021	<u>\$ 100.00</u>	<sub>\$</sub> 100.00
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 08/06/2024  Name & Address  SARA GIELEGHEM  37905 E HORSESHOE DR  CLINTON TWP, MI 48036	<sub>\$</sub> 50.00	<sub>\$</sub> 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 Subtotal	470.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  16 17	Enter this total on line 3a of Summary	J
Page 16 of 17	Page.	



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 08/08/2024  Name & Address: MATTHIAS KRENZER  22924 DALE AVE  EASTPOINTE, MI 48021	<sub>\$</sub> 30.00	<sub>\$</sub> 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/10/2024  Name & Address  JOHN JOHNSON  48637 SHADY GLEN DR	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
NEW BALTIMORE, MI 48051	<u>\$ 000.00</u>	\$ <u>000.00</u>
5. If over \$100.00 cumulative, please provide:  Occupation PRESIDENT & CEO Employer SOUTHEAST MICHIGAN CHAMBER OF COMMERCE  Business Address 59 N WALNUT ST, SUITE 206, MT CLEMENS, MI 48043		
Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/10/2024  Name & Address:  CAROLE BANNISTER  18877 HIGHLITE DR  STERLING HEIGHTS, MI 48310	<sub>\$</sub> 50.00	<sub>\$</sub> 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 08/22/2024  Name & Address  CIMBERLY SULLIVAN  34262 CROSLEY ST  CLINTON TWP, MI 48035	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	ı	
Page Subtotal	630.00	-
Grand Total of All Schedules 1A	5 540 00	

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(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

# 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		1	
Name INSTACART		07/30/2024	\$ 93.84
Address	Purpose: FUNDRAISER SUPPLIES	Date	<u> </u>
50 BEALE ST			
SF, CA 94105			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name INSTACART		07/30/2024	\$ 134.21
Address	Purpose: FUNDRAISER SUPPLIES	Date	<u> </u>
50 BEALE ST	- dipose.		
SF, CA 94105			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name MEIJER		07/31/2024	. 010.07
Address	Purpose: FUNDRAISER SUPPLIES	Date	\$ <u>219.97</u>
25225 SCHOENHERR RD	Purpose: 1 Stratis and 1 to 5 to 1 2 2 2 2		
WARREN, MI 48089			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name GALAXY MARKET		07/31/2024	• C 00
Address	Purpose: FUNDRAISER SUPPLIES	Date	\$ <u>6.00</u>
14520 STEPHENS RD	Purpose:		
WARREN, MI 48089			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name GALAXY MARKET		08/01/2024	
Address	Purpose: FUNDRAISER SUPPLIES	Date	\$ <u>6.50</u>
14520 STEPHENS RD	r ui pose		
WARREN, MI 48089	Charlebassifabile assessed the second and affective in the second affective in		
Sund Britan	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	460.52
	Grand Total of all S		
	(Complete on last page	or scriedule)	

Enter this total on line 8a of Summary Page



#### **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

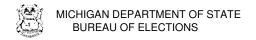
# 2. Committee Name CTE CARDI DEMONACO JR

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Am	ount
Expenditure #1		<u> </u>	
Name PAYPAL		08/09/2024	6 50
	Purpose: TRANSACTION FEES		6.59
Address 2211 N FIRST ST	Purpose:		
SAN JOSE, CA 95131			
G/114 000E, 0/1 00101	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name			
		\$	
Address	Purpose:	Date	
	Cliak L	oro for Momo Itomizat	ion Tuno
	Click H	ere for Memo Itemizat	ion Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	- Gaterno.nt		
Name			
Trains		\$	
Address	Purpose:	Date	
	•		_
	Click H	ere for Memo Itemizati	on Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
		<del></del> \$	
Address	Purpose:	Date —	
	Click H	ere for Memo Itemizati	on Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	Statement		
Name			
ivanic		\$	
Address	Purpose:	Date $^{\Phi}$	
		ere for Memo Itemizat	ion Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	<del>-</del>	
	Subtot	al this page 56.	59

(Complete on last page of Schedule) Enter this total on line 8a of Summary Page

Grand Total of all Schedules 1B

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Summary Page.

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#### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

139195

2. Committee Name CTE CARDI DEMONACO JR

		2. 0011	millioc Hamo	
	- USE A	A SEPARATE SH	EET FOR EACH EV	'ENT -
Date Event Was Held		of Individuals Attending ating (whichever is	5. Type of Fund Raising Act	place where the activity was h
7/31/2024		45	BACKYARD FUNDR	AISER Private Residence
otal Contributions		6,900.00		
Other Receipts		0.00		
Gross Receipts (Add lines 7 a	and 8)	6,900.00		
Total Cost of Event	ntributions	815.37 and All Expenditures	Made For the Event)	
tal Cost includes In-Kind Cor	IIIIDUIIOIIS			
tal Cost includes In-Kind Cor  Check if event was a joi		•		
		•	following:	Expenditure Split (%)
Check if event was a joi		iser and complete the	following:	
Check if event was a joi		iser and complete the	following:	
Check if event was a joi		iser and complete the	following:	
Check if event was a joi		iser and complete the	following:	
Check if event was a joi		iser and complete the	following:	

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

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.