



**FILED**  
**06 JAN 2025 PM 05:40**  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

**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: 10/21/2024 to 12/31/2024

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 **01/06/2025**  
Candidate \_\_\_\_\_ / \_\_\_\_\_  
Type or Print Name Signature  
Submitted electronically, signature on file Date **01/06/2025**



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>6,900.00</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>0.00</u>	(20.) \$ <u>6,900.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>107.43</u>	(21.) \$ <u>107.43</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>107.43</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>107.43</u>	(23.) \$ <u>922.80</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>6,557.29</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>6,557.29</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>107.43</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>6,449.86</u> *	



**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

**CANDIDATE COMMITTEE**

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

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>CARDI DEMONACO</b> <b>23225 OAKWOOD AVE</b> <b>EASTPOINTE, MI 48021</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>SOFTWARE DEVELOPER</b> Employer Name & Business Address: <b>MICHIGAN COURT OF APPEALS</b> <b>3044 W GRAND BLVD,</b> <b>DETROIT, MI 48202</b> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>SUPPLIES FOR A RARE NIGHTMARE EVENT</u> 5. Date Of Receipt: <u>10/23/2024</u> 6. <b>Vendor Name &amp; Address:</b> <b>ROGER'S BULK CANDY</b> <b>15020 E 9 MILE RD,</b> <b>EASTPOINTE, MI 48021</b>	\$ <b>79.92</b>	\$ <b>79.92</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>CARDI DEMONACO</b> <b>23225 OAKWOOD AVE</b> <b>EASTPOINTE, MI 48021</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>SOFTWARE DEVELOPER</b> Employer Name & Address: <b>MICHIGAN COURT OF APPEALS</b> <b>3044 W GRAND BLVD,</b> <b>DETROIT, MI 48202</b> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>SUPPLIES FOR A RARE NIGHTMARE EVENT</u> 5. Date Of Receipt: <u>10/25/2024</u> 6. <b>Vendor Name &amp; Address:</b> <b>PARTY CITY</b> <b>32469 GRATIOT AVE,</b> <b>ROSEVILLE, MI 48066</b>	\$ <b>27.51</b>	\$ <b>107.43</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:  <b>If over \$100.00 cumulative, please provide:</b> Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description _____ 5. Date Of Receipt: _____ 6. <b>Vendor Name &amp; Address:</b>	\$ _____	\$ _____

[Click Here for Memo Itemization](#)

Page Subtotal      **107.43**      **107.43**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)      **107.43**

Enter this total  
on line 6 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>CARDI DEMONACO</b>  Address <b>23225 OAKWOOD AVE EASTPOINTE, MI 48021</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>SUPPLIES FOR A RARE NIGHTMARE EVENT</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2024</u> Date	\$ <u>79.92</u>
Expenditure #2 Name <b>CARDI DEMONACO</b>  Address <b>23225 OAKWOOD AVE EASTPOINTE, MI 48021</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>SUPPLIES FOR A RARE NIGHTMARE EVENT</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/2024</u> Date	\$ <u>27.51</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 **107.43**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **107.43**

Enter this total on line 8a of Summary Page