



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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.

1. Committee I.D. Number

138956

2. Committee Name

CTE Cindy Berry

5. Committee's Mailing Address

52026 Hickory Dr
Chesterfield Twp, MI 48047

Area Code and Phone (586) 933-6158

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.

7. Treasurer's Business Address

Same

Area Code and Phone

3. This Statement covers From:

01/01/20 to 07/19/20

4. Candidate Last Name

Berry

First Name

Cindy

M.I.

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

Chesterfield Township Clerk

4b. County of Residence MACOMB

6. Treasurer's Name & Residential Address

Same

Area Code & Phone

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

Same

Area Code and Phone

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

08/04/20

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () 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 hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late 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.

0. 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

Cindy Berry

Type or Print Name

Signature

Date

7/24/20

Candidate

Cindy Berry

Type or Print Name

Signature

Date

7/24/20



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138956

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE CINDY BERRY

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8,900.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$8,900.00</u>	(18.) \$ <u>\$8,900.00</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>\$8,900.00</u>	(20.) \$ <u>\$8,900.00</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>\$8,748.34</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>\$8,748.34</u>	(23.) \$ <u>\$8,748.34</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>\$8,752.00</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>\$735.24</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$8,900.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$9,635.24</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$8,748.34</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$886.90</u>	*



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138956
2. Committee Name CTE Cindy Berry

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 <u>03/05/20</u>	
Name & Address: Aaron Rasty 3104 Sun Drenched Path Austin, TX 78732		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Sozo Corp</u> Business Address <u>3104 Sun Drenched Path Austin TX 78732</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/05/20</u>	
Name & Address: Marvin Karana 4430 Woodridge Ct Waterford, MI 48328		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self employed</u> Business Address <u>29500 Telegraph #250- Southfield, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/05/20</u>	
Name & Address: Khoder Abdallah 38229 Pinebrook Dr Sterling Heights, MI 48310		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Juan MIGUELS</u> Business Address <u>21342 Hall Rd. Clinton Twp. MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/05/20</u>	
Name & Address: Mary Aiello 49432 Compass Point Chesterfield Twp. MI 48047		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>NA</u> Business Address <u>NA</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$2,000.00

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 138956
2. Committee Name CTE Cindy Berry

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 <u>03/05/20</u> Name & Address: <u>Chris Aiello</u> <u>49432 Compass Point</u> <u>Chesterfield Twp. MI 48047</u>		\$ <u>400</u>	\$ <u>400</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self employed</u> Business Address <u>32411 Mound Rd Warren, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/05/20</u> Name & Address: <u>Aaron Geyer</u> <u>1722 Roszel St</u> <u>Royal Oak MI 48067</u>		\$ <u>400</u>	\$ <u>400</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Aiello and Associates</u> Business Address <u>32411 Mound Rd Warren, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/05/20</u> Name & Address: <u>Kelly Geyer</u> <u>1722 Roszel St</u> <u>Royal Oak MI 48067</u>		\$ <u>400</u>	\$ <u>400</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Surgeon</u> Employer <u>Oakland Orthopedic</u> Business Address <u>30575 Woodward Royal Oak MI 48073</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/05/20</u> Name & Address: <u>Alexander Kapousis</u> <u>46692 Jans Dr</u> <u>Chesterfield MI 48047</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>G&T Auto</u> Business Address <u>54525 Gratiot Chesterfield Twp MI 48051</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal \$1,400.00

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 138956
2. Committee Name CTE Cindy Berry

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 <u>03/05/20</u> Name & Address: Lisa Buscemi 4719 Parview Clarkston MI 48346		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Stylist</u> Employer <u>Antonino Salon & Spa</u> Business Address <u>191 Townsend St, Birmingham, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization ▼	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/05/20</u> Name & Address: John Buscemi 4719 Parview Clarkston MI 48346		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales Rep</u> Employer <u>Chirco Title</u> Business Address <u>26800 Harper Ave, St Clair Shores, MI 48081</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization ▼	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/05/20</u> Name & Address: Ronald Lewicki 8147 River Rd Cottrellville MI 48039		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Highway Auto Parts</u> Business Address <u>29231 Groesbeck Hwy Roseville, MI 48066</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization ▼	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/05/20</u> Name & Address: Cheryl Ballor 24050 28 Mile Rd Ray, MI		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Ballor Towing</u> Business Address <u>57760 Main st. New Haven MI 48048</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization ▼	

Page Subtotal \$900.00

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 138956
2. Committee Name CTE Cindy Berry

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 <u>03/05/20</u>	
Name & Address: Mark Abraham 1910 Illinois Ave Englewood FL 34224		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>NA</u> Business Address <u>NA</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/05/20</u>	
Name & Address: Stephen Pangori 8106 Rosebud Ln Clarkston MI 48348		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Civil engineer</u> Employer <u>AEW</u> Business Address <u>51301 Schoenherr Rd, Shelby Twp, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/05/20</u>	
Name & Address: Scott Buscemi 23058 Hickory Creek Macomb MI 48042		\$ <u>400</u>	\$ <u>400</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FCA</u> Employer <u>Chrysler</u> Business Address <u>Chrysler Headquarters and Technology Center Auburn Hills, MI 48326</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/05/20</u>	
Name & Address: JoAnn Buscemi 23058 Hickory Creek Macomb MI 48042		\$ <u>400</u>	\$ <u>400</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal \$1,200.00

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 138956
2. Committee Name CTE Cindy Berry

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 03/05/20

Name & Address:
John Johnson
44315 Gratiot Ave
Clinton Twp MI 48036

\$ 500

\$ 500

5. If over \$100.00 cumulative, please provide:

Occupation President Employer Gratiot Ave Business Association

Click Here for Memo Itemization

Business Address 44315 Gratiot, Clinton Twp MI

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 03/05/20

Name & Address:
Carlo Santia
35890 Monterey
Clinton Twp MI

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 03/05/20

Name & Address:
Matthew Vale
37921 N Bonkay Dr
Clinton Twp MI

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 03/05/20

Name & Address:
Lawrence Rocca
38299 Moravian Dr
Clinton Twp MI

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$800.00

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 138956
2. Committee Name CTE Cindy Berry

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 <u>03/05/20</u>	
Name & Address: <u>John Mcleod</u> <u>15587 Stonehouse Circle</u> <u>Livonia MI 48154</u>		<u>\$ 500</u>	<u>\$ 500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>NA</u> Business Address <u>NA</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/05/20</u>	
Name & Address: <u>Frank Buscemi</u> <u>23058 Hickory Creek</u> <u>Macomb MI 48042</u>		<u>\$ 200</u>	<u>\$ 200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>NA</u> Business Address <u>NA</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/05/20</u>	
Name & Address: <u>Lisa Rush</u> <u>29195 Congress</u> <u>Roseville, MI 48066</u>		<u>\$ 500</u>	<u>\$ 500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Realtor</u> Employer <u>Self Employed</u> Business Address <u>29195 Congress , Roseville, MI 48066</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/05/20</u>	
Name & Address: <u>James Rush</u> <u>29226 Legion</u> <u>Roseville, MI 48066</u>		<u>\$ 500</u>	<u>\$ 500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>NA</u> Business Address <u>NA</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal **\$1,700.00**

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 138956
2. Committee Name CTE Cindy Berry

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 03/05/20
Name & Address:
Diancy Cuza
2555 PGA Blvd lot # 2
Palm Beach Gardens FL 33410-29

\$ 200

\$ 200

5. If over \$100.00 cumulative, please provide:

Occupation Unemployed Employer NA

Click Here for Memo Itemization

Business Address NA

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 03/05/20
Name & Address:
Dominic Hendrix
4719 Parview
Clarkston mi 48346

\$ 200

\$ 200

5. If over \$100.00 cumulative, please provide:

Occupation Unemployed Employer NA

Click Here for Memo Itemization

Business Address NA

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 03/03/20
Name & Address:
James George
19634 Westchester
Clinton Twp. MI 48038

\$ 100

\$ 100

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 _____
Name & Address:
BARBARA SAPONARO
52026 HICKORY DR
CHESTERFIELD TWP MI 48047

\$ 500

\$ 500

5. If over \$100.00 cumulative, please provide:

Occupation RETIRED Employer NA

Click Here for Memo Itemization

Business Address NA

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$400.00 900

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$8,400.00 8900

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **138956**
2. Committee Name **CTE CINDY BERRY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FAIRFIELD INN Address 45800 MARKETPLACE CHESTERIFELD TWP. MI 48051 ☐ Fund Raiser	Purpose: ROOM RENTAL- CAMPAIGN MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/30/20 Date	\$ 93.08
Expenditure #2 Name NATIONAL CENTER FOR CONSTITUTIONAL STUDIES Address 37777 JUNIPER RD MALTA, ID 83342 ☐ Fund Raiser	Purpose: CONSTITUTIONS FOR LIT DROP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/02/20 Date	\$ 300
Expenditure #3 Name ULINE Address 12575 ULINE DR. PLEASANT PRAIRIE, WI 53158 ☐ Fund Raiser	Purpose: BAGS FOR LIT DROP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/02/20 Date	\$ 76.92
Expenditure #4 Name US FLAG STORE Address 1000 WESTINGHOUSE DR, STE 1 NEW STATION, PA 15672 ☐ Fund Raiser	Purpose: FLAGS FOR LIT DROP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/02/20 Date	\$ 191.52
Expenditure #5 Name FAIRFIELD INN Address 45800 MARKETPLACE CHESTERIFELD TWP. MI 48051 ☐ Fund Raiser	Purpose: ROOM RENTAL- CAMPAIGN MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/16/20 Date	\$ 94.17
Subtotal this page			\$755.69
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 138956
2. Committee Name CTE CINDY BERRY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FAIRFIELD INN Address 45800 MARKETPLACE CHESTERFIELD TWP. MI 48051 ☐ Fund Raiser	Purpose: <u>ROOM RENTAL- CAMPAIGN MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/27/20</u> Date	\$ <u>65.70</u>
Expenditure #2 Name JET'S PIZZA Address 47115 GRATIOT CHESTERFIELD TWP. MI 48051 ☐ Fund Raiser	Purpose: <u>FOOD FOR CAMPAIGN MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/27/20</u> Date	\$ <u>51.83</u>
Expenditure #3 Name ARBY'S Address 33491 23 MILE CHESTERFIELD TWP. MI 48047 ☐ Fund Raiser	Purpose: <u>FOOD FOR CAMPAIGN WORKERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/02/20</u> Date	\$ <u>28.97</u>
Expenditure #4 Name FIRST STATE BANK Address 53950 GRATIOT CHESTERFIELD TWP. MI 48051 ☐ Fund Raiser	Purpose: <u>BANK FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/20</u> Date	\$ <u>5.00</u>
Expenditure #5 Name FAIRFIELD INN Address 45800 MARKETPLACE CHESTERFIELD TWP. MI 48051 ☐ Fund Raiser	Purpose: <u>ROOM RENTAL- CAMPAIGN MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/22/20</u> Date	\$ <u>98.55</u>

Subtotal this page **\$250.05**

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 138956
2. Committee Name CTE CINDY BERRY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DYNAMIC INTERACTIVE Address 16842 Von Karman Suite 250 Irvine, CA 92606 ☐ Fund Raiser	Purpose: <u>Phone calls</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/27/20</u> Date	<u>\$ 500</u>
Expenditure #2 Name AD HOC LABS Address 2658 GRIFFITH PARK BLVD #134 LOS ANGELES, CA 90039 ☐ Fund Raiser	Purpose: <u>PHONE NUMBERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/27/20</u> Date	<u>\$ 14.99</u>
Expenditure #3 Name TREVOR MOMOT Address 36681 MAPLE LEAF DR NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>CAMPAIGN STAFF</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/20/20</u> Date	<u>\$ 500</u>
Expenditure #4 Name CONNOR INGER Address 48628 FARAH DR MACOMB TWP. MI 48044 ☐ Fund Raiser	Purpose: <u>CAMPAIGN STAFF</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/20/20</u> Date	<u>\$ 500</u>
Expenditure #5 Name AMANDA ELLEN STUDIOS Address 27442 CLARK CIR CHESTERFIELD TWP. MI 48051 ☐ Fund Raiser	Purpose: <u>PHOTOS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/20</u> Date	<u>\$ 150</u>

Subtotal this page **\$1,664.99**
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 138956
2. Committee Name CTE Cindy Berry

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Chesterfield Townshp Address 47275 Sugarbush Chesterfield Twp. MI 48047 ☐ Fund Raiser	Purpose: <u>Filing Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/19/20</u> Date	\$ <u>100</u>
Expenditure #2 Name Cindy Berry Address 52026 Hickory Dr Chesterfield Twp. MI 48047 ☐ Fund Raiser	Purpose: <u>Loan repayment</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/12/20</u> Date	\$ <u>4000</u>
Expenditure #3 Name Connor Inger Address 48628 Farah Dr Macomb Twp. MI 48047 ☐ Fund Raiser	Purpose: <u>Campaign staff</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/20</u> Date	\$ <u>500</u>
Expenditure #4 Name Trevor Momot Address 36681 Mapleleaf Dr New Baltimore, MI 48047 ☐ Fund Raiser	Purpose: <u>Campaign staff</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/20</u> Date	\$ <u>500</u>
Expenditure #5 Name Jet's Pizza Address DW Seaton Chesterfield Twp. MI ☐ Fund Raiser	Purpose: <u>Food for staff</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/20</u> Date	\$ <u>38.40</u>

Subtotal this page **\$5,138.40**

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 138956
2. Committee Name CTE Cindy Berry

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Chesterfield Township Address 47275 Sugarbush Chesterfield Twp. MI 48047 ☐ Fund Raiser	Purpose: <u>Filing Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/19/20</u> Date	<u>\$ 100</u>
Expenditure #2 Name Lowes Address 27990 23 Mile Chesterfield Twp. MI ☐ Fund Raiser	Purpose: <u>Sign posts and supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/08/20</u> Date	<u>\$ 122.51</u>
Expenditure #3 Name National Center for Constitutional Studies Address 3777 Juniper Rd Malta, ID 83342 ☐ Fund Raiser	Purpose: <u>Constitutions for lit drop</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/20</u> Date	<u>\$ 330</u>
Expenditure #4 Name US Flag Store Address 1000 Westinghouse Dr New Station PA 15672 ☐ Fund Raiser	Purpose: <u>Flags for lit drop</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/09/20</u> Date	<u>\$ 254.40</u>
Expenditure #5 Name BP Address 28230 23 Mile Chesterfield Twp. MI 48047 ☐ Fund Raiser	Purpose: <u>Gas</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/20</u> Date	<u>\$ 50</u>

Subtotal this page **\$856.91**

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 138956
2. Committee Name CTE Cindy Berry

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Lowes</u> Address <u>27990 23 Mile</u> <u>Chesterfield Twp. MI 48051</u> ☐ Fund Raiser	Purpose: <u>Sign Supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/20</u> Date	\$ <u>45.21</u>
Expenditure #2 Name <u>Target</u> Address <u>51400 Gratiot</u> <u>Chesterfield Twp. MI</u> ☐ Fund Raiser	Purpose: <u>Toner</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/20</u> Date	\$ <u>37.09</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

\$82.30

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

\$8,748.34

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138956

2. Committee Name CTE CINDY BERRY

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: CINDY BERRY 52026 HICKORY DR. CHESTERFIELD TWP. MI 48047	4. Type: <u>CAMPAIGN LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/19/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,543.00</u>	<u>03/12/20</u> \$ <u>1,543.00</u> \$ \$ \$ \$	\$ <u>1,543.00</u>	\$ <u>0.00</u> ☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? ☐ Yes Owed to or by: CINDY BERRY 52026 HICKORY DR. CHESTERFIELD TWP. MI 48047	4. Type: <u>CAMPAIGN LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/22/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 400.00</u>	<u>09/04/17</u> \$ <u>349.83</u> <u>03/12/20</u> \$ <u>50.47</u> \$ \$ \$	\$ <u>400.00</u>	\$ <u>0.00</u> ☐ FORGIVEN
---	---	---	------------------	---

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? ☐ Yes Owed to or by: CINDY BERRY 52026 HICKORY DR. CHESTERFIELD TWP. MI 48047	4. Type: <u>CAMPAIGN LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/31/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,500.00</u>	<u>03/12/20</u> \$ <u>1,500.00</u> \$ \$ \$ \$	\$ <u>1,500.00</u>	\$ <u>0.00</u> ☐ FORGIVEN
---	---	--	--------------------	---

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) **\$0.00**

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138956
2. Committee Name CTE CINDY BERRY

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: CINDY BERRY 52026 HICKORY DR. CHESTERFIELD TWP. MI 48047	4. Type: <u>CAMPAIGN LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/15/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	<u>03/12/20</u> \$ <u>1,000.00</u> \$ \$ \$ \$	\$ <u>1,000.00</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: CINDY BERRY 52026 HICKORY DR. CHESTERFIELD TWP. MI 48047	4. Type: <u>CAMPAIGN LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>6/15/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>3,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: CINDY BERRY 52026 HICKORY DR. CHESTERFIELD TWP. MI 48047	4. Type: <u>CAMPAIGN LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>8/13/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$3,500.00**

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138956
2. Committee Name CTE CINDY BERRY

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: CINDY BERRY 52026 HICKORY DR. CHESTERFIELD TWP. MI 48047	4. Type: <u>CAMPAIGN LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/30/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,000.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 2,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: CINDY BERRY 52026 HICKORY DR. CHESTERFIELD TWP. MI 48047	4. Type: <u>CAMPAIGN LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/26/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,272.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,272.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: CINDY BERRY 52026 HICKORY DR. CHESTERFIELD TWP. MI 48047	4. Type: <u>CAMPAIGN LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/23/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,280.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,280.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$4,552.00**

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138956
2. Committee Name CTE CINDY BERRY

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: CINDY BERRY 52026 HICKORY DR. CHESTERFIELD TWP. MI 48047	4. Type: <u>CAMPAIGN LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/15/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</u> ☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? ☐ Yes Owed to or by: CINDY BERRY 52026 HICKORY DR. CHESTERFIELD TWP. MI 48047	4. Type: <u>CAMPAIGN LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>7/17/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 200.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>200.00</u> ☐ FORGIVEN
---	--	----------------------------	----------------	---

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
--	--	----------------------------	----------	---

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$700.00

Grand Total of all Schedules 1E

\$8,752.00

(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page