



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		3. This Statement covers From: <u>07/20/20</u> to <u>08/24/20</u>	
2. Committee Name CTE CINDY BERRY		4. Candidate Last Name BERRY First Name CINDY M.I. 4a. Office Sought Including District # or Community Served (If applicable) CHESTERFIELD TWP CLERK	
5. Committee's Mailing Address 52026 HICKORY DR CHESTERFIELD TWP. MI 48047 Area Code and Phone <u>(586) 933-6158</u> 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.		4b. County of Residence MACOMB	
7. Treasurer's Business Address SAME Area Code and Phone _____		6. Treasurer's Name & Residential Address SAME Area Code & 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 <u>08/04/20</u>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) SAME Area Code and Phone _____ 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 here by 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.	
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 CINDY BERRY Type or Print Name		Signature <i>Cindy Berry</i> Date <u>9/3/20</u>	
Candidate CINDY BERRY Type or Print Name		Signature <i>Cindy Berry</i> Date <u>9/3/20</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138956

2. Committee Name CTE CINDY BERRY

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,500.00</u>	(18.) \$ <u>\$9,000.00</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>\$3,500.00</u>	(20.) \$ <u>\$12,500.00</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>\$2,800.00</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>\$2,800.00</u>	(23.) \$ <u>\$11,541.81</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>\$7,952.00</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>\$993.43</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$3,500.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$4,493.43</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,800.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$1,693.43</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>07/20/20</u> Name & Address: BOB KIRK 37539 HIDDEN VALLEY CT CLINTON TOWNSHIP, MI 48036		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK AND HUTH</u> Business Address <u>19500 HALL RD #100, CLINTON TWP, MI 48038</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>07/20/20</u> Name & Address: ROBERT HUTH 2486 HAWTHORNE DR. S. SHELBY TOWNSHIP, MI 48316		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK AND HUTH</u> Business Address <u>19500 HALL RD #100, CLINTON TWP, MI 48038</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>07/20/20</u> Name & Address: RACHEL BADALAMENTI 14833 ATWATER STERLING HEIGHTS, MI		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ 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>07/20/20</u> Name & Address: KHODER ABDALLAH 38229 PINEBROOK DR STERLING HEIGHTS, MI 48310		\$ <u>500</u>	\$ <u>1000</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	

Page Subtotal **\$1,500.00**

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>07/21/20</u> Name & Address: MICHAEL VENDITTI 19588 LAMPLIGHTER TRAIL MACOMB MI 48044		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BIGGS BAR AND GRILL</u> Business Address <u>48265 GRATIOT, CHESTERFIELD MI 48051</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>07/21/20</u> Name & Address: MARK MARASCO 53219 PINERIDGE NEW BALTIMORE, MI 48051		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>PROTEAN GROUP</u> Business Address <u>53219 PINERIDGE NEW BALTIMORE MI 48051</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>08/11/20</u> Name & Address: CINDY BERRY 52026 HICKORY DR CHESTERFIELD, MI 48047		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLERK</u> Employer <u>CHESTERFIELD TWP., MI</u> Business Address <u>47275 SUGARBUSH RD CHESTERFIELD MI 48047</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 _____ Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ 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)

\$3,500.00

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 CONNOR INGER Address 48628 FARRAH 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>08/11/20</u> Date	<u>\$ 500</u>
Expenditure #2 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>08/11/20</u> Date	<u>\$ 500</u>
Expenditure #3 Name CINDY BERRY Address 52026 HICKORY DR CHETERFIELD 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>07/31/20</u> Date	<u>\$ 1800</u>
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			\$2,800.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$2,800.00

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>06/15/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,000.00</u>	<u>07/31/20</u> \$ <u>1,800.00</u> \$ \$ \$ \$	\$ <u>1,800.00</u>	\$ <u>1,200.00</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>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: \$ _____				
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>9/30/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$3,700.00**

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

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

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.



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:

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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) ☐ FORGIVEN
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>10/26/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,272.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 1,272.00</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>11/23/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,280.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 1,280.00</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>7/15/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$3,052.00**

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

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

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.



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>07/17/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 200.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 200.00 ☐ 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>8/11/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: <u>CAMPAIGN LOAN</u> 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)

\$1,200.00

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

\$7,952.00

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

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.