



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.

3. This Statement covers From: 08/25/20 to 10/18/20

1. Committee I.D. Number

138956

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 TOWNSHIP CLERK

4b. County of Residence MACOMB

5. Committee's Mailing Address

52026 HICKORY DR
CHESTERFIELD TWP. MI 48047

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 (586) 933-6158

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 (586) 933-6158

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

11/03/20

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 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

CINDY BERRY

Designated Record keeper

Type or Print Name

Signature

Date

10/23/20

Candidate

CINDY BERRY

Type or Print Name

Signature

Date

10/23/20



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>7,390.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>7,390.00</u>	(18.) \$ <u>\$15,890.00</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>\$7,390.00</u>	(20.) \$ <u>\$15,890.00</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>\$7,411.11</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>\$645.44</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$8,056.55</u>	(23.) \$ <u>\$19,598.36</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>\$11,952.00</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>\$1,093.43</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$7,390.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$8,483.43</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$8,056.55</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$426.88</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 09/23/20

Name & Address:

CRAIG BERRY
644 Mayfair Drive
South Lyon MI 48178

\$ 25

\$ 25

[Click Here for Memo Itemization](#)

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 09/23/20

Name & Address:

terri weston
28605 Wales Drive
New Baltimore MI 48047

\$ 15

\$ 15

[Click Here for Memo Itemization](#)

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 09/27/20

Name & Address:

Scott Greenlee
1634 Peppertree Lane
Lansing MI 48912

\$ 250

\$ 250

[Click Here for Memo Itemization](#)

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

Occupation President Employer Greenlee Consulting

Business Address 1634 Peppertree Lane

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/29/20

Name & Address:

Joe Oram
2187 Orchard Lake Road
Keego Harbor MI 48320

\$ 200

\$ 200

[Click Here for Memo Itemization](#)

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

Occupation Retired Employer _____

Business Address _____

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

Page Subtotal **\$490.00**

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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>10/01/20</u>	
Name & Address: <u>Mark Abraham</u> <u>5291 Parker Rd</u> <u>Ft Gratiot MI 48059</u>		<u>\$ 850</u>	<u>\$ 1050</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ 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>10/07/20</u>	
Name & Address: <u>Ronald Lewicki</u> <u>8147 River Road</u> <u>Marine City MI 48039</u>		<u>\$ 950</u>	<u>\$ 1050</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>HIGHWAY AUTO PARTS</u> Business Address <u>28231 GROESBECK, ROSEVILLE, MI</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>10/09/20</u>	
Name & Address: <u>Marvin Karana</u> <u>4430 Woodridge Ct</u> <u>Waterford MI 48328</u>		<u>\$ 550</u>	<u>\$ 1050</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>29500 TELEGRAPH #250, SOUTHFIELD, MI</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>10/09/20</u>	
Name & Address: <u>Bo Marasco</u> <u>53219 Pineridge Drive</u> <u>Chesterfield MI 48051</u>		<u>\$ 550</u>	<u>\$ 1050</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>PROTEAN GROUP</u> Business Address <u>53219 Pineridge Drive, Chesterfield MI 48051</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$2,900.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 <u>08/27/20</u> Name & Address: <u>CINDY BERRY</u> <u>52026 HICKORY DR</u> <u>CHESTERFIELD TWP. MI</u>		\$ <u>2000</u>	\$ <u>3000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLERK</u> Employer <u>CHESTERFIELD TWP</u> Business Address <u>47275 SUGARBUSH, CHESTERFIELD TWP 48047</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>9/30/20</u> Name & Address: <u>CINDY BERRY</u> <u>52026 HICKORY DR</u> <u>CHESTERFIELD TWP MI 48047</u>		\$ <u>2000</u>	\$ <u>5000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLERK</u> Employer <u>CHESTERFIELD TOWNSHIP</u> Business Address <u>47275 SUGARBUSH, CHESTERFIELD TWP 48047</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 _____ 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	
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 \$ 4000.00

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

\$ 7390.00

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 ACCUFORM Address 7231 SOUTHFIELD RD DETROIT, MI 48228 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/20 Date	\$ 2520
Expenditure #2 Name LASERCOM DATA Address 2230 Elliott Dr Troy, MI 48083 ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/20 Date	\$ 2091.11
Expenditure #3 Name ROGUE STRATEGY GROUP Address 1410 FAIR OAKS CT EAST LANSING, MI 48823 ☐ Fund Raiser	Purpose: CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/27/20 Date	\$ 2000
Expenditure #4 Name JONATHAN CHULSKI Address 357 ROLLING GREEN GRAND RAPIDS, MI ☐ Fund Raiser	Purpose: CONSULTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/27/20 Date	\$ 300
Expenditure #5 Name DYNAMIC INTERACTIVE Address 16842 VON KARMAN SUITE 250 IRVINE, CA 92606 ☐ Fund Raiser	Purpose: VOICE BROADCASTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/20 Date	\$ 500

Subtotal this page **\$7,411.11**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$7,411.11**

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 Requires:

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 guarantor, 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. Date Debt Was Incurred: <u>08/15/16</u> 6. Original Amount of Debt: <u>\$ 3,000.00</u>	07/31/20 \$ 1,800.00 \$ \$ \$ \$	\$ 1,800.00	\$ 1,200.00 ☐ 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. Date Debt Was Incurred: <u>8/13/16</u> 6. Original Amount of Debt: <u>\$ 500.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 500.00 ☐ 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. Date Debt Was Incurred: <u>9/30/16</u> 6. Original Amount of Debt: <u>\$ 2,000.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 2,000.00 ☐ 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)

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>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 #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>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,280.00 ☐ 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>7/15/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 500.00 ☐ 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)

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 guarantor, if any.

Debt #1 Corp? ☐ Yes
Owed to or by:
CINDY BERRY
52026 HICKORY DR
CHESTERFIELD TWP. MI 48047

4. Type of Obligation (Description)
5. Indicate date debt was incurred
6. Indicate original amount of debt

4. Type: CAMPAIGN LOAN
5. Date Debt Was Incurred:
07/17/20
6. Original Amount of Debt:
\$ 200.00

7. Date and amount of each payment

\$
\$
\$
\$
\$

8. Cumulative payment to date on debt

\$ 0.00

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

\$ 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: CAMPAIGN LOAN
5. Date Debt Was Incurred:
8/11/20
6. Original Amount of Debt:
\$ 1,000.00

\$
\$
\$
\$
\$

\$ 0.00

\$ 1,000.00

☐ 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: CAMPAIGN LOAN
5. Date Debt Was Incurred:
8/27/20
6. Original Amount of Debt:
\$ 2000

\$
\$
\$
\$
\$

\$ 0

\$ 2000

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

\$3,200.00

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>09/30/20</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:	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: \$ _____		
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)

\$2,000.00

Grand Total of all Schedules 1E

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

\$11,952.00

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.