



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

28 JUL 2023 PM 01:26

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE
COVER PAGE

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: 03/24/2023 to 07/23/2023

1. Committee I.D. Number

140269

4. Candidate Last Name First Name M.I.

BERDY VINCE G

2. Committee Name

FRIENDS OF VINCE BERDY

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

CLERK, WARREN

4b. County of Residence **MACOMB COUNTY**

5. Committee's Mailing Address

32252 HAWTHORNE DRIVE
WARREN, MI 48092

6. Treasurer's Name & Residential Address

CONNOR BERDY
32252 HAWTHORNE DRIVE
WARREN, MI 48092

Area Code and Phone (586) 344-1748
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.

Area Code & Phone (248) 525-1539

7. Treasurer's Business Address

32252 HAWTHORNE DRIVE
WARREN, MI 48092

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

CONNOR BERDY
32252 HAWTHORNE DRIVE
WARREN, MI 48092

Area Code and Phone (248) 525-1539

Area Code and Phone (248) 525-1539

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

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.)

Date of Election, Convention or Caucus

08/08/2023

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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/28/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/28/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140269

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF VINCE BERDY

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>29,082.71</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>29,082.71</u>	(18.) \$ <u>29,082.71</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>29,082.71</u>	(20.) \$ <u>29,082.71</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>28,423.32</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>28,423.32</u>	(23.) \$ <u>28,423.32</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>24,527.71</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>29,082.71</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>29,082.71</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>28,423.32</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>659.39</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140269
2. Committee Name FRIENDS OF VINCE BERDY

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>04/04/2023</u>	
Name & Address: VINCE BERDY 32252 HAWTHORNE DR WARREN, MI 48092		\$ <u>16,127.71</u>	\$ <u>16,127.71</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SERVICE MANAGER</u> Employer <u>HEXAGON METROLOGY</u> Business Address <u>46444 HEXAGON WAY, NOVI, MI 48377</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2023</u>	
Name & Address: BETH ISOLA 48246 AMERICAN ELM DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETAIL BUSINESS</u> Employer _____ Business Address <u>450 LEXINGTON AVE, NEW YORK, NY 10017</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/11/2023</u>	
Name & Address: DORTHEY SZULCZEWSKI 36292 JEFFREY DR STERLING HEIGHTS, MI 48310		\$ <u>500.00</u>	\$ <u>500.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/13/2023</u>	
Name & Address: GERRY TRYLOFT 1883 WATKINS LAKE RD WATERFORD TWP, MI 48328		\$ <u>100.00</u>	\$ <u>100.00</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			

Page Subtotal **16,827.71**

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 140269
2. Committee Name FRIENDS OF VINCE BERDY

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>05/15/2023</u>	
Name & Address: ANDY BERDY 3210 EVERGREEN WAY ELLICOTT CITY, MD 21042		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/17/2023</u>	
Name & Address: KYLE JOHNSON 4829 LACHENNE MOSS POINT, MS 39563		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNT REP</u> Employer _____ Business Address <u>4190 TELEGRAPH RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2023</u>	
Name & Address: ELAYNE MANCIERO 28227 S POINTE LN NEW BALTIMORE, MI 48051		\$ <u>40.00</u>	\$ <u>40.00</u>
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 <u>05/20/2023</u>	
Name & Address: DORTHEY SZULCZEWSKI 36292 JEFFREY DR STERLING HEIGHTS, MI 48310		\$ <u>200.00</u>	\$ <u>200.00</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			

Page Subtotal **440.00**

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 140269
2. Committee Name FRIENDS OF VINCE BERDY

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>05/20/2023</u>	
Name & Address: DAVE LALIK 4576 KIRKWOOD DR STERLING HEIGHTS, MI 48310		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUCK DRIVER</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2023</u>	
Name & Address: PAUL TRYLOFT 44 CAMBRIDGE PLEASANT RIDGE, MI 48069		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2023</u>	
Name & Address: SAM ISOLA 18211 SPRING CT S FRASER, MI 48026		\$ <u>30.00</u>	\$ <u>30.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2023</u>	
Name & Address: JEFFERY SCHRODER 1592 E LINCOLN ST BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PLUNKETT COONEY</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 480.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140269
2. Committee Name FRIENDS OF VINCE BERDY

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>05/20/2023</u> Name & Address: NATE SHANNON 43373 INTERLAKEN DR STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2023</u> Name & Address: KRISTI KELLY 31416 W STONEWOOD CT FARMINGTON HILLS, MI 48334		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CANNABIS</u> Employer <u>SOZO</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2023</u> Name & Address: ELRIC KELLY 31115 SARATOGA AVE WARREN, MI 48093		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>PNC BANK</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2023</u> Name & Address: PAT GREEN 3929 MARLENE DR WARREN, MI 48092		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS EXEC</u> Employer <u>FIRST INDEPENDENT</u> Business Address <u>3929 MARLENE DR, WARREN, MI 48092</u> 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)

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140269
2. Committee Name FRIENDS OF VINCE BERDY

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>05/20/2023</u>	
Name & Address: MARYANNE BARSOTTI 3914 DAWSON DR WARREN, MI 48092		\$ <u>50.00</u>	\$ <u>50.00</u>
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 <u>05/21/2023</u>	
Name & Address: RALPH PICANO 16026 BUCKINGHAM AVE BEVERLY HILLS, MI 48025		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CFO</u> Employer <u>WADE TRIM ASSOCIATES, INC</u> Business Address <u>25251 NORTHLINE RD, TAYLOR, MI 48180</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/27/2023</u>	
Name & Address: SCOTT BROZOWSKI 32070 KNOLLWOOD DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>DTE ENERGY</u> Business Address <u>32070 KNOLLWOOD DR, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/28/2023</u>	
Name & Address: MIKE WALTZ 266 STONEGATE RD CAMARILLO, CA 93010		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>266 STONEGATE RD, CAMARILLO, CA 93010</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 750.00

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 140269
2. Committee Name FRIENDS OF VINCE BERDY

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>05/31/2023</u>	
Name & Address: PAM KELLER 59987 CARLTON N WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/31/2023</u>	
Name & Address: VINCE BERDY 32252 HAWTHORNE DR WARREN, MI 48092		\$ <u>8,400.00</u>	\$ <u>8,400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SERVICE MANAGER</u> Employer <u>HEXAGON METROLOGY</u> Business Address <u>46444 HEXAGON WAY, NOVI, MI 48377</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2023</u>	
Name & Address: KEN KRONNER 30340 MERRICK WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>25.00</u>
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 <u>06/02/2023</u>	
Name & Address: KAREN PLUSHNIK 34134 BIRCHWAY CIR STERLING HEIGHTS, MI 48312		\$ <u>200.00</u>	\$ <u>200.00</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			

Page Subtotal **8,725.00**

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 140269
2. Committee Name FRIENDS OF VINCE BERDY

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>06/03/2023</u>	
Name & Address: SUE KATTULA 5310 DICKSON DR STERLING HEIGHTS, MI 48310		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SCHOOL BOARD</u> Employer _____ Business Address <u>31300 ANITA DR, WARREN, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2023</u>	
Name & Address: VINCE FAZIO 4991 MINDY LYNN DR STERLING HEIGHTS, MI 48310		\$ <u>50.00</u>	\$ <u>50.00</u>
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 <u>06/05/2023</u>	
Name & Address: JOHN SPYRIDAKIS 56108 KEN CHARLES DR SHELBY TWP, MI 48316		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>BEAUMOND HOSPITAL</u> Business Address <u>159 KERCHEVAL AVE, GROSSE POINTE FARMS, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/03/2023</u>	
Name & Address: SUE TROMBLEY 33122 BETH ANN DR STERLING HEIGHTS, MI 48310		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SCHOOL BOARD</u> Employer <u>WARREN CONSOLIDATED SCHOOLS</u> Business Address <u>31300 ANITA DR, WARREN, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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 140269
2. Committee Name FRIENDS OF VINCE BERDY

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>07/06/2023</u> Name & Address: SAM AMATO 8221 GERALD AVE WARREN, MI 48093		\$ 50.00	\$ 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 _____ 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 # 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 **50.00**

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

29,082.71

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140269**
2. Committee Name **FRIENDS OF VINCE BERDY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HARLAND Address ☐ Fund Raiser	Purpose: CHECKS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/26/2023</u> Date	\$ <u>22.99</u>
Expenditure #2 Name SAWICKI & SONS Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/2023</u> Date	\$ <u>743.33</u>
Expenditure #3 Name SAWICKI & SONS Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/03/2023</u> Date	\$ <u>743.32</u>
Expenditure #4 Name WIX.COM Address ☐ Fund Raiser	Purpose: WEB SITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/08/2023</u> Date	\$ <u>23.00</u>
Expenditure #5 Name WIX.COM Address ☐ Fund Raiser	Purpose: WEB SITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/08/2023</u> Date	\$ <u>17.35</u>

Subtotal this page

1,549.99

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 **140269**
2. Committee Name **FRIENDS OF VINCE BERDY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name COMERICA BANK Address E 14 MILE RD STERLING HEIGHTS, MI ☐ Fund Raiser	Purpose: <u>CHECKS FOR ACCOUNT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2023</u> Date	\$ <u>64.29</u>
Expenditure #2 Name PRINT MASTERS Address 26039 DEQUINDRE RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>PRINT AND MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/12/2023</u> Date	\$ <u>2,130.60</u>
Expenditure #3 Name DUNLOP HOLDINGS Address P O BOX 2098 ROYAL OAK, MI 48069 ☐ Fund Raiser	Purpose: <u>FIRST GRAPHIS WORK FOR MAILERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/15/2023</u> Date	\$ <u>308.75</u>
Expenditure #4 Name COSTCO Address 30550 STEPHENSON HWY MADISON HEIGHTS, MI 48071 ☒ Fund Raiser	Purpose: <u>FOOD FOR FUND RASIER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/17/2023</u> Date	\$ <u>205.30</u>
Expenditure #5 Name ANTONIO'S ITALIAN CUISINE Address 2505 E 14 MILE RD STERLING HEIGHTS, MI 48310 ☒ Fund Raiser	Purpose: <u>FOOD FOR FUND RASIER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/20/2023</u> Date	\$ <u>816.02</u>

Subtotal this page **3,524.96**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140269**
2. Committee Name **FRIENDS OF VINCE BERDY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAWICKI & SONS Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 ☐ Fund Raiser	Purpose: LARGE SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2023 Date	\$ 904.18
Expenditure #2 Name VILLAGE STINSON VFW POST 9021 Address 32100 RYAN RD WARREN, MI 48092 ☒ Fund Raiser	Purpose: VFW HALL RENTAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/25/2023 Date	\$ 375.00
Expenditure #3 Name VOTE FOR CHANGE LLC Address 32252 HAWTHORNE DR WARREN, MI 48092 ☐ Fund Raiser	Purpose: CONSULTING, NO OUTSIDE CONSULTANT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2023 Date	\$ 4,000.00
Expenditure #4 Name WIX.COM Address ☐ Fund Raiser	Purpose: WEB SITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/05/2023 Date	\$ 23.00
Expenditure #5 Name CENTURY BANQUET Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: SIGN FOR POLISH FESTIVAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2023 Date	\$ 150.00

Subtotal this page **5,452.18**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140269**
2. Committee Name **FRIENDS OF VINCE BERDY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DUNLOP HOLDINGS Address P O BOX 2098 ROYAL OAK, MI 48069 ☐ Fund Raiser	Purpose: <u>GRAPHICS WORK FOR SECOND MAILER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2023</u> Date	\$ <u>341.25</u>
Expenditure #2 Name MASS MAILINGS Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: <u>PRINT AND MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2023</u> Date	\$ <u>7,628.30</u>
Expenditure #3 Name VOTE FOR CHANGE LLC Address 32252 HAWTHORNE DR WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>CONSULTING, NO OUTSIDE CONSULTANT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2023</u> Date	\$ <u>4,400.00</u>
Expenditure #4 Name WIX.COM Address ☐ Fund Raiser	Purpose: <u>WEB SITE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/2023</u> Date	\$ <u>23.00</u>
Expenditure #5 Name MASS MAILINGS Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: <u>PRINT AND MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/2023</u> Date	\$ <u>2,855.64</u>

Subtotal this page

15,248.19

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 **140269**
2. Committee Name **FRIENDS OF VINCE BERDY**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MASS MAILINGS Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: PRINT AND MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2023 Date	\$ 2,518.00
Expenditure #2 Name DUNLOP HOLDINGS Address P O BOX 2098 ROYAL OAK, MI 48069 ☐ Fund Raiser	Purpose: GRAPHICS WORK FOR THIRD MAILER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2023 Date	\$ 130.00
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 **2,648.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **28,423.32**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140269
2. Committee Name FRIENDS OF VINCE BERDY

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: VINCE BERDY 32252 HAWTHORNE DR WARREN, MI 48092	4. Type: <u>LOAN TO SELF</u> 5. <u>Date Debt Was Incurred:</u> <u>05/31/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 24,527.71</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 24,527.71</u> ☐ 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> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</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> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

24,527.71

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

24,527.71

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140269**
2. Committee Name **FRIENDS OF VINCE BERDY**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/20/2023	4. Number of Individuals Attending or Participating (whichever is greater) 15	5. Type of Fund Raising Activity FUND RAISER	6. Address and Name (If any) of the place where the activity was held. VILLAGE STINSON VFW POST 9021 32100 RYAN RD WARREN, MI 48092 ☐ Private Residence
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7. Total Contributions **940.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **940.00**
10. Total Cost of Event **1,396.32**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- 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 Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.