



FILED

19 SEP 2024 AM 09:50

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: 07/22/2024 to 08/26/2024

1. Committee I.D. Number

138956

4. Candidate Last Name

BERRY

First Name

CYNTHIA

M.I.

S

2. Committee Name

CTE CINDY BERRY FOR CLERK

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

CLERK, CHESTERFIELD TWP

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

5. Committee's Mailing Address

**34577 NORTHRUP
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.

6. Treasurer's Name & Residential Address

**BRADLEY MALEAR
8889 DIVISION ROAD
CASCO, MI 48064**

Area Code & Phone (586) 493-1360

7. Treasurer's Business Address

**8889 DIVISION ROAD
CASCO, MI 48064**

Area Code and Phone (586) 493-1360

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

**BRADLEY MALEAR
8889 DIVISION ROAD
CASCO, MI 48064**

Area Code and Phone (586) 493-1360

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

08/06/2024

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

09/19/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

09/19/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138956

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE CINDY BERRY FOR CLERK

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6,825.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>6,825.00</u>	(18.) \$ <u>6,825.00</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>6,825.00</u>	(20.) \$ <u>6,825.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>9,180.63</u>	(21.) \$ <u>9,180.63</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>7,841.75</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>7,841.75</u>	(23.) \$ <u>7,841.75</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>1,379.63</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>1,039.08</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>6,825.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>7,864.08</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>7,841.75</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>22.33</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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>07/29/2024</u>	
Name & Address: CTE DAVID JOSEPH 28637 BUCKINGHAMSHIRE DR NEW BALTIMORE, MI 48047		\$ <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>08/01/2024</u>	
Name & Address: SARAH LEWICKI 76 TONNANCOUR PL GROSSE POINTE FARMS, MI 48236		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>TMR & ASSOCIATES</u> Business Address <u>601 ABBOTT ST, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/01/2024</u>	
Name & Address: CYNTHIA BERRY 34577 NORTHRUP DR CHESTERFIELD TOWNSHIP, MI 48047		\$ <u>600.00</u>	\$ <u>3,900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLERK</u> Employer <u>CHESTERFIELD TOWNSHIP</u> Business Address <u>47275 SUGARBUSH RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/01/2024</u>	
Name & Address: JOSEPH ORAM 4585 ARLINE DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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 FOR CLERK

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>08/13/2024</u> Name & Address: CHRISTOPHER AIELLO 49432 COMPASS POINT DR NEW BALTIMORE, MI 48047		\$ 500.00	\$ 750.00
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>CHRIS AIELLO & ASSOCIATES</u> Business Address <u>32411 MOUND RD, WARREN, MI 48092</u> 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 **500.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **6,825.00**

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **138956**

CANDIDATE COMMITTEE

2. Committee Name **CTE CINDY BERRY FOR CLERK**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: CYNTHIA BERRY 34577 NORTHRUP DR CHESTERFIELD TOWNSHIP, MI 48047 If over \$100.00 cumulative, please provide: Occupation: CLERK Employer Name & Business Address: CHESTERFIELD TOWNSHIP 47275 SUGARBUSH RD, NEW BALTIMORE, MI 48047 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description MAILERS 5. Date Of Receipt: 08/01/2024 6. Vendor Name & Address: LASERCOM 2230 ELLIOTT AVE, TROY, MI 48083	\$ 2,000.00	\$ 5,900.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: CYNTHIA BERRY 34577 NORTHRUP DR CHESTERFIELD TOWNSHIP, MI 48047 If over \$100.00 cumulative, please provide: Occupation: CLERK Employer Name & Address: CHESTERFIELD TOWNSHIP 47275 SUGARBUSH RD, NEW BALTIMORE, MI 48047 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description CANDIDATE PAID FOR MAILING DESIGN 5. Date Of Receipt: 08/01/2024 6. Vendor Name & Address: JMLD 31125 PORTSIDE DR, NOVI, MI 48377	\$ 412.50	\$ 6,312.50
Contribution #3 PAC Receipt? ☐ Yes Name & Address: CYNTHIA BERRY 34577 NORTHRUP DR CHESTERFIELD TOWNSHIP, MI 48047 If over \$100.00 cumulative, please provide: Occupation: CLERK Employer Name & Address: CHESTERFIELD TOWNSHIP 47275 SUGARBUSH RD, NEW BALTIMORE, MI 48047 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description POST CARDS AND DIRECT MAIL 5. Date Of Receipt: 08/02/2024 6. Vendor Name & Address: LASERCOM 2230 ELLIOTT AVE, TROY, MI 48083	\$ 5,600.23	\$ 11,912.73

Page Subtotal **8,012.73** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **138956**

CANDIDATE COMMITTEE

2. Committee Name **CTE CINDY BERRY FOR CLERK**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: CYNTHIA BERRY 34577 NORTHRUP DR CHESTERFIELD TOWNSHIP, MI 48047 If over \$100.00 cumulative, please provide: Occupation: CLERK Employer Name & Business Address: CHESTERFIELD TOWNSHIP OFFICE 47275 SUGARBUSH RD, NEW BALTIMORE, MI 48047 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>CANDIDATE PAID FOR TEXT MESAAGE CAMPAIGNING</u> 5. Date Of Receipt: <u>08/02/2024</u> 6. Vendor Name & Address: VICTORY TEXT 190 MONROE AVE NW, SUITE 300, GRAND RAPIDS, MI 49503	\$ 1,167.90	\$ 13,080.63
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
Click Here for Memo Itemization			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
Click Here for Memo Itemization			

Page Subtotal

1,167.90

13,080.63

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

9,180.63

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

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 PO BOX 75000 DETROIT, MI 48275 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/2024</u> Date	\$ <u>38.00</u>
Expenditure #2 Name CYNTHIA BERRY Address 34577 NORTHRUP DR CHESTERFIELD TOWNSHIP, MI 48047 ☐ Fund Raiser	Purpose: DEBT REPAYMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/2024</u> Date	\$ <u>6,200.00</u>
Expenditure #3 Name CYNTHIA BERRY Address 34577 NORTHRUP DR CHESTERFIELD TOWNSHIP, MI 48047 ☐ Fund Raiser	Purpose: DEBT REPAYMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/2024</u> Date	\$ <u>600.00</u>
Expenditure #4 Name CYNTHIA BERRY Address 34577 NORTHRUP DR CHESTERFIELD TOWNSHIP, MI 48047 ☐ Fund Raiser	Purpose: DEBT REPAYMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/08/2024</u> Date	\$ <u>501.00</u>
Expenditure #5 Name COMERICA BANK Address PO BOX 75000 DETROIT, MI 48275 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/13/2024</u> Date	\$ <u>2.75</u>

Subtotal this page **7,341.75**

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 FOR CLERK**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CYNTHIA BERRY Address 34577 NORTHRUP DR CHESTERFIELD TOWNSHIP, MI 48047 ☐ Fund Raiser	Purpose: DEBT REPAYMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/14/2024 Date	\$ 500.00
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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 **500.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **7,841.75**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

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: CYNTHIA BERRY 34577 NORTHRUP DR CHESTERFIELD TOWNSHIP, MI 48047	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/05/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,379.63</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,379.63</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> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ 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)

1,379.63

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

1,379.63

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.