

FILED

CANDIDATE COMMITTEE 12 JUL 27 PH 12: 37

FOR OFFICIAL USE ONLY

COVER PAGE GASA	3 THE CONTROL FORM
Report must be legible, typed or printed in ink and signification of the treasurer (or designated record keeper) and candidate.	13. The statement core's From 05/22/12 to 07/22/12
1, Committee I.D. Number	4. Candidate Last Name First Name W.J.
138956	Berry Cindy 4a. Office Sought Including District # or Community Served (if applicable)
2. Committee Name	
	Chesterfield Township Clerk
CTE Cindy Berry for Clerk	4b. County of Residence Macomb
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
52026 Hickory Drive	Cindy Berry 52026 Hickory Drive
Chesterfield Twp. MI 48047	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.	Area Code & Phone (586) 933-6158
	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
7. Treasurer's Business Address	Designated Record keeper)
Cindy Berry 52026 Hickory Drive	
Chesterfield Twp. MI 48047	
Area Code and Phone (586) 933-6158	Area Code and Phone
9, TYPE OF STATEMENT	· · · · · · · · · · · · · · · · · · ·
98. Pre-Election OR 9b. Po	st-Election 9c. Annual Statement (Coverage Year)
_	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c
Pre-Ejection or Post-Ejection Statement relates to:	or 9e to Indicate which Statement is being amended)
	9e. Dissolution of Candidate Committee
PrimaryG	Effective Date of Dissolution
Convention	Chool
Special C	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for
08/07/12	the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule
	1B and the Summary Page.
A committee that does not have a Reporting Weiver must file all Schedules. Direct contributions, in-kind contributions, loans, ex-	required Campaign Statements. The Campaign Statements must include all applicable penditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold paged since the information was shown on the committee's Statement of Organization, an
If any of the information listed in items 2.4, 5, 6, 7, or 8 has that amendment to the Statement of Organization should accompan	nged since the information was shown on the committee's Statement of Organization, an y this Campaign Statement. If a request for a Reporting Walver is not received on or that campaign statement cannot be walved.
before the filing desaulte of a required campaign switchion. 10 Verification: IVWe certify that all reasonable diligence was use	ed in the preparation of this statement and attached schedules (if any) and to the best of complete.
my\our knowledge and belief the contents are true, accurate and	
Current Treasurer or Designated Record Keeper	1 (uno 1 Dec 7/27/12
Type or Print Name	Signature
Cindy Porny	7/27/12
Candidate Cindy Berry	Signature Date
Type or Print Name	



1. Committee I.D. Number 138956

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Cindy Berry for Clerk

CANDIDATE COMMITTEE	2. Committee Name OTE CITICY BE	Try for Clerk
RECEIPTS	Column I	Column ()
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 1,180.00	
b. Unitemized (less than \$20,01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	_
c. Subtotal of "Contributions"	(3c.) \$ \$1,180.00	(18.) \$ \$1,180.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$1,180.00	(20.) \$ \$1,180.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
5. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$459.60	_ (21.) \$ \$459.60
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Ilemized (Schedule 1B, Column 6)	(8a.) \$ \$972.17	_
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	_
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	_
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$972.17	\$972. 17
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$ 0.00	_
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	_
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	\$ \$759.60
DESTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$759.60	_
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _\$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$0.00	
(Enter zero If no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$1,180.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ \$1,180.00	- Walter
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$972.17	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$207.83	<u> </u>



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee I.D. Number _____138956

-	CAND	DATE	COMMI	1	EE	

2. Committee Name CTE Cindy Berry for Clerk

Enter contributor's name and address. If contribution is from an individual, enter last name, first middle inItial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount.	name, 6. Amount ent	7. Currulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/05/12 Name & Address:		
Cindy Berry 52026 Hickory Dr. Chesterfield Twp. MI 48047	_{\$} 100	_{\$} 100
5. If over \$1,00.00 cumulative, please provide;	Click Here fo	r Memo Itemization
Occupation Consultant Employer Self		
Business Address 52026 Hickory Dr. Chesterfield Twp. MI 48047		
Type of Contribution: Direct V Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/11/12 Name & Address		
Cindy Berry 52026 Hickory Dr.	<u>\$</u> 400	_{\$} 500
Chesterfield Twp. MI 48047	Oliak i lava fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide: Consultant Employer Self	Click Here to	Memo (ternizador)
	· 	
Business Address 52026 Hickory Dr. Chesterfield Twp. MI 48047		
Type of Contribution: Direct	1.40	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/09/12 Name & Address:		
Lisa Rush 29195 Congress	_{\$} 500	ş <u>500</u>
Roseville, MI 48066	Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Realtor Employer Self		
Business Address 36594 Moravian, Clinton Twp. MI 48036 Type of Contribution: Direct Loan from a person Fund Raiser		
Type or controller.	- "]	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 0//10/12 Name & Address		
Barbara Whitmore 48063 Mallard	_{\$} 30	_{\$} 30
Chesterfield Twp. MI 48047 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
P	age Subtotal \$1,030.00	
Grand Total of All So (Complete on last page	of Schedule) Enter this total on	
Page 1 of 2 _	line 3a of Summar Page.	У



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number __138956

2. Committee Name CTE Cindy Berry for Clerk

	ress. If contribution is from an inc ate if contribution is from a Politics ributions regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Name & Address:	Receipt? YES 4. Date	of Receip	07/10/12	The second secon	, 440
Jaime Greene 35624 Woodside Dr. Richmond, MI 48062 5. If over \$100.00 cumulative, pl	paso provido:			_{\$} 50	_{\$} 50
Occupation	•			Click Here	for Memo Itemization
Business Address	Loan from a person		Fund Raiser		
3 Contribution #2 PAC R	eceipt? YES 4. Date	of Receip	t <u>07/18/12</u>		
Cindy Berry 52026 Hickory Dr. Chesterfield Twp. MI 48	3047			<u>\$ 100</u>	_{\$} 600
5. If over \$100.00 cumulative, pl				Click Here	for Memo Itemization
Occupation	Employer		 		
Business Address			· · · · · · · · · · · · · · · · · · ·		
Type of Contribution: Direct	Loan from a person		Fund Raiser	<u> </u>	
Contribution # 3 PAC R Name & Address:	eceipt? YE\$ 4. Date	of Recei			
				\$	<u> </u>
5. If over \$100.00 cumulative, p	lease provide:			Click Here	for Memo Itemization
Occupation	Employer				
Business Address	Loan from a person		Fund Raiser		
3. Contribution # 4 PAC F Name & Address	Receipt? YES 4. Date	e of Rece	ipt		
				\$	\$
5. If over \$100.00 cumulative, p	lease provide:			Click Here	for Memo Itemization
Occupation	Employer				
Business Address		-1			
Type of Contribution: Direc	Loan from a persor	1	Fund Raiser		A American Control of
			Page Subtotal and Total of All Schedules 1A	\$650.00 \$1,680.00	
_		(Comp	lete on last page of Schedule)	Enter this total or	

Page <u>1</u> of 2

line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138956

CANDIDATE COMM	NITTEE 2. Committee Name CTE Cindy Berry fo	or Clerk	4
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 all 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: Cindy Berry		118 s	318
52026 Hickory Dr. Chesterfield Twp. MI 48047	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide: Occupation:	Description Stickers for signs 5. Date Of Receipt: 06/26/12		
Employer Name & Business Address: Self employed 52026 Hickory Dr. Chesterfield Twp. MI 48047 Fund Raiser Contribution	6. Vendor Name & Address:	k Here for Memo Ite	mization
Contribution # 2 PAC Receipt? Yes Name & Address Cindy Berry 52026 Hickory Dr. Chesterfield Twp. MI 48047	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ✓ Goods or Services Purchased by Candidate or Others-LOAN	41.60 \$	459.60
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Self employed 52026 Hickory Dr.	Guillanos Nistorano	ok Here for Memo It	emization
Chesterfield Twp. MI 48047 Fund Raiser Contribution	33151 23 Mile Rd Chesterfield Twp. MI 48047	,	<u> </u>
Contribution #3 PAC Receipt? Ye Name & Address:	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	\$	
If over \$100.00 cumulative, please provide: Occupation:	Description		
Employer Name & Address:	5. Date Of Receipt:6. Vendor Name & Address:	ick Here for Memo I	temization
Fund Raiser Contribution	Page Subtota	\$459.60	
	Grand Total of all Schedules 1-1 (Complete on last page of Schedule	K \$459 60	

Enter this total on line 6 of Summary Page



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

138956

2. Committee Name CTE Cindy Berry for Clerk

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6 Amount
Expenditure #1	C Adjusted in Northead III	9. Date	6, Amount
Name Chesterfield Township Clerk		06/06/12	
Officerited Township Clerk	B		s 10
Address	Purpose: Precinct map	Date	
47275 Sugarbush	Click	Here for Memo	Itemization Type
Chesterfield Twp. MI 48047	Check box if this expenditure is payment of		The state of the s
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement	_	
Name Staples			
Staples		06/12/12	\$ 7.73
Address	Purpose: Copies	Date	
51382 Gratiot			
Chesterfield Twp. Mi 48051	Click F	fere for Memo	Iternization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3		-	11-20-41-1
Name Macomb County Republican Party			
Wadding County Nepublican Falty	1	06/14/12	s 100
Address	Purpose: Lincoln Dinner Tickets	Date	WHO.
PO Box 180407	Click H	lere for Memo	Itemization Type
Utica, MI 48044	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
N	1		
Name Dynamic Interactive		06/15/12	\$ 150
Address	Purpose: Poll	Date	* 100
16842 Von Karman Ave, Ste 475			
Irvine,CA 92606	Click F	lere for Memo	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #5			
Name JC Penney Photo Studio		00/40/40	
30 Formey Frioto Cidato	Bromational photos	06/18/12	\$ 51.94
Address	Purpose: Promotional photos	Date	
50753 Waterside Dr.	Click F	lere for Memo	Itemization Type
Chesterfield Twp. MI 48051	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	\$319.67
			Ψ010/0/
	Grand Total of all 5 (Complete on last page		į
	(

Enter this total on line 8a of Summary Page

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ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

2 Committee Name CTE Cindy Berry for Clerk

CANDIDATE COMMITTEE	Z. Continues Name	E Date	6. Amount
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	o, Allivuit
Expenditure #1		06/18/12	
Name RCNMC			\$ 20
	Purpose: Membership dues	Date	
Address	1	lare for Memo h	temization Type
21754 Kendyl Ct		.2.2 101 17191110 1	
Macomb Twp. MI 48044	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
, ·		06/20/12	s 275
Name Jonathan Chulski	Makan Baka	Date	~
Address	Purpose: Voter lists		
	Click	tere for Memo I	temization Type
258 Mill St Big Rapids, MI 49307			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement provided by previous		
Expenditure #3			
Name USPS		07/05/12	n 45°
0010	Stamps	Date	\$ <u>45</u>
Address	Purpose: Stamps		
35339 23 Mile Rd.	Click I	Here for Memo I	Itemization Type
New Baltimore, MI 48047	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4		*****	
Name Kroger		07/10/12	s 12.50
Address	Purpose: Food for kickoff event	Date	
35000 23 Mile Rd			
New Baltimore, MI 48047	Click	Here for Memo	Itemization Type
TOTAL DESCRIPTION OF THE TOTAL	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	Secretary (152) [L	 ·	
· ·	1		
Name Cindy Berry	1 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	07/11/12	\$ 300
Address	Purpose: Loan repayment	Date	
52026 Hickory Dr	Click	Here for Memo	Itemization Type
Chesterfield Twp. MI 48047	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement Subt	otal this page	\$652.50
			` - .
	Grand Total of all	Schedules 1B	\$Q72 17

(Complete on last page of Schedule) Dサイム、1/

Enter this total on line 8a of Summary Page

DEBTS AND OBLIGATIONS	S
SCHEDULE 1E	

1. Committee I.D. Number

138956

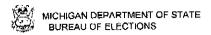
CANDIDATE COMMITTEE	Committe
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CTE Cindy Berry for Clerk

CANDIDATE COMMITTEE 2.	Committee Name	, , ,		
This Schedule itemizes:		i in law		
a ✓ Debts and obligations owed by or forgiven the co	mmittee OR b. Debt eck either a or b. Use only for the po	ls and obligations owed <u>to</u> o urpose checked.)	r forgiven <u>by</u> the co	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Campaign loan	<u> </u>		
Cindy Berry 52026 Hickory Dr. Chesterfield Twp. MI 48047	5. <u>Date Debt Was Incurred</u> 06/05/12 6. Original Amount of Debt	\$ \$	\$ <u>0</u>	\$_100
	ş 100	\$		FORGIVEN
If bank loan, name of endorser or guarantor:	- 100 1000 1	Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4 Type: Campaign loan	7/11/12\$ 300		
Cindy Berry 52026 Hickory Dr.	5. <u>Date Debt Was Incurred.</u> 6/11/12	\$		
Chesterfield Twp. MI 48047	6. Original Amount of Debt:	\$ \$	300	\$_100
If bank loan, name of endorser or guarantor:	·	<u> </u>		FORGIVEN
Debt #3 Corp? Yes	1	Ar	nount Endorsed: \$ T	T T
Owed to or by:	4. Type: Campaign Ioan	s		
Cindy Berry 52026 Hickory Dr. Chesterfield Twp. MI 48047	5 <u>Date Debt Was Incurred.</u> 6/18/12 6. Original Amount of Debt:	\$ \$	\$_0	\$_100
	\$100	\$ \$		FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	\$300.00
(Complete on last page of Schedule	Grand Total showing amounts owed by	of all Schedules 1E or to the committee)	
				Enter this total on line 12a "owed by" or line 13b

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.



DEBTS	AND	OBL	IGA	TIO	NS
S	CHE	DULE	: 1E	Ξ	

1. Committee I.D. Number

138956

CTE Cindy Berry for Clerk 2. Committee Name CANDIDATE COMMITTEE This Schedule itemizes: e committee OR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.) Debts and obligations owed by or forgiven the committee 9. Outstanding 7. Date and amount of 8. Cumulative 3, Name and Mailing Address of person, vendor or 4. Type of Obligation Balance at close payment to (Description) each payment financial institution to whom debt is owed. of this period 5. Indicate date debt was date on debt (item 6 minus incurred Check box to indicate whether debt is owed to an 6. Indicate original amount Item 8) incorporated business. If debt is a bank loan, please of debt provide information regarding the endorsers or guarantors, it any. Debt #1 Corp? Yes 4 Type: Sign stickers Owed to or by: Cindy Berry 5. Date Debt Was Incurred 52026 Hickory Dr. 06/26/12 Chesterfield Twp. MI 48047 6. Original Amount of Debt: FORGIVEN 318 If bank loan, name of endorser or guarantor: Amount Endorsed: \$ 4. Type: Event food Debt #2 Owed to or by: Cindy Berry 5. Date Deht Was Incurred: 7/10/12 52026 Hickory Dr. 141 60 Chesterfield Twp. MI 48047 6. Original Amount of Debt: Q 141.60 FORGIVEN Amount Endorsed: \$ If bank loan, name of endorser or guarantor:, Debt #3 Yes Corp? 4. Type: Owed to or by: 5. Date Debt Was Incurred 6. Original Amount of Debt: \$ FORGIVEN Amount Endorsed: \$ If bank loan, name of endorser or guarantor: \$459.60 Page Subtotal (Outstanding debt) Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) \$759.60 Enter this total

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 covored by this Campaign Statement.

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

Page 2 of 2