



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

12 JUL 27 PM 12:37

**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.

CANDIDATE NAME

CINDY BERRY

CHESTERFIELD TOWNSHIP, MICHIGAN

05/22/12

to 07/22/12

1. Committee I.D. Number

138956

2. Committee Name

CTE Cindy Berry for Clerk

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 Drive  
Chesterfield Twp. MI 48047

6. Treasurer's Name &amp; Residential Address

Cindy Berry  
52026 Hickory Drive  
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 &amp; Phone (586) 933-6158

7. Treasurer's Business Address

Cindy Berry  
52026 Hickory Drive  
Chesterfield Twp. MI 48047

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

Area Code and Phone (586) 933-6158

Area Code and Phone

## 9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary☐ General☐ Convention☐ School☐ Special☐ Caucus

Date of Election, Convention or Caucus

08/07/12

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

Effective Date of Dissolution

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 the dissolution cannot be granted, that this be considered a request for 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 Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Record keeper Cindy Berry  
Type or Print Name

Signature

Date

7/27/12

Candidate

Cindy Berry

Type or Print Name

Signature

Date

7/27/12



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
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1,180.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$1,180.00</u>	(18.) \$ <u>\$1,180.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>\$1,180.00</u>	(20.) \$ <u>\$1,180.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$	<u>\$459.60</u>	(21.) \$ <u>\$459.60</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$972.17</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>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$	<u>\$972.17</u>	(23.) \$ <u>\$972.17</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$759.60</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$759.60</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$0.00</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$1,180.00</u>	
	(15.) = \$	<u>\$1,180.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>			
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>\$972.17</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>\$207.83</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 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 all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/05/12</u>	
Name & Address: <u>Cindy Berry</u> <u>52026 Hickory Dr.</u> <u>Chesterfield Twp. MI 48047</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Self</u> Business Address <u>52026 Hickory Dr. Chesterfield Twp. MI 48047</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/11/12</u>	
Name & Address: <u>Cindy Berry</u> <u>52026 Hickory Dr.</u> <u>Chesterfield Twp. MI 48047</u>		\$ <u>400</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Self</u> Business Address <u>52026 Hickory Dr. Chesterfield Twp. MI 48047</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/09/12</u>	
Name & Address: <u>Lisa Rush</u> <u>29195 Congress</u> <u>Roseville, MI 48066</u>		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Realtor</u> Employer <u>Self</u> Business Address <u>36594 Moravian, Clinton Twp. MI 48036</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/10/12</u>	
Name & Address: <u>Barbara Whitmore</u> <u>48063 Mallard</u> <u>Chesterfield Twp. MI 48047</u>		\$ <u>30</u>	\$ <u>30</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$1,030.00

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 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 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 07/10/12

Name & Address:

Jaime Greene  
35624 Woodside Dr.  
Richmond, MI 48062

\$ 50

\$ 50

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/12

Name & Address:

Cindy Berry  
52026 Hickory Dr.  
Chesterfield Twp. MI 48047

\$ 100

\$ 600

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 \$650.00

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

\$1,680.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number 138956

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 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  
52026 Hickory Dr.  
Chesterfield Twp. MI 48047

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Business Address:

Self employed  
52026 Hickory Dr.  
Chesterfield Twp. 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 Stickers for signs

5. Date Of Receipt: 06/26/12

6. Vendor Name & Address:

Sign A Rama  
36886 Harper Ave  
Clinton Twp. MI 48035

[Click Here for Memo Itemization](#)

\$ 318 \$ 318

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

Cindy Berry  
52026 Hickory Dr.  
Chesterfield Twp. MI 48047

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

Self employed  
52026 Hickory Dr.  
Chesterfield Twp. 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 Food for kickoff event

5. Date Of Receipt: 07/10/12

6. Vendor Name & Address:

Guiliano's Ristorante  
33151 23 Mile Rd  
Chesterfield Twp. MI 48047

[Click Here for Memo Itemization](#)

\$ 141.60 \$ 459.60

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

If over \$100.00 cumulative, please provide:

Occupation:

Employer 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

Description \_\_\_\_\_

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Page Subtotal **\$459.60**

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

**\$459.60**

Enter this total  
on line 6 of Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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
<b>Expenditure #1</b> Name <u>Chesterfield Township Clerk</u> Address <u>47275 Sugarbush</u> <u>Chesterfield Twp. MI 48047</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Precinct map</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/06/12</u> Date	<u>\$ 10</u>
<b>Expenditure #2</b> Name <u>Staples</u> Address <u>51382 Gratiot</u> <u>Chesterfield Twp. MI 48051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Copies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/12</u> Date	<u>\$ 7.73</u>
<b>Expenditure #3</b> Name <u>Macomb County Republican Party</u> Address <u>PO Box 180407</u> <u>Utica, MI 48044</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Lincoln Dinner Tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/14/12</u> Date	<u>\$ 100</u>
<b>Expenditure #4</b> Name <u>Dynamic Interactive</u> Address <u>16842 Von Karman Ave, Ste 475</u> <u>Irvine, CA 92606</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Poll</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/12</u> Date	<u>\$ 150</u>
<b>Expenditure #5</b> Name <u>JC Penney Photo Studio</u> Address <u>50753 Waterside Dr.</u> <u>Chesterfield Twp. MI 48051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Promotional photos</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/12</u> Date	<u>\$ 51.94</u>
Subtotal this page			<b>\$319.67</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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
<b>Expenditure #1</b> Name <b>RCNMC</b>  Address <b>21754 Kendyl Ct Macomb Twp. MI 48044</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Membership dues</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/18/12</b> Date	<b>\$ 20</b>
<b>Expenditure #2</b> Name <b>Jonathan Chulski</b>  Address <b>258 Mill St Big Rapids, MI 49307</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Voter lists</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/20/12</b> Date	<b>\$ 275</b>
<b>Expenditure #3</b> Name <b>USPS</b>  Address <b>35339 23 Mile Rd. New Baltimore, MI 48047</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Stamps</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/05/12</b> Date	<b>\$ 45</b>
<b>Expenditure #4</b> Name <b>Kroger</b>  Address <b>35000 23 Mile Rd New Baltimore, MI 48047</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Food for kickoff event</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/10/12</b> Date	<b>\$ 12.50</b>
<b>Expenditure #5</b> Name <b>Cindy Berry</b>  Address <b>52026 Hickory Dr Chesterfield Twp. MI 48047</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Loan repayment</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/11/12</b> Date	<b>\$ 300</b>
Subtotal this page			<b>\$652.50</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<b>\$972.17</b>

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**

1. Committee I.D. Number

**138956****SCHEDULE 1E****CANDIDATE COMMITTEE**

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? <input type="checkbox"/> Yes Owed to or by: <b>Cindy Berry</b> <b>52026 Hickory Dr.</b> <b>Chesterfield Twp. MI 48047</b>	4. Type: <u>Campaign loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/05/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100</u>	\$ \$ \$ \$ \$	\$ 0	\$ 100 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Cindy Berry</b> <b>52026 Hickory Dr.</b> <b>Chesterfield Twp. MI 48047</b>	4. Type: <u>Campaign loan</u> 5. <u>Date Debt Was Incurred:</u> <u>6/11/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 400</u>	<u>7/11/12 \$ 300</u> \$ \$ \$ \$	\$ 300	\$ 100 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Cindy Berry</b> <b>52026 Hickory Dr.</b> <b>Chesterfield Twp. MI 48047</b>	4. Type: <u>Campaign loan</u> 5. <u>Date Debt Was Incurred:</u> <u>6/18/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100</u>	\$ \$ \$ \$ \$	\$ 0	\$ 100 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$300.00**

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 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? <input type="checkbox"/> Yes Owed to or by: <b>Cindy Berry</b> <b>52026 Hickory Dr.</b> <b>Chesterfield Twp. MI 48047</b>	4 Type: <u>Sign stickers</u> 5. <u>Date Debt Was Incurred:</u> <u>06/26/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>318</u>	\$ \$ \$ \$ \$	\$ 0	\$ <u>318</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Cindy Berry</b> <b>52026 Hickory Dr.</b> <b>Chesterfield Twp. MI 48047</b>	4 Type: <u>Event food</u> 5. <u>Date Debt Was Incurred:</u> <u>7/10/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>141.60</u>	\$ \$ \$ \$ \$	\$ 0	\$ <u>141.60</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4 Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$459.60**

Grand Total of all Schedules 1E **\$759.60**  
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.