

#### CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

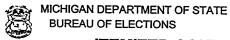
Deport must be built at					
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and co	signed by andidate.	3. This Statement covers From	01/01/2024	to 07/21/2024	
Committee I.D. Number		4. Candidate Last Name	First	Name	M.I.
141313		Byrd	Amy		
2. Committee Name		4a. Office Sought Including Di Prosecuting Attorney		E)	₹
Committee to Elect Amy Byrd		r rosecuting acturity	bernen County	,	
		4b. County of Residence BE	RRIEN	$\overline{\mathbf{v}}$	
5. Committee's Mailing Address P.O. Box 213		6. Treasurer's Name & Reside	ential Address		
St. Joseph, MI 49085		Katherine Arnold			
oc 0030pm, mr 45003		209 Vail Ct.			
		St. Joseph, MI 4908	35		
Area Code and Phone					
If the address in this box is different from the commi	ittee				
mailing address on the Statement of Organization, r be sent to this address by the filing official.	nail may	Area Code & Phone			
7. Treasurer's Business Address		8. Designated Record Keeper	's Name and Addres	s (If the committee has a	
209 Vail Ct.		Designated Record Keeper) Ellen Kletzka			
St. Joseph, MI 49085		106 W. Allegan			
		Lansing, MI 48933			
		Lorionig, iii 10000			
Area Code and Phone (708) 828-4722		Area Code and Phone (517	7) 375-0799		
9. TYPE OF STATEMENT			9e. Dissolution of	f Candidate Committee	
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the current year:		By checking th	is item I/We certify any ou the candidate or his or hi	utstanding debt
Pre-Election or Post-Election Statement relates to:			by discharged and t	forgiven, and no longer co	ollectible from
<b>X</b> Primary	July Quarti	erly		or has any oustanding det	
General	October Q	uarterly	Further, if the dissol	lution cannot be granted, t	that this be
Convention			considered a reques	st for the Reporting Waive	r.
Special	9c. Annual	Statement ( )			
School		Coverage Year	Effective	date of dissolution	
	9d. Amend	iment to Campaign Statement			
		lete Item 9a, 9b, 9c or 9e to e which Statement is being	Note: The disposition	on of residual funds must l	be reported on
	amend		Schedule 18 and th	e Summary Page.	
Date of Election, Convention or Caucus					
07/25/2024					
<ol> <li>Verification: I/We certify that all reasonable diliger my/our knowledge and belief the contents are true, at</li> </ol>	nce was used in courate and con	n the preparation of this statement implete.	ant and attached sch	edules (if any) and to the	best of
Current Treasurer or					
Designated Record keeper				- Date	
Type or Print Name		Signature		- VGW	
Am ( Board		AR-		7/2-1	1.1
Candidate AYIV TYY		1 XXX		_ Date // 20/6	24

1. Committee I.D. Number 141313

## SUMMARY PAGE CANDIDATE COMMITTEE

### 2. Committee Name Committee to Elect Amy Byrd

CANDIDATE COMMITTEE	z. Committee Name	
RECEIPTS	Column I This Period	Column II
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 3,245.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$0.00	(18.) \$ \$3,245.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.30	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$3,245.00	(20.) \$ \$3,245.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <b>\$5,351.60</b>	(21.) \$ \$5,351.60
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$2,118.70</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <b>\$0.00</b>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$2,118.70	(23.) \$ \$2,118.70
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS	(11.) \$ \$0.00	(24.) \$ \$0.00
Debts and Obligations     a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	
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.) + \$ \$3,245.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$3,245.00	
16. Amount expended during reporting period	(16.) - \$ \$2,118.70	<del></del>
(Add lines 9 and 11) 17. ENDING BALANCE		
(Subtract line 16 from line 15)	(17.) <b>\$</b> \$1,126.30	*



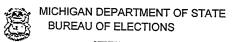
#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_141313

Page.

2. Committee Name Committee to Elect Amy Byrd

		***************************************		
Enter contributor's name and address. If contribution is middle initial. Check box to indicate if contribution is from Committee (PAC) Report all contributions regardless of	om a Political Comn	, enter last name, first name, nittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES Name & Address: Laurie McManus	4. Date of Rece	eipt 07/19/2024	•	r date or receipt)
3825 e. Britain Ave.			500	500
Benton Harbor, MI 49022			<u>\$500</u>	<sub>\$</sub> 500
5. If over \$100.00 cumulative, please provide:			Click Horn fo	an Manna Hausimatian
Occupation retired Employe	r		Click nere it	or Memo Itemization
Business Address				
Type of Contribution: Direct Loan fro	om a person	Fund Raiser		
Contribution #2 PAC Receipt? YES  Name & Address	4. Date of Rece	ipt 07/18/2024		
Catherine Sanford				
219 S. Sunnybank			<sub>\$</sub> 250	\$ 720
St. Joseph, MI 49083			<u>\$</u>	\$_ 0.00
5. If over \$100.00 cumulative, please provide:			Click Here fo	r Memo Itemization
Occupation retired Employer_				
Business Address				
Type of Contribution: Direct Loan from	m a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES	4. Date of Rece	eipt 07/19/2024		
Ferdinand Moon				
2145 N M52			<sub>\$</sub> 250	750
Webberville, MI 48892			<b>4</b>	\$250
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization
Occupation retired Employer				
Business Address				
Type of Contribution: Direct Loan from	m a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES Name & Address	4. Date of Rece	eipt		
			\$	\$
5. If over \$100.00 cumulative, please provide:			Click Harry	Mama Harris 12
Occupation Employ	/er		Click Here for	Memo Itemization
Business Address				
T (0 ( T ) T	m a person	Fund Raiser	÷	
		Page Subtotal	1000.00	
		and Total of All Schedules 1A		
1 2	(Comp	lete on last page of Schedule)	Enter this total on	J
_ 1 5			line 3a of Summary	



#### CANDIDATE COMMITTEE

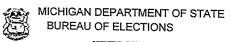
1. Committee I.D. Number \_\_\_\_\_141313

line 3a of Summary

Page.

2 Committee Name Committee To Elect Amy Byrd

		2. Committee Name		
Enter contributor's name and address. If contribution is from an middle initial. Check box to indicate if contribution is from a Poli Committee (PAC) Report <u>all</u> contributions regardless of amount	mma' i loom	enter last name, first name, ittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? YES 4. Da Name & Address: McManus Jr, George A. 741 Garfield Rd. S Traverse City, MI 49696	ate of Recei	pt 05/13/2024	1 000	date of receipt)
			<sub>\$1,000</sub>	<sub>\$</sub> 1, 000
5. If over \$100.00 cumulative, please provide:  Occupation Retired Employer			Click Here for	or Memo Itemization
Business Address				
Type of Contribution:	son	Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Dar Name & Address	ite of Receip	ot 05/31/2024		
Dennis Wiley			<sub>\$</sub> _100	<sub>\$</sub> 100
5. If over \$100.00 cumulative, please provide:			Click Horo fo	r Memo Itemization
Occupation Employer			Olick Here to	i wemo itemization
Business Address				
Type of Contribution: Direct Loan from a person	on $\square$	Fund Raiser		1
		ot 06/03/2024		
Kelly Anderson 1087 Fairlawn St. Joseph, MI 49085			<u>\$ 100</u>	<u>\$ 100</u>
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization
Occupation Employer				
Business Address				
Type of Contribution: Direct Loan from a person	on	Fund Raiser		
Name & Address	ate of Recei	ot 06/10/2024		
Peter J. Johnson 300 Port Street St. Joseph, MI 49085			<sub>\$</sub> 500	, 500
5. If over \$100.00 cumulative, please provide:				¥
Occupation Employer			Click Here for	Memo Itemization
Business Address				
Type of Contribution: Direct Loan from a perso	on 🔲	Fund Raiser		
-		Page Subtotal	\$1,700.00	
	Gran	d Total of All Schedules 1A	{	
•	(Comple	te on last page of Schedule)	Enter this total on	



CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_141313

Enter this total on line 3a of Summary

Page.

Committee To Elect Amy Byrd

Enter contributor's	name and address. If			2. Committee Name		Liout / tilly bylu
Committee (PAC) F	Report <u>all</u> contributions	contribution is from an indiv ntribution is from a Political ( s regardless of amount.	idual, Comm	enter last name, first name ittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
Contribution # 1     Name & Address:	PAC Receipt	YES 4. Date of	Recei	pt 06/10/2024		I date of receipt)
Christian Can	npbell					
	•				4 =	4 =
					<sub>\$</sub> 45	_ <u>\$ 45</u>
	umulative, please pr				Click Horo	for Memo Itemization
		Employer			Olick Here	ioi wemo itemization
Business Address _		П				
Type of Contribution		Loan from a person		Fund Raiser		
Contribution #2  Name & Address	PAC Receipt?	YES 4. Date of F	Receip	ot 06/23/2024		
Brandon Cere	cke					
					<sub>\$</sub> 500	<sub>\$</sub> 500
5 If over \$100.00 c	ımulative, please pro	an dialan				
					Click Here t	or Memo Itemization
Business Address		_ Employer	•			
Type of Contribution:	[Z]Din t		Г			
3. Contribution # 3		Loan from a person	Ш	Fund Raiser		
Name & Address:	PAC Receipt?	YES 4. Date of I	Receip	ot	_	
					\$	_ \$
5. If over \$100.00 cu	mulative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
. Contribution # 4 lame & Address	PAC Receipt?	YES 4. Date of I	Receip	ot		
ame & Address						
					\$	\$
i. If over \$100.00 cui	mulative, please pro	vide:			Oliale Hanne fo	
Occupation		_ Employer			Click Here to	r Memo Itemization
Business Address						
Type of Contribution:	<b>✓</b> Direct	Loan from a person	П	Fund Raiser		
				Page Subtota	1 54500	
			Gran	d Total of All Schedules 1A	2 (3.00	-
		(Co	omplet	e on last page of Schedule	12245.00	



### **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number 141313

2. Committee Name Committee to Elect Amy Byrd

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Childrens Adv Ctr of SW MI		07/15/2024	s 207.25
Address	Purpose: sponsorship	Date	
4938 Niles Rd.			
St. Joseph, MI 49085	Click I	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Flood Creative Agency		07/08/2024	s 400
Address	Purpose: palm card design	Date	
1976 Morris Dr.	i dipose.		
Niles, MI 49120	Click I	lere for Memo	Itemization Type
1411C5, 1411 49120			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Huntington Bank		07/02/2024	\$71.86
Address	Purpose: bank online charge	Date	\$ <u>7 1.00</u>
720 Pleasant St.	Purpose:		
St. Joseph, MI 49085	Click H	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		•
Expenditure #4	statement		
Na			
Name Huntington Bank		06/03/2024	444.00
Address	hank anling charge	Date	\$ <u>141.96</u>
Address	Purpose: bank online charge		
720 Pleasant St.			
St. Joseph, MI 49085	Click H	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name Rush Order Tees			
		07/16/2024	\$591.63
Address	Purpose: t-shirts	Date	¥ <u>331.03</u>
2727 Commerce Way			
Philadelphia, PA 19154		iere for Memo	Itemization Type
<b>_</b>	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		]
	Subto	tal this page	\$1,412.70
	Grand Total of all S	i	
	(Complete on last page	of Schedule)	Franchic Actal

Enter this total on line 8a of Summary Page



### **ITEMIZED EXPENDITURES SCHEDULE 1B** CANDIDATE COMMITTEE

1. Committee I. D. Number

141313

<sup>3</sup> Committee Norma Committee to Elect Amy Byrd

	Committee Name		
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Our Lady of the Lake Cath Sch		07/19/2024	s 500
Address	Purpose: sponsorship	Date	
915 Pleasant St. St. Joseph, MI 49085	Click F	lere for Memo	Itemization Type
ot. 303epri, ivii 49003	<del> </del>		2. 2.18
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Bright Spark Strategies		07/15/2024	<b>\$ 200</b>
Address	Purpose: consulting (done in house)	Date	***************************************
106 W. Allegan St.			
Lansing, MI 48933	Click H	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #3	statement		
Name Huntington Bank		07/24/2024	<b>\$</b> 6
Address	Purpose: bank service charge	Date	
720 Pleasant St.			
St. Joseph, MI 49085	i <del></del>	ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
	statement		
Expenditure #4			
Name			
Address		Date	\$
r total occ	Purpose:		
	Click H	ere for Memo	temization Type
	Check box if this expenditure is payment of		· <u> </u>
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address			\$
Address	Purpose:	Date	****
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		2000
Fund Raiser	debt or obligation reported on previous statement		
		al this page	\$706.00
			ψ100.00
	Grand Total of all S	chedules 1B	1110 70

(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page





# ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 141313

		2. Committee Name Committee	e to Elect Amy Byrd
3. Name & Address From Whom Reco		5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt 06/28/2024	Loan from a Lending Institu	
Huntington Bank		Interest	<u>\$ .04 </u>
720 Pleasant St. St. Joseph, MI 49085		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #2 Name & Address:	Date of Receipt 05/31/2024	Loan from a Lending Instit	ution
Huntington Bank		Interest	<sub>\$</sub> .26
720 Pleasant St.			
St. Joseph, MI 49085		√ Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institu	tion
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #4	Date of Receipt		
Name & Address:	***************************************	Loan from a Lending Institu	rtion \$
		Interest	<u> </u>
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	<del></del>
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institut	lion
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	MARKET AND
Receipt #6 Name & Address:	Date of Receipt	Loan from a Lending Institu	ition
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #7 Name & Address:	Date of Receipt	Loan from a Lending Institu	ution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
			Page Subtotal \$0.30
		Grand Total of All Sc (Complete on last page	hedules 1A -1
		(Complete on last page	e di Scriedule)

Enter this total on line 4 of Summary Page



### **ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK**

1. Committee I. D. Number 141313

Committee to Flect Amy Byrd

CANDIDATE COMN	AITTEE 2. Committee Name Oommittee Varieties	= .coc, any by	y i u
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 we purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Amy Byrd 3824 E. Napier Ave. 3enton Harbor, MI 49022 If over \$100.00 cumulative, please provide:	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-LOA Description Campaign shirts		\$
Occupation: Employer Name & Business Address: County of Berrien 701 Main St. St. Joseph, MI 49085  Fund Raiser Contribution	5. Date Of Receipt: 07/08/2024 6. Vendor Name & Address: Rush Order Tees 2727 Commerce Way Philadelphia, PA 19154	Click Here for Memo It	temization
Contribution #2 PAC Receipt? Yes Name & Address Amy Byrd 3824 E. Napier Ave. Benton Harbor, MI 49022	Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others- LOA	\$ 2340.24 \$	3
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: County of Berrien 701 Main St. St. Joseph, MI 49085	Description yard signs  5. Date Of Receipt: 07/08/2024  6. Vendor Name & Address: VistaPrint 275 Wyman St. Waltham, MA 02451	Click Here for Memo It	emization
Fund Raiser Contribution			· · · · · · · · · · · · · · · · · · ·
Contribution #3 PAC Receipt? Yes Name & Address:  Amy Byrd 3824 E. Napier Ave.  Benton Harbor, MI 49022  If over \$100.00 cumulative, please provide:	4.	295,72 s	
Occupation: Employer Name & Address: County of Berrien 701 Main St. St. Joseph, MI 49085  Fund Raiser Contribution	5. Date Of Receipt  6. Vendor Name & Address:  Vistablish  275 Wynen St.  Waltham MA DH51	Click Here for Memo It	temization
	Page Subt	total 294096	
	Grand Total of all Schedules (Complete on last page of Sched		

Enter this total on line 6 of Summary Page

# ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 141313

CANDIDATE COM	MITTEE 2. Committee Name Committee To El	ect Amy Byrd
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:  Byrd, Amy 3824 E Napier Ave Renton Harbor MI 49022 If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:  County of Berrien Michigan 701 Main Street St. Joseph, MI 49085  Fund Raiser Contribution  Contribution # 2 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 Campaign shirts  5. Date Of Receipt: 5/15/2024  6. Vendor Name & Address: Rush Order Tees 2727 Commerce Way Philadelphia, PN 19154  4. ☐ Endorsement or Guarantee of Bank Loan	\$ 157.61 \$
Byrd, Amy 3824 E Napier Ave Renton Harbor MI 49022 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: County of Berrien Michigan 701 Main Street St. Joseph, MI 49085  Fund Raiser Contribution	Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN  Description PO BOX  Date Of Receipt: 4/26/2024  6. Vendor Name & Address:	182.00 \$lick Here for Memo Itemization
Contribution #3 PAC Receipt? Yes Name & Address:  3yrd, Amy 3824 E Napier Ave Renton Harbor MI 49022 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:  County of Berrien Michigan 701 Main Street St. Joseph, MI 49085 Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN  Description Campaign yard signs and stakes  5. Date Of Receipt: 5/18/2024  6. Vendor Name & Address:  VistaPrint 275 Wyman Street Waltham, MA 02451	718.45 \$ick Here for Memo Itemization
	Page Subtota Grand Total of all Schedules 1-I (Complete on last page of Schedule	<

Enter this total on line 6 of Summary



# ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-I	1. Committee I. D. Number 141313		
CANDIDATE COMI	MITTEE 2. Committee Name Committee To E	lect Amy Byrd	
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	Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address:  Byrd, Amy 3824 E Napier Ave Renton Harbor MI 49022 If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:  County of Berrien Michigan 701 Main Street St. Joseph, MI 49085  Fund Raiser Contribution  Contribution # 2 Name & Address	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Website/name domains  5. Date Of Receipt: 4/29/24  6. Vendor Name & Address:	\$ 180.36 \$	ization
Byrd, Amy 3824 E Napier Ave Renton Harbor MI 49022 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: County of Berrien Michigan 701 Main Street St. Joseph, MI 49085  Fund Raiser Contribution	Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Campaign buttons  Date Of Receipt: 5/18/24  6. Vendor Name & Address:	63.22 \$	ization
Contribution #3 PAC Receipt? Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4.	\$ Click Here for Memo Itemi	zation
Fund Raiser Contribution		<u> </u>	
	Page Subtota Grand Total of all Schedules 1- (Complete on last page of Schedule	745.30	

Enter this total on line 6 of Summary Page

Page 3 of 2

### **ITEMIZED IN-KIND CONTRIBUTIONS**

1. Committee I. D. Number 141313 **SCHEDULE 1-IK** 

CANDIDATE COMM	AITTEE 2. Committee Name Committee to E	Elect Amy By	<u>rd</u>
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: Amy Byrd 3824 E. Napier Ave. Benton Harbor, MI 49022	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	100 \$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: County of Berrien 701 Main St. St. Joseph, MI 49085  Fund Raiser Contribution	Description campaign buttons  5. Date Of Receipt: 07/09/2024  6. Vendor Name & Address: Pure Buttons 2991 Interstate Pkwy. Brunswick, OH 44212	lick Here for Memo Itel	mization 🔀
Contribution #2 PAC Receipt? Yes Name & Address  If over \$100.00 cumulative, please provide: Occupation:	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:	\$_	
Employer Name & Address:  Fund Raiser Contribution	6. Vendor Name & Address:	ick Here for Memo Iter	nization
Contribution #3 PAC Receipt? Yes 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: Employer Name & Address:	Description  5. Date Of Receipt:  6. Vendor Name & Address:	ick Here for Memo Iten	nization 😴
Fund Raiser Contribution		T	
	Page Subtotal Grand Total of all Schedules 1-If (Complete on last page of Schedule	(2010)	

on line 6 of Summary Page



### CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	d signed by	3. This Statement covers Fron	n•				
the treasurer (or designated record keeper) and c     Committee I.D. Number	andidate.		07/22/2024	to	08/26/2024		
		Candidate Last Name	_	st Name		M.I.	
141313		Byrd	Amy				
2. Committee Name		4a. Office Sought Including Dis			(If applicable)		ļ <del></del>
CTE Amy Durd		Prosecuting Attorney	Berrien Cour	ity			~
CTE Amy Byrd		4b. County of Residence BEI	RRIEN	<b>~</b>			
5. Committee's Mailing Address P.O. Box 213		6. Treasurer's Name & Reside	ential Address				
St. Joseph, MI 49085		Katherine Arnold	•	60	N		
		209 Vail Ct.	) <i>[</i>	ERES	4		1
		St. Joseph, MI 4908	55	HAR	哥	-	
Area Code and Dhana				RON	1	graniugous graniugous	gd.
Area Code and Phone If the address in this box is different from the comm	ittee			===	CT	Berrana .	-
mailing address on the Statement of Organization, be sent to this address by the filing official.	mail may	Area Code & Phone		77	TE O	1	÷.
7. Treasurer's Business Address		8. Designated Record Keeper	r's Name and Addr	ess (If the	committee has	9	-
209 Vail Ct.		Designated Record Keeper) Ellen Kletzka		20	- Communico Mas	a	
St. Joseph, MI 49085		106 W. Allegan		646			τ,
		Lansing, MI 48933					
		,					
Area Code and Phone (708) 828-4722		Area Code and Phone (517	7) 375-0799				
9. TYPE OF STATEMENT	D 1 101		9e. Dissolution	of Candid	date Committe	e	
9a. Pre-Election OR 9b. Post-Election	is not on the current year:	ILY if candidate ballot for the <sub>f</sub>	lby the committee	to the car	/We certify any	r har enous	en in horo
Pre-Election or Post-Election Statement relates to:		· T.	by discharged an the committee. T	d forgiven	, and no longer	collectible	from
Primary	July Quart	eriy	owes no lates fee	s or has a	ny oustanding of	debt.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
General	October Q	uarterly	Further, if the diss	solution ca	nnot be grante	d. that this	he
Convention			Further, if the diss considered a requ	est for the	Reporting Wa	iver.	
Special	9c. Annua	l Statement ( )					
School		Coverage Year	. Effectiv	e date of	dissolution		
Caucus	9d. Amen	dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to					
	indicat	e which Statement is being	Note: The disposi	ition of res	sidual funds mu	st be repo	rted on
Date of Election, Convention or Caucus	amend	ed.)	Schedule 1B and	tne Sumn	nary Page.		
The second secon							
08/06/2024							
0. Verification: I/We certify that all reasonable dilige	ence was used i	n the preparation of this statem	ent and attached s	chedules	(if any) and to th	ne best of	
inylour knowledge and belief the contents are true,	accurate and co	mpiete.		,	2 -		
urrent Treasurer or lesignated Record keeper Elen Kg-f	ZKA	Clerkletah	01	D-4-	9.5.	74	
Type or Print Name		Signature	1	Date			
		$M_{n}$	//		0 15 10		
>andidateAmy Byrd		1 //////	4/	Date	9/5/2	.4	_
Type or Print Name		Signature					

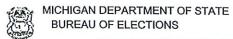


1. Committee I.D. Number \_\_\_\_\_

# SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name \_\_\_\_\_

Column I This Period  (3a.) \$ 4,700.00  (3b.) \$ NOT APPLICABLE  (3c.) \$ \$4,700.00  (4.) \$ \$0.09  (5.) \$ \$4,700.09	Column II Cumulative this election cycle  (18.) \$ \$7,945.00  (19.) \$ \$0.39  (20.) \$ \$7,945.39
(3a.) \$ 4,700.00 (3b.) \$ NOT APPLICABLE (3c.) \$ \$4,700.00 (4.) \$ \$0.09	(18.) \$ \$7,945.00 (19.) \$ \$0.39
(3b.) \$ NOT APPLICABLE (3c.) \$ \$4,700.00 (4.) \$ \$0.09	(19.) \$ \$0.39
(3c.) \$ \$4,700.00 (4.) \$ \$0.09	(19.) \$ \$0.39
(4.) \$ \$0.09	(19.) \$ \$0.39
	(19.) \$ \$0.39
(5.) \$ \$4,700.09	\$7,945,39
	(20.) \$ 4.,6.10.00
(6.) \$ \$27.00	(21.) \$ \$5,378.00
(7.) \$ \$0.00	(22.) \$ \$0.00
(8a.) \$ \$898.29	
(8b.) \$ \$0.00	
(9.) \$ \$898.29	(23.) \$ \$3,016.99
(10a.)\$ \$0.00	
\$0.00	
	\$0.00
	(24.) \$ \$0.00
(12a.) \$ \$0.00	
(12b.) \$ \$0.00	
\$1,126.60 (14.) + \$ \$1,700.09 (15.) = \$ \$5,826.69 (16.) - \$ \$898.29 (17.) \$ \$4,928.40	
•	(8a.) \$ \$898.29 (8b.) \$ \$0.00 (8c.) \$ \$0.00 (9.) \$ \$898.29 (10a.) \$ \$0.00 (10b.) \$ \$0.00 (11.) \$ \$0.00 (12a.) \$ \$0.00 (12b.) \$ \$0.00 BALANCE STATEMENT (13.) \$ \$1,126.60 (14.) + \$ \$4,700.09 (15.) = \$ \$5,826.69 (16.) - \$ \$898.29

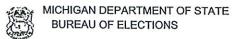


### **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_141313

2. Committee To Elect Amy Byrd

Enter contributor's name and address. If contribution is from an individual, enter last name, first na middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	ame, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:  George McManus 3825 E. Britain Ave.  Benton Harbor, MI 49027	<u></u> 2450	, 2450
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation retired Employer retired	——	or Memo Remization
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/19/2024 Name & Address		
Laurie McManus 3825 E. Britain Ave. Benton Harbor, MI 49027	<sub>\$</sub> 1950	<sub>\$</sub> 2450
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation retired Employer retired		
Business Address	_	
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/17/2024  Name & Address:		
Margaret Egelus 571 Brakel Pt. Dr. Traverse City, MI 49685	<sub>\$</sub> 100	<sub>\$</sub> 100
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation retired Employer retired	_	
Business Address Loan from a person Fund Raiser	_	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 08/17/2024  Name & Address		
Michelle McManus 903 Rusch Rd. S Traverse City, MI 49696	<sub>\$</sub> 100	<sub>\$</sub> _100
5. If over \$100.00 cumulative, please provide:	Ollelations	
Occupation retired Employer retired	—— Click Here for	Memo Itemization
Business Address	_	
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Si Grand Total of All Schedul (Complete on last page of Sch	les 1A	
Pageof	Page.	



1. Committee I.D. Number \_\_\_141313

#### **CANDIDATE COMMITTEE**

2. Committee Name Committee To Elect Amy Byrd

500 CO	
Enter contributor's name and address. If contribution is from an individual, enter last name, fi middle initial. Check box to indicate if contribution is from a Political Committee or an Independent (PAC) Report all contributions regardless of amount.	rst name, ndent 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #.1 PAC Receipt? YES 4. Date of Receipt 08/22/202 Name & Address: Dennis Wiley 1202 State St.	24
St. Joseph, MI 49085	<sub>\$</sub> 100 <sub>\$</sub> 200
5. If over \$100.00 cumulative, please provide:	Click Hore for Many 14 - 15 - 17
Occupation retired Employer retired	Click Here for Memo Itemization
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:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt  Name & Address:	
	\$\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name & Address	
	\$       \$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Pi	age Subtotal \$100.00
Grand Total of All So	\$4,700.00
(Complete on last page	of Schedule)

Enter this total on line 3a of Summary Page.



### ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

141313 1. Committee I. D. Number

2. Committee Name Committee To Elect Amy Byrd

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Pure Buttons	C	08/15/2024	\$ 96.54
Address	Purpose: campaign expense	Date	\$ 30.34
2991 Interstate Pkwy			-
Brunswick, OH 44212	Click He	ere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Vistaprint		08/12/2024	400.00
	printing of compolar cords	Date	\$ <u>123.80</u>
Address	Purpose: printing of campaign cards		
100 Hayden Ave.	Click He	ere for Memo I	temization Type
Lexington, MA 02421			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Flood Creative		08/04/2024	\$ <b>5</b> 00
Address	Purpose: webiste expense	Date	
1976 Morris Dr.			2
Niles, MI 49120		ere for Memo II	temization Type
C sund prices	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			e e
Name Flood Creative	C	08/19/2024	. 150
Address	Purpose: website expense	Date	\$ <u>150</u>
1976 Morris Dr.	Purpose:		
Niles, MI 49120	Click He	ere for Memo I	temization Type
	Check box if this expenditure is payment of		Leannell
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Huntington Bank	•	08/02/2024	
Address	Purpose: Online bank charge	Date	\$27.95
720 Pleasant St.	Purpose:	Buto	
St. Joseph, MI 49085		ere for Memo I	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subtot	al this page	\$898.29
	Grand Total of all S (Complete on last page	- 1	\$898.29

Enter this total on line 8a of Summary Page



# ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 123414131356-7

2. Committee Name Committee To Elect Amy Byrd

3. Name & Address From Whom Received	Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt 07/31/2024	Loan from a Lending Insti	
Huntington Bank		✓ Interest	\$ .03
720 Pleasant St.			
St. Joseph, MI 49085		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #2 Name & Address:	Date of Receipt 08/30/2024	Loan from a Lending Insti	itution
Huntington Bank		✓ Interest	<sub>\$</sub> .06
720 Pleasant St.		Refund \Rebate	
St. Joseph, MI 49085			32
	Fund Raiser	Other (Specify)	
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Instit	tution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #4	Date of Receipt		-
Name & Address:		Loan from a Lending Insti	tution \$
		Interest	<b>*</b>
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Instit	ution
Name & Address.		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
			250.5
	Fund Raiser	Other (Specify)	
Receipt #6 Da Name & Address:	te of Receipt	Loan from a Lending Insti	tution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #7 Da Name & Address:	ite of Receipt	Loan from a Lending Inst	itution
		Interest	<b>\$</b>
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
			Page Subtotal \$0.09
		Grand Total of All S (Complete on last pa	Schedules 1A -1 lige of Schedule) \$0.09
			Enter this total on

Enter this total on line 4 of Summary Page

Page 1 of 1



# ITEMIZED IN-KIND CONTRIBUTIONS

1. Committee I. D. Number

141313

SCHEDULE 1-II	1. Committee I. D. Number 141313		
CANDIDATE COMM	AITTEE 2. Committee Name Committee To	Elect Amy B	yrd
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). Reportall in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Amy Byrd 3824 E. Napier Ave. Benton Harbor, MI 49022 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: County of Berrien 701 Main St. St. Joseph, MI 49085	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Website expense  5. Date Of Receipt: 08/07/2024  6. Vendor Name & Address:	·	27
Fund Raiser Contribution		3	
Contribution # 2 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-LOAl  Description  5. Date Of Receipt:  6. Vendor Name & Address:	S \$ - N - Click Here for Memo Ite	mization
Fund Raiser Contribution	,		
Contribution #3 PAC Receipt? Yes	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  5. Date Of Receipt:		

6. Vendor Name & Address:

Page Subtotal

\$27.00

\$27.00

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

\$27.00

Enter this total on line 6 of Summary Page

Click Here for Memo Itemization

Page 1 of 1

Employer Name & Address:

Fund Raiser Contribution

### MI Berrian Byrd, Amy EY 2024

The remainder of the documents may be obtained at the following address:

https://app.box.com/s/t5euhas9ekrtci1tqg8ucu0fjatkvnhx