



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.

3. This Statement covers From: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

141313

4. Candidate Last Name First Name M.I.

Byrd Amy

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

Prosecuting Attorney Berrien County

4b. County of Residence **BERRIEN**

2. Committee Name

Committee to Elect Amy Byrd

5. Committee's Mailing Address

**P.O. Box 213
St. Joseph, MI 49085**

6. Treasurer's Name & Residential Address

**Katherine Arnold
209 Vail Ct.
St. Joseph, MI 49085**

Area Code and Phone

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

7. Treasurer's Business Address

**209 Vail Ct.
St. Joseph, MI 49085**

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

**Ellen Kletzka
106 W. Allegan
Lansing, MI 48933**

Area Code and Phone **(708) 828-4722**

Area Code and Phone **(517) 375-0799**

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

07/25/2024

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

Date

Candidate

Amy Byrd

[Signature]

Date

7/25/24



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 141313

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Amy Byrd

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>3,245.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$0.00</u>	(18.) \$ <u>\$3,245.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.30</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$3,245.00</u>	(20.) \$ <u>\$3,245.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$5,351.60</u>	(21.) \$ <u>\$5,351.60</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>\$2,118.70</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>\$2,118.70</u>	(23.) \$ <u>\$2,118.70</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>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$3,245.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$3,245.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$2,118.70</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$1,126.30</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 141313

2. Committee Name Committee to Elect Amy Byrd

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 07/19/2024

Name & Address:

Laurie McManus
3825 e. Britain Ave.
Benton Harbor, MI 49022

\$ 500

\$ 500

5. If over \$100.00 cumulative, please provide:

Occupation retired Employer _____

[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 07/18/2024

Name & Address

Catherine Sanford
219 S. Sunnybank
St. Joseph, MI 49083

\$ 250

\$ 250

5. If over \$100.00 cumulative, please provide:

Occupation retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/19/2024

Name & Address:

Ferdinand Moon
2145 N M52
Webberville, MI 48892

\$ 250

\$ 250

5. If over \$100.00 cumulative, please provide:

Occupation retired Employer _____

[Click Here for Memo Itemization](#)

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:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

1000.00

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 141313

2. Committee Name Committee To Elect Amy Byrd

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 05/13/2024

Name & Address:

McManus Jr, George A.
741 Garfield Rd. S
Traverse City, MI 49696

\$ 1,000

\$ 1,000

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

[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 05/31/2024

Name & Address

Dennis Wiley

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 06/03/2024

Name & Address:

Kelly Anderson
1087 Fairlawn
St. Joseph, MI 49085

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 06/10/2024

Name & Address

Peter J. Johnson
800 Port Street
St. Joseph, MI 49085

\$ 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 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 141313

2. Committee Name Committee To Elect Amy Byrd

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 06/10/2024

Name & Address:

Christian Campbell

\$ 45

\$ 45

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[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 06/23/2024

Name & Address

Brandon Cerecke

\$ 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 person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

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:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

545.00

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

3245.00

Enter this total on
line 3a of Summary
Page.



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 Address 4938 Niles Rd. St. Joseph, MI 49085 <input type="checkbox"/> Fund Raiser	Purpose: <u>sponsorship</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date	<u>\$ 207.25</u> Click Here for Memo Itemization Type
Expenditure #2 Name Flood Creative Agency Address 1976 Morris Dr. Niles, MI 49120 <input type="checkbox"/> Fund Raiser	Purpose: <u>palm card design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2024</u> Date	<u>\$ 400</u> Click Here for Memo Itemization Type
Expenditure #3 Name Huntington Bank Address 720 Pleasant St. St. Joseph, MI 49085 <input type="checkbox"/> Fund Raiser	Purpose: <u>bank online charge</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2024</u> Date	<u>\$ 71.86</u> Click Here for Memo Itemization Type
Expenditure #4 Name Huntington Bank Address 720 Pleasant St. St. Joseph, MI 49085 <input type="checkbox"/> Fund Raiser	Purpose: <u>bank online charge</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	<u>\$ 141.96</u> Click Here for Memo Itemization Type
Expenditure #5 Name Rush Order Tees Address 2727 Commerce Way Philadelphia, PA 19154 <input type="checkbox"/> Fund Raiser	Purpose: <u>t-shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/2024</u> Date	<u>\$ 591.63</u> Click Here for Memo Itemization Type
Subtotal this page			\$1,412.70
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 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 Our Lady of the Lake Cath Sch Address 915 Pleasant St. St. Joseph, MI 49085 <input type="checkbox"/> Fund Raiser	Purpose: <u>sponsorship</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2024</u> Date	\$ <u>500</u>
Expenditure #2 Name Bright Spark Strategies Address 106 W. Allegan St. Lansing, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>consulting (done in house)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date	\$ <u>200</u>
Expenditure #3 Name Huntington Bank Address 720 Pleasant St. St. Joseph, MI 49085 <input type="checkbox"/> Fund Raiser	Purpose: <u>bank service charge</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/24/2024</u> Date	\$ <u>6</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$706.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2118.70**

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 to Elect Amy Byrd

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Huntington Bank 720 Pleasant St. St. Joseph, MI 49085	Date of Receipt <u>06/28/2024</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ <u>.04</u> Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #2 Name & Address: Huntington Bank 720 Pleasant St. St. Joseph, MI 49085	Date of Receipt <u>05/31/2024</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ <u>.26</u> Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		

Page Subtotal \$0.30

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

0.30

Enter this total on
line 4 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 141313

2. Committee Name Committee to Elect Amy Byrd

CANDIDATE COMMITTEE

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 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 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>campaign shirts</u> 5. Date Of Receipt: <u>07/08/2024</u> 6. Vendor Name & Address: Rush Order Tees 2727 Commerce Way Philadelphia, PA 19154 Click Here for Memo Itemization	\$ <u>314.01</u> \$	
---	---	---------------------	--

Contribution # 2 Name & Address: Amy Byrd 3824 E. Napier Ave. Benton Harbor, MI 49022 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: County of Berrien 701 Main St. St. Joseph, MI 49085 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>yard signs</u> 5. Date Of Receipt: <u>07/08/2024</u> 6. Vendor Name & Address: VistaPrint 275 Wyman St. Waltham, MA 02451 Click Here for Memo Itemization	\$ <u>2340.24</u> \$	
--	--	----------------------	--

Contribution #3 Name & Address: Amy Byrd 3824 E. Napier Ave. Benton Harbor, MI 49022 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: County of Berrien 701 Main St. St. Joseph, MI 49085 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: <u>VistaPrint</u> <u>275 Wyman St.</u> <u>Waltham, MA 02451</u> Click Here for Memo Itemization	\$ <u>295.72</u> \$	
---	---	---------------------	--

Page Subtotal

2949.96

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 141313

CANDIDATE COMMITTEE

2. Committee Name Committee To Elect 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)

7. Amount or
Fair Market
Value8. Cumulative
for Election
Cycle (Through
date in Item 5)

5. Date of Receipt

6. Name & Address of Vendor from whom goods or services were
purchasedContribution # 1 PAC Receipt? ☐ Yes

Name & Address:

Byrd, Amy

3824 E Napier Ave

Benton 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 Contribution4. ☐ 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- LOANDescription campaign shirts5. Date Of Receipt: 5/15/2024

6. Vendor Name & Address:

Rush Order Tees

2727 Commerce Way

Philadelphia, PN 19154

Click for Memo Itemization Type

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

Byrd, Amy

3824 E Napier Ave

Benton 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 Contribution4. ☐ 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- LOANDescription PO BOX5. Date Of Receipt: 4/26/2024

6. Vendor Name & Address:

USPS

205 Main Street

St. Joseph, MI 49085

Click Here for Memo Itemization

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

Byrd, Amy

3824 E Napier Ave

Benton 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 Contribution4. ☐ 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- LOANDescription campaign yard signs and stakes5. Date Of Receipt: 5/18/2024

6. Vendor Name & Address:

VistaPrint

275 Wyman Street

Waltham, MA 02451

Click Here for Memo Itemization

Page Subtotal

2,058.06

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)Enter this total
on line 6 of Summary

2 of 4



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 141313

CANDIDATE COMMITTEE

2. Committee Name Committee To Elect 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 49077

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 Contribution4. ☐ 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- LOANDescription website/name domains5. Date Of Receipt: 4/29/24

6. Vendor Name & Address:

Name.com

414 14th Street #200

Denver, Colorado 80202

[Click Here for Memo Itemization](#)[Click Here for Memo Itemization](#)Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

Byrd, Amy

3824 E Napier Ave

Renton Harbor MI 49077

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

Employer Name & Address:

County of Berrien Michigan

701 Main Street

St. Joseph, MI 49085

☐ Fund Raiser Contribution4. ☐ 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- LOANDescription campaign buttons5. Date Of Receipt: 5/18/24

6. Vendor Name & Address:

Pure Buttons

2991 Interstate Parkway

Brunswick, Ohio 44212

[Click Here for Memo Itemization](#)[Click Here for Memo Itemization](#)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](#)

Page Subtotal

243.58Grand 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 141313

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect 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:

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

☐ 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 campaign buttons

5. Date Of Receipt: 07/09/2024

6. Vendor Name & Address:

Pure Buttons
2991 Interstate Pkwy.
Brunswick, OH 44212

Click Here for Memo Itemization



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

100.00

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

5352.60

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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.

1. Committee I.D. Number 141313		3. This Statement covers From: <u>07/22/2024</u> to <u>08/26/2024</u>	
2. Committee Name CTE Amy Byrd		4. Candidate Last Name Byrd First Name Amy M.I. _____ 4a. Office Sought Including District # or Community Served (If applicable) Prosecuting Attorney Berrien County <input checked="" type="checkbox"/> 4b. County of Residence BERRIEN <input checked="" type="checkbox"/>	
5. Committee's Mailing Address P.O. Box 213 St. Joseph, MI 49085 Area Code and Phone _____ 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 Katherine Arnold 209 Vail Ct. St. Joseph, MI 49085 Area Code & Phone _____	
7. Treasurer's Business Address 209 Vail Ct. St. Joseph, MI 49085 Area Code and Phone (708) 828-4722		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Ellen Kletzka 106 W. Allegan Lansing, MI 48933 Area Code and Phone (517) 375-0799	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>08/06/2024</u>		9e. Dissolution of Candidate Committee <input type="checkbox"/> 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 <u>Ellen Kletzka</u> Type or Print Name		Signature <u>Ellen Kletzka</u> Date <u>9.5.24</u>	
Candidate <u>Amy Byrd</u> Type or Print Name		Signature <u>[Signature]</u> Date <u>9/5/24</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number _____

2. Committee Name _____

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 4,700.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 4,700.00	(18.) \$ 7,945.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.09	(19.) \$ 0.39
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 4,700.09	(20.) \$ 7,945.39
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 27.00	(21.) \$ 5,378.00
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.) \$ 898.29	
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.) \$ 898.29	(23.) \$ 3,016.99
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)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS		
12. 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 (Enter zero if no previous reports have been filed.)	(13.) \$ 1,126.60	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 4,700.09	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 5,826.69	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 898.29	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 4,928.40	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 141313
2. Committee Name Committee To Elect Amy Byrd

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 08/19/2024
Name & Address:
George McManus
3825 E. Britain Ave.
Benton Harbor, MI 49027

\$ 2450

\$ 2450

5. If over \$100.00 cumulative, please provide:

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 08/19/2024
Name & Address:
Laurie McManus
3825 E. Britain Ave.
Benton Harbor, MI 49027

\$ 1950

\$ 2450

5. If over \$100.00 cumulative, please provide:

Occupation retired Employer retired

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

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

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation retired Employer retired

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ 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

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation retired Employer retired

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$4,600.00

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 141313
2. Committee Name Committee To Elect Amy Byrd

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 08/22/2024
Name & Address:
Dennis Wiley
1202 State St.
St. Joseph, MI 49085

\$ 100

\$ 200

5. If over \$100.00 cumulative, please provide:

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

Page Subtotal \$100.00

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

\$4,700.00

Enter this total on
line 3a of Summary
Page.



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 Pure Buttons Address 2991 Interstate Pkwy Brunswick, OH 44212 <input type="checkbox"/> Fund Raiser	Purpose: <u>campaign expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/15/2024</u> Date	\$ <u>96.54</u>
Expenditure #2 Name Vistaprint Address 100 Hayden Ave. Lexington, MA 02421 <input type="checkbox"/> Fund Raiser	Purpose: <u>printing of campaign cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/12/2024</u> Date	\$ <u>123.80</u>
Expenditure #3 Name Flood Creative Address 1976 Morris Dr. Niles, MI 49120 <input type="checkbox"/> Fund Raiser	Purpose: <u>webiste expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/04/2024</u> Date	\$ <u>500</u>
Expenditure #4 Name Flood Creative Address 1976 Morris Dr. Niles, MI 49120 <input type="checkbox"/> Fund Raiser	Purpose: <u>website expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/19/2024</u> Date	\$ <u>150</u>
Expenditure #5 Name Huntington Bank Address 720 Pleasant St. St. Joseph, MI 49085 <input type="checkbox"/> Fund Raiser	Purpose: <u>Online bank charge</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/2024</u> Date	\$ <u>27.95</u>

Subtotal this page **\$898.29**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$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	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Huntington Bank 720 Pleasant St. St. Joseph, MI 49085	Date of Receipt <u>07/31/2024</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ <u>.03</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #2 Name & Address: Huntington Bank 720 Pleasant St. St. Joseph, MI 49085	Date of Receipt <u>08/30/2024</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ <u>.06</u>
	<input type="checkbox"/> Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		

Page Subtotal \$0.09

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) \$0.09

Enter this total on
line 4 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 141313

CANDIDATE COMMITTEE

2. Committee Name Committee To Elect 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:

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

☐ 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 website expense

5. Date Of Receipt: 08/07/2024

6. Vendor Name & Address:

Flood Creative
1976 Morris Dr.
Niles, MI 49120

[Click Here for Memo Itemization](#)

\$ 27

\$ 27

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- LOAN

Description

5. Date Of Receipt:

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

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

\$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

MI Berrian Byrd, Amy EY 2024

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

<https://app.box.com/s/t5euh9ekrtci1tqg8ucu0fjatkvnhx>