



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 07/21/14 to 10/20/14

1. Committee I.D. Number

137332

4. Candidate Last Name First Name M.I.

Reynolds Dean J

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

Clinton Township Trustee



4b. County of Residence

2. Committee Name

CTE Dean Reynolds

5. Committee's Mailing Address

**38150 Woodcrest
Clinton Township, MI 48036**

6. Treasurer's Name & Residential Address

**Geraldine Reynolds
38515 Hidden Lane
Clinton Twp., MI 48036**

Area Code and Phone (586) 463-9264

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (586) 463-9264

7. Treasurer's Business Address

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

**Geraldine Reynolds
38515 Hidden Lane
Clinton Twp., MI 48036**

Area Code and Phone _____

Area Code and Phone (586) 463-9264

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

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 **Geraldine Reynolds**

Type or Print Name

Geraldine Reynolds
Signature

Date 10/27/14

Candidate **Dean J Reynolds**

Type or Print Name

Dean J Reynolds
Signature

Date 10/27/14



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

137332

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name

CTE Dean Reynolds

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$

2625.00

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$

NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$

2625.00

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$

0

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$

2625.00

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$

2617.00

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$

—

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$

—

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$

2617.00

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$

32,795.45

b. Owed to the Committee (Schedule 1E)

(12b.) \$

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$

9.83

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$

2625.00

15. SUBTOTAL Add lines 13 and 14

(15.) = \$

2634.83

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$

2617.00

17. ENDING BALANCE

(Subtract line 16 from line 15)

(17.) \$

17.83 *

Column I
This Period

Column II
Cumulative this election cycle

(18.) \$

12,275

(19.) \$

(20.) \$

12,275

(21.) \$

(22.) \$

(23.) \$

16,037.00

(24.) \$



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137332
2. Committee Name CTE Dean Reynolds

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/24/14</u>	
Name & Address: <u>JOE CIARAMITARO</u> <u>38954 SANTA BARBARA</u> <u>CLINTON TWP MI</u>		<u>\$200.00</u>	<u>\$200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>42850 GARFIELD CLINTON MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/10/14</u>	
Name & Address: <u>STEADYEN SA PH</u> <u>44 MACOMB PL</u> <u>MT CLEMENS MI</u>		<u>\$250.00</u>	<u>\$250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AGENCY PRINCIPLE</u> Employer <u>NICKEL & SAPH</u> Business Address <u>44 MACOMB PL MT CLEMENS MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>8/10/14</u>	
Name & Address: <u>CLINTON TWP FIREFIGHTERS PAC</u> <u>43601 ROMEO PLANK</u> <u>CLINTON TWP</u>		<u>\$200.00</u>	<u>\$500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/11/14</u>	
Name & Address: <u>MRS RON MICHAELS</u> <u>26299 TUCKER</u> <u>HARRISON TWP MI</u>		<u>\$50.00</u>	<u>\$50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

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 137332
2. Committee Name CTE Dean Reynolds

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/11/14</u>	
Name & Address: <u>JAMES GEORGE</u> <u>19634 WESTCHESTER</u> <u>CLINTON TWP MI</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ZENITH INDUSTRIES</u>			
Business Address <u>15260 COMMON LEEVILLE MI</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>100.00</u>	\$ <u>225.00</u>
		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/11/14</u>	
Name & Address: <u>SHERY SORRENTINO</u> <u>14633 BREZA DR</u> <u>SHELBY TWP MI</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ICON DEVELOPMENT</u>			
Business Address <u>14633 BREZA DR SHELBY TWP MI</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>150.00</u>
		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/14/14</u>	
Name & Address: <u>VITO STROLIS</u> <u>205 NORTH BRATTON</u> <u>MT CLEMENS MI</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RUEHLER TANNING</u>			
Business Address <u>191 N GRATON MT CLEMENS MI</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/14/10</u>	
Name & Address: <u>CENTRE COURT PROPERTIES LLC</u> <u>19500 HALL RD STE 100</u> <u>CLINTON TWP MI</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	

Page Subtotal

450.00

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 137332
2. Committee Name CTE Dean Reynolds

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/14/14</u>	
Name & Address: <u>ROY ROSE</u> <u>55620 WOODRIDGE</u> <u>SHELBY TWP MI</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/14/14</u>	
Name & Address: <u>SCOTT CHABOT</u> <u>41605 LEXINGTON</u> <u>CLINTON TWP MI</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>GIAPLES - WEBSTER</u>		Click Here for Memo Itemization	
Business Address <u>2871 BURN ROCKSIDE HILLS MI</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/14/14</u>	
Name & Address: <u>BRIAN SAINER</u> <u>22828 PLEASANT</u> <u>LEWIS TWP MI</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/14/14</u>	
Name & Address: <u>GLORIA SNETECIT</u> <u>43868 SCOTER LN</u> <u>CLINTON TWP MI</u>		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

375.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137332
2. Committee Name CTE Dean Reynolds

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/14/14</u>	
Name & Address: <u>RONALD SYME</u> <u>38690 CONE</u> <u>HARRISON TWP MI</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/14/14</u>	
Name & Address: <u>KOLBY MILLER</u> <u>1414 HARTLAND WOODS</u> <u>HOWELL MI</u>		\$ <u>100.00</u>	\$ <u>225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MEDSTAR</u>		Click Here for Memo Itemization	
Business Address <u>380 N GRATIOT AVENUE</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/10/14</u>	
Name & Address: <u>ROBERT CAMPBELL</u> <u>41870 KENTVALE</u> <u>CLAWSON TWP MI</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/14</u>	
Name & Address: <u>PAT MORAN</u> <u>26201 HARBOUR POINT DR</u> <u>HARRISON TWP MI</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

300.00

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 137332
2. Committee Name CTE Dean Reynolds

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name & Address: <u>ANTHONY PPE</u> <u>39881 EOM PORT</u> <u>CLINTON TWP MI</u>					
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CANAL/GARFIELD SERVICE</u>			Click Here for Memo Itemization		
Business Address <u>6933 CANAL RD CLINTON TWP MI</u>					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
			\$ <u>200.00</u>	\$ <u>400.00</u>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name & Address: <u>WILLIAM JARVIS</u> <u>41800 EXTETIVE DR</u> <u>HARRISON TWP MI</u>					
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____			Click Here for Memo Itemization		
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
			\$ <u>100.00</u>	\$ <u>100.00</u>	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name & Address: <u>CHUCK TOWNER</u> <u>39757 BAYLOR CT</u> <u>CLINTON TWP MI</u>					
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>Towner + Towner</u>			Click Here for Memo Itemization		
Business Address <u>38770 GARFIELD CLINTON TWP MI</u>					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
			\$ <u>250.00</u>	\$ <u>450.00</u>	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name & Address: <u>MICHAEL STORNS</u> <u>628 HICKORY DR</u> <u>WAYLAND MI</u>					
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____			Click Here for Memo Itemization		
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
			\$ <u>100.00</u>	\$ <u>100.00</u>	

Page Subtotal

650.00

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 137332
2. Committee Name CTE Dean Reynolds

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9/22/14</u>	
Name & Address: <u>PAUL OLETTA</u> <u>434 WOODGATE CT</u> <u>WILLOW BROOK, IL</u>		<u>\$ 100</u>	<u>\$ 100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/14/14</u>	
Name & Address: <u>DIANE ZONTINI</u> <u>36545 LITZACK</u> <u>CLINTON TWP</u>		<u>\$ 50</u>	<u>\$ 50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> 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: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> 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: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

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



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137332
2. Committee Name CTE Dean Reynolds

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROED BECK Hwy</u> <u>CLINTON TWP MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TICKETS, LETTERS, ENVELOPES</u> Date <u>7/25/14</u> Click Here for Memo Itemization Type <input type="checkbox"/> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/25/14</u>	<u>\$ 318⁰⁰</u>
Expenditure #2 Name <u>POST OFFICE</u> Address <u>42383 GARFIELD</u> <u>CLINTON TWP MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING STAMPS</u> Date <u>7/25/14</u> Click Here for Memo Itemization Type <input type="checkbox"/> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/25/14</u>	<u>\$ 49⁰⁰</u>
Expenditure #3 Name <u>DEAN REYNOLDS</u> Address <u>38150 WOODCREST</u> <u>CLINTON TWP MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN REPAYMENT</u> Date <u>9/22/14</u> Click Here for Memo Itemization Type <input type="checkbox"/> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/22/14</u>	<u>\$ 2250⁰⁰</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Date _____ Click Here for Memo Itemization Type <input type="checkbox"/> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Date _____ Click Here for Memo Itemization Type <input type="checkbox"/> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____	\$ _____

Subtotal this page 2617⁰⁰
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 2617⁰⁰

Enter this total
on line 8a of
Summary Page

DISTS AND CELEBRATIONS SCHEDULE RE CANDIDATE COMMITTEE

SECURITY MATTER - Committee to Study the Russian

[illegible]

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

44-38861-25



1
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Candidate's Last Name 137882

2. Candidate Name Committee to Elect Dean Reynolds

a. Receipts and obligations owed for the committee		b. Receipts and obligations owed by or to the committee		
Check only one box (Use only for the primary election)				
1. Amount of money received by the committee or candidate from any source other than the candidate's own funds	2. Amount of money received by the committee or candidate from the candidate's own funds	3. Amount of money paid by the committee or candidate to any source other than the candidate's own funds	4. Amount of money paid by the committee or candidate to the candidate's own funds	5. Amount of money paid by the committee or candidate to any source other than the candidate's own funds
Check box 1 if the committee or candidate is owed to an individual or entity. If so, please provide the name of the individual or entity and the amount of the debt. Name: <u>Dean Reynolds</u> Amount: <u>\$2,500.00</u> Date: <u>Click on Day 11 4-25-24</u>	Check box 2 if the committee or candidate is owed to an individual or entity. If so, please provide the name of the individual or entity and the amount of the debt. Name: <u>Dean Reynolds</u> Amount: <u>\$2,500.00</u> Date: <u>Click on Day 11 4-25-24</u>	Check box 3 if the committee or candidate is owed to an individual or entity. If so, please provide the name of the individual or entity and the amount of the debt. Name: <u>Dean Reynolds</u> Amount: <u>\$2,500.00</u> Date: <u>Click on Day 11 4-25-24</u>	Check box 4 if the committee or candidate is owed to an individual or entity. If so, please provide the name of the individual or entity and the amount of the debt. Name: <u>Dean Reynolds</u> Amount: <u>\$2,500.00</u> Date: <u>Click on Day 11 4-25-24</u>	Check box 5 if the committee or candidate is owed to an individual or entity. If so, please provide the name of the individual or entity and the amount of the debt. Name: <u>Dean Reynolds</u> Amount: <u>\$2,500.00</u> Date: <u>Click on Day 11 4-25-24</u>
Total: <u>\$2,500.00</u>				

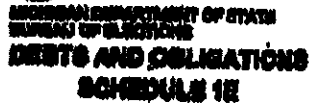
A debt or obligation must be placed on this schedule if there was an outstanding amount owed as of the closing date of the campaign or if it was incurred during the campaign by the campaign committee.
Page 2 of 2

10-500-00
on line
or
by mail
or
by fax
or
by email
or
by phone

1. Committee (S. No.) 157333
2. Institution Committee to Study Drug Policies

[illegible]

A copy of this letter must be placed on the file which is maintained in connection with each case of the filing date of this Complaint. In addition, it may be placed in the file covered by this Complaint. b6 b7C



2. Committee Name Committee to Elect Dean Reynolds

CANDIDATE COMMITTEE

d. ~~Excluded and disqualifying events~~ are or happen in the country ~~and~~ in it. ~~I~~ The ~~Excluded and disqualifying events~~ are or happen ~~by the committee.~~
direct observation; the only for the purpose of study!

1. NAME AND ADDRESS OF PARTY IN DEBT, NAME OF DEBTS INCURRED TO WHICH THIS IS OWED.		2. TYPE OF CHECKS (Indicate type and how many checks are deposited daily)		3. DATE AND AMOUNT OF EACH PAYMENT		4. PAYMENTS PRESENT TO DATE ON THIS		5. PAYMENTS DUE UP TO DATE OF THIS CHECK (Indicate date of check)	
Growth has indicated whether debt is owed to an individual business. If not a bank loan, please provide description regarding the drawings of business, if any.		a. Number cash checks drawn		b. Number original amount of cash					
Debt to Cash to bank <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Chilren Twp. MI 48036</u>		a. Type <u>Local</u> b. Number of checks drawn <u>10-11-54</u> c. Original amount of cash <u>\$200.00</u>		<u>1000.00</u> <u>1000.00</u> <u>5000.00</u> <u>1.1</u> <u>1.1</u>		<u>5000.00</u>		<u>0</u> <input type="checkbox"/> FOREIGN	
Check has been cashed by a business. Debt to Cash to bank <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Chilren Twp. MI 48036</u>		a. Type <u>Local</u> b. Number of checks drawn <u>10-11-54</u> c. Original amount of cash <u>\$15.45</u>		<u>1.1</u> <u>1.1</u> <u>1.1</u> <u>1.1</u> <u>1.1</u>		<u>15.45</u>		<input type="checkbox"/> FOREIGN	
Check has been cashed by a business. Debt to Cash to bank <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Chilren Twp. MI 48036</u>		a. Type <u>Local</u> b. Number of checks drawn <u>10-10-58</u> c. Original amount of cash <u>\$50.00</u>		<u>1.1</u> <u>1.1</u> <u>1.1</u> <u>1.1</u> <u>1.1</u>		<u>50.00</u>		<input type="checkbox"/> FOREIGN	

Page Number (Continuing Page) 165.45

Card Total of all Subtotals (B) _____

(Complete on last page of Schedule showing results card by or in the controller's)

A suit or claimant must be shown on this Schedule if there was an outstanding amount owed on it at the ending date of the Company's Statement or if it is forgotten during the period covered by the Company's Statement.

Page 5 of 10

2007-2008
on the 1st
"round" of
the 1st "round"
of the
Summer Fairs

**INDIAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
DEBTS AND OBLIGATIONS
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Candidate's I.D. Number 127898

2. Candidate's Name Committee to Elect Dean Reynolds

a. I own and am obligated to pay or require the committee		b. I own and am obligated to pay or require by the committee.	
(Check either a or b. Use only for the purpose checked)			
1. Name and address of creditor, vendor or person to whom debt is owed.	2. Type of obligation (Debt type and how may debt be satisfied in kind) a. Amount due b. Amount of debt c. Amount of debt	3. Date and amount of each payment	4. Amount due at closing of election
Check box to indicate whether debt is owed to an individual person. If not, check box, please provide information regarding the nature of the obligation. <input type="checkbox"/> Debt to <u>Committee</u> <input type="checkbox"/> Yes Name <u>Dean Reynolds</u> <u>2000 White Oaks</u> <u>Clinton Twp. MI 48836</u>	1. Type <u>Loan</u> <u>10-19-88</u> 2. Amount due <u>\$100.00</u> 3. Amount of debt <u>\$100.00</u>	<u>1.1.8</u> <u>1.1.8</u> <u>1.1.8</u> <u>1.1.8</u>	<u>\$100.00</u> <input type="checkbox"/> Forfeiture
Check box, name of creditor or person to whom debt is owed. <input type="checkbox"/> Yes Name <u>Dean Reynolds</u> <u>2000 White Oaks</u> <u>Clinton Twp. MI 48836</u>	1. Type <u>Loan</u> <u>4-18-88</u> 2. Amount due <u>\$100.00</u> 3. Amount of debt <u>\$100.00</u>	<u>1.1.8</u> <u>1.1.8</u> <u>1.1.8</u> <u>1.1.8</u>	<u>\$100.00</u> <input type="checkbox"/> Forfeiture
Check box, name of creditor or person to whom debt is owed. <input type="checkbox"/> Yes Name <u>Dean Reynolds</u> <u>2000 White Oaks</u> <u>Clinton Twp. MI 48836</u>	1. Type <u>Loan</u> <u>4-6-88</u> 2. Amount due <u>\$200.00</u> 3. Amount of debt <u>\$200.00</u>	<u>2.1.1.8 200.00</u> <u>1.1.8</u> <u>1.1.8</u> <u>1.1.8</u>	<u>\$200.00</u> <input type="checkbox"/> Forfeiture

Grand Total of all Schedule 1B (Complete on last page of Schedule showing amount owed by or to the committee)

\$400.00
 Amount due at closing of election
 Amount owed by or to the committee
 Amount owed by or to the committee
 Amount 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 the campaign or if it was incurred during the period covered by the campaign statement.

Page 6 of 8



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number

137332

2. Committee Name

LTC DEAN REYNOLDS

This Schedule itemizes:

☒ Debts and obligations owed by or forgiven the committee OR ☐ 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 Owed to or by: Corp? <input type="checkbox"/> Yes <u>DEAN REYNOLDS</u> <u>38150 WOODCREST</u> <u>CLINTON TWP MI 48036</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-15-12</u> 6. Original Amount of Debt: <u>\$ 5000</u>	8/1/13 \$ 5000 ⁰⁰	\$ 5000 ⁰⁰	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes <u>DEAN REYNOLDS</u> <u>38150 WOODCREST</u> <u>CLINTON TWP MI 48036</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>12-17-04</u> 6. Original Amount of Debt: <u>\$ 3200</u>	4/8/14 \$ 3020 ⁰⁰	\$ 3020 ⁰⁰	\$ <u>180</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes <u>DEAN REYNOLDS</u> <u>38150 WOODCREST</u> <u>CLINTON TWP MI 48036</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-10-18</u> 6. Original Amount of Debt: <u>\$ 350</u>	9/22/14 \$ 350 ⁰⁰	\$ 350 ⁰⁰	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				

Page Subtotal (Outstanding debt)

180

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.

Page 7 of 8

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 137332

2. Committee Name CTE Dean Reynolds

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: Dean Reynolds 38150 Woodward Clinton Twp MI 48036	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/19/08</u> 6. <u>Original Amount of Debt:</u> \$ <u>100</u>	9/22/14 \$ 100 \$ \$ \$ \$	\$ <u>100</u>	\$ <u>0</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: Dean Reynolds 38150 Woodward Clinton Twp MI 48036	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9/10/09</u> 6. <u>Original Amount of Debt:</u> \$ <u>900</u>	9/22/14 \$ 900 \$ \$ \$ \$	\$ <u>900</u>	\$ <u>0</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: Dean Reynolds 38150 Woodward Clinton Twp MI 48036	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11/3/08</u> 6. <u>Original Amount of Debt:</u> \$ <u>900</u>	9/22/14 \$ 900 \$ \$ \$ \$	\$ <u>900</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 0

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

32,795.45

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137332

2. Committee Name CTE Dean Reynolds

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>8/14/14</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>75</u>	5. Type of Fund Raising Activity <u>FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>C5 BAREYNDRES</u> <u>21750 HALL RD</u> <u>CLAWSON MI 48038</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$2625.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$2625.00

10. Total Cost of Event 500.00

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.