



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

139941

2. Committee Name

CTE Dean Olgiati

5. Committee's Mailing Address

26310 Harbour Pte. Dr. South  
Harrison Twp., MI 48045

Area Code and Phone (586) 675-7822

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.

7. Treasurer's Business Address

26310 Harbour Pte. Dr. South  
Harrison Twp., MI 48045

Area Code and Phone (586) 596-0738

3. This Statement covers From: 05/01/20 to 07/19/20

4. Candidate Last Name First Name M.I.

Olgiati Dean A.

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

Harrison Township Trustee

4b. County of Residence MACOMB

6. Treasurer's Name & Residential Address

Kristin Olgiati  
26310 Harbour Pte. Dr. South  
Harrison Twp., MI 48045

Area Code & Phone (586) 596-0738

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

N / A

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus

08/04/20

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.)

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 hereby 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

Kristin Olgiati

Type or Print Name

Signature

Date

07/23/20

Candidate

Dean A. Olgiati

Type or Print Name

Signature

Date

07/23/20



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 139941

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE Dean Olgiati

| RECEIPTS                                                                                               |            | Column I<br>This Period | Column II<br>Cumulative this election cycle |
|--------------------------------------------------------------------------------------------------------|------------|-------------------------|---------------------------------------------|
| <b>3. Contributions</b>                                                                                |            |                         |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                                   | (3a.) \$   | <u>1,000.00</u>         |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                                   | (3b.) \$   | <u>NOT APPLICABLE</u>   |                                             |
| c. Subtotal of "Contributions"                                                                         | (3c.) \$   | <u>\$1,000.00</u>       | (18.) \$ <u>\$1,000.00</u>                  |
| <b>4. Other Receipts (Schedule 1A -1, Column 6)</b>                                                    | (4.) \$    | <u>\$0.00</u>           | (19.) \$ <u>\$0.00</u>                      |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                             | (5.) \$    | <u>\$1,000.00</u>       | (20.) \$ <u>\$1,000.00</u>                  |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                        |            |                         |                                             |
| <b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>                                              | (6.) \$    | <u>\$1,745.62</u>       | (21.) \$ <u>\$1,745.62</u>                  |
| <b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>                                              | (7.) \$    | <u>\$0.00</u>           | (22.) \$ <u>\$0.00</u>                      |
| <b>EXPENDITURES</b>                                                                                    |            |                         |                                             |
| <b>8. Expenditures</b>                                                                                 |            |                         |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                                    | (8a.) \$   | <u>\$0.00</u>           |                                             |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)                                                           | (8b.) \$   | <u>\$0.00</u>           |                                             |
| c. Unitemized (less than \$50.01 each - no Schedule)                                                   | (8c.) \$   | <u>\$0.00</u>           |                                             |
| <b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>                                         | (9.) \$    | <u>\$0.00</u>           | (23.) \$ <u>\$0.00</u>                      |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                        |            |                         |                                             |
| <b>10. Disbursements</b>                                                                               |            |                         |                                             |
| a. Itemized (Schedule 1C, Column 6)                                                                    | (10a.) \$  | <u>\$0.00</u>           |                                             |
| b. Unitemized (less than \$50.01 each - no Schedule)                                                   | (10b.) \$  | <u>\$0.00</u>           |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                         | (11.) \$   | <u>\$0.00</u>           | (24.) \$ <u>\$0.00</u>                      |
| <b>DEBTS AND OBLIGATIONS</b>                                                                           |            |                         |                                             |
| <b>12. Debts and Obligations</b>                                                                       |            |                         |                                             |
| a. Owed by the Committee (Schedule 1E)                                                                 | (12a.) \$  | <u>\$1,745.62</u>       |                                             |
| b. Owed to the Committee (Schedule 1E)                                                                 | (12b.) \$  | <u>\$0.00</u>           |                                             |
| <b>BALANCE STATEMENT</b>                                                                               |            |                         |                                             |
| <b>13. Ending Balance of last report filed</b><br>(Enter zero if no previous reports have been filed.) | (13.) \$   | <u>\$0.00</u>           |                                             |
| <b>14. Amount received during reporting period</b><br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ | <u>\$1,000.00</u>       |                                             |
| <b>15. SUBTOTAL Add lines 13 and 14</b>                                                                | (15.) = \$ | <u>\$1,000.00</u>       |                                             |
| <b>16. Amount expended during reporting period</b><br>(Add lines 9 and 11)                             | (16.) - \$ | <u>\$0.00</u>           |                                             |
| <b>17. ENDING BALANCE</b><br>(Subtract line 16 from line 15)                                           | (17.) \$   | <u>\$1,000.00</u>       | *                                           |



**ITEMIZED CONTRIBUTIONS**  
**SCHEDULE 1A**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139941  
2. Committee Name CTE Dean Olgiati

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 06/27/20  
Name & Address:

Amjad Yaish, D. O.  
29337 Seaway Ct. S.  
Harrison Twp., MI 48045

\$ 250.00

\$ 250.00

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

Occupation Physician Employer Macomb Orthopedics

[Click Here for Memo Itemization](#)

Business Address 38525 Hilldale, Clinton Twp., MI 48036

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/29/20  
Name & Address:

Paul Gogo  
54855 Berryfield Dr.  
Macomb, MI 48042

\$ 500.00

\$ 500.00

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

Occupation Owner Employer Mr. Paul's Chophouse

[Click Here for Memo Itemization](#)

Business Address 29850 Groesbeck Hwy., Roseville, MI 48066

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/02/20  
Name & Address:

IAFF 1737  
39460 Jefferson  
Harrison Twp., MI 48045

\$ 250.00

\$ 250.00

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 \$1,000.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) \$1,000.00

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 139941

2. Committee Name CTE Dean Olgiati

### CANDIDATE COMMITTEE

| 3. Name and Address from whom received<br>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)<br>5. Date of Receipt<br>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:

Dean Olgiati  
26310 Harbour Pte. Dr. South  
Harrison Twp., MI 48045

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

Employer Name & Business Address:

Luigi's the Original  
36691 Jefferson  
Harrison Twp., MI 48045

☐ 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 Newspaper Ad

5. Date Of Receipt: 06/17/20

6. Vendor Name & Address:

C & G Newspapers  
13650 11 Mile Rd.  
Warren, MI 48089

\$ 714.00 \$ 714.00

Contribution # 2 PAC Receipt? ☐ Yes  
Name & Address:

Dean Olgiati  
26310 Harbour Pte. Dr. South  
Harrison Twp., MI 48045

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

Employer Name & Address:

Luigi's the Original  
36691 Jefferson  
Harrison Twp., MI 48045

☐ 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 Newspaper Ad

5. Date Of Receipt: 07/19/20

6. Vendor Name & Address:

C & G Newspapers  
13650 11 Mile Rd.  
Warren, MI 48089

[Click Here for Memo Itemization](#)

\$ 237.00 \$ 951.00

Contribution #3 PAC Receipt? ☐ Yes  
Name & Address:

Dean Olgiati  
26310 Harbour Pte. Dr. South  
Harrison Twp., MI 48045

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

Employer Name & Address:

Luigi's the Original  
36691 Jefferson  
Harrison Twp., MI 48045

☐ 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 Posts and Misc.

5. Date Of Receipt: 05/06/20

6. Vendor Name & Address:

Lowe's  
35115 S. Gratiot  
Clinton Twp., MI 48035

[Click Here for Memo Itemization](#)

\$ 28.58 \$ 979.58

Page Subtotal **\$979.58**

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 **139941**

2. Committee Name **CTE Dean Olgiati**

### CANDIDATE COMMITTEE

| 3. Name and Address from whom received<br>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)<br>5. Date of Receipt<br>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<br>Name & Address:<br>Dean Olgiati<br>26310 Harbour Pte. Dr. South<br>Harrison Twp., MI 48045<br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>Owner</b><br>Employer Name & Business Address:<br>Luigi's the Original<br>36691 Jefferson<br>Harrison Twp., MI 48045<br><br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN<br>Description <b>Printing and Postage</b><br>5. Date Of Receipt: <b>07/03/20</b><br>6. Vendor Name & Address:<br><b>Printmasters</b><br>26039 Dequindre Road<br>Madison Heights, MI 48071                                              | \$ <b>223.29</b>               | \$ <b>1202.87</b>                                         |
| Contribution # 2<br>Name & Address:<br>Dean Olgiati<br>26310 Harbour Pte. Dr. South<br>Harrison Twp., MI 48045<br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>Owner</b><br>Employer Name & Address:<br>Luigi's the Original<br>36691 Jefferson<br>Harrison Twp., MI 48045<br><br><input type="checkbox"/> Fund Raiser Contribution          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN<br>Description <b>Printing</b><br>5. Date Of Receipt: <b>06/30/20</b><br>6. Vendor Name & Address:<br><b>American Graphics</b><br>34895 Groesbeck Hwy.<br>Clinton Twp., MI 48035<br><br><a href="#">Click Here for Memo Itemization</a> | \$ <b>172.25</b>               | \$ <b>1375.12</b>                                         |
| Contribution #3<br>Name & Address:<br>Dean Olgiati<br>26310 Harbour Pte. Dr. South<br>Harrison Twp., MI 48045<br><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>Owner</b><br>Employer Name & Address:<br>Luigi's the Original<br>36691 Jefferson<br>Harrison Twp., MI 48045<br><br><input type="checkbox"/> Fund Raiser Contribution           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN<br>Description <b>Posts and Misc.</b><br>5. Date Of Receipt: <b>06/05/20</b><br>6. Vendor Name & Address:<br><b>Lowe's</b><br>35115 S. Gratiot<br>Clinton Twp., MI 48035<br><br><a href="#">Click Here for Memo Itemization</a>         | \$ <b>85.50</b>                | \$ <b>1460.62</b>                                         |

Page Subtotal **\$481.04**

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 139941

2. Committee Name CTE Dean Olgiati

### 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)

7. Amount or Fair Market Value

8. Cumulative for Election Cycle (Through date in Item 5)

Contribution # 1 PAC Receipt? ☐ Yes  
Name & Address:

Dean Olgiati  
26310 Harbour Pte. Dr. South  
Harrison Twp., MI 48045

If over \$100.00 cumulative, please provide:

Occupation: Owner

Employer Name & Business Address:

Luigi's the Original  
36691 Jefferson  
Harrison Twp., MI 48045

☐ Fund Raiser Contribution

5. Date of Receipt

6. Name & Address of Vendor from whom goods or services were purchased

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 Signs

5. Date Of Receipt: 05/07/20

6. Vendor Name & Address:

Delivery Signs, Inc.  
40 West Crystal Lake St. #100  
Orlando, FL 32806

\$ 285.00

\$ 1745.62

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

\$ 285.00

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

\$ 1,745.62

Enter this total  
on line 6 of Summary  
Page



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

1. Committee I.D. Number 139941  
2. Committee Name CTE Dean Olgianti

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.<br><br>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)<br>5. Indicate date debt was incurred<br>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<br>Owed to or by:<br>Dean Olgianti<br>26310 Harbour Pte. Dr. South<br>Harrison Twp., MI 48045                                                                                                                                     | 4. Type: <u>Loan</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/17/20</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>714.00</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$                                    | \$ <u>714.00</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                        |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Dean Olgianti<br>26310 Harbour Pte. Dr. South<br>Harrison Twp., MI 48045                                                                                                                                     | 4. Type: <u>Loan</u><br>5. <u>Date Debt Was Incurred:</u><br><u>7/19/20</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>237.00</u>  | \$<br>\$<br>\$<br>\$<br>\$         | \$                                    | \$ <u>237.00</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                        |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Dean Olgianti<br>26310 Harbour Pte. Dr. South<br>Harrison Twp., MI 48045                                                                                                                                     | 4. Type: <u>Loan</u><br>5. <u>Date Debt Was Incurred:</u><br><u>05/06/20</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>28.58</u>  | \$<br>\$<br>\$<br>\$<br>\$         | \$                                    | \$ <u>28.58</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                        |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt) **\$979.58**

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

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

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



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

1. Committee I.D. Number 139941

2. Committee Name CTE Dean Olgiati

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.<br><br>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)<br>5. Indicate date debt was incurred<br>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<br>Owed to or by:<br>Dean Olgiati<br>26310 Harbour Pte. Dr. South<br>Harrison Twp., MI 48045                                                                                                                                      | 4. Type: <u>Loan</u><br>5. <u>Date Debt Was Incurred:</u><br><u>07/03/20</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>223.29</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>          </u>                  | \$ <u>223.29</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____                                                                                                                                                                                                                           |                                                                                                                                        | Amount Endorsed: \$ _____          |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Dean Olgiati<br>26310 Harbour Pte. Dr. South<br>Harrison Twp., MI 48045                                                                                                                                      | 4. Type: <u>Loan</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/30/20</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>172.25</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ _____                              | \$ <u>172.25</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____                                                                                                                                                                                                                           |                                                                                                                                        | Amount Endorsed: \$ _____          |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Dean Olgiati<br>26310 Harbour Pte. Dr. South<br>Harrison Twp., MI 48045                                                                                                                                      | 4. Type: <u>Loan</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/05/20</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>85.50</u>  | \$<br>\$<br>\$<br>\$<br>\$         | \$ _____                              | \$ <u>85.50</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____                                                                                                                                                                                                                           |                                                                                                                                        | Amount Endorsed: \$ _____          |                                       |                                                                      |

Page Subtotal (Outstanding debt) **\$481.04**

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

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

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139941  
2. Committee Name CTE Dean Olgiati

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.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>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<br>Owed to or by:<br>Dean Olgiati<br>26310 Harbour Pte. Dr. South<br>Harrison Twp., MI 48045                                                                                                                                       | 4. Type: <u>Loan</u><br>5. <u>Date Debt Was Incurred:</u><br><u>05/07/20</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>285.00</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$                                    | \$ <u>285.00</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                  |                                                                                                                                        |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                  | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____                         | \$<br>\$<br>\$<br>\$<br>\$         | \$                                    | \$ _____<br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                  |                                                                                                                                        |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                  | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____                         | \$<br>\$<br>\$<br>\$<br>\$         | \$                                    | \$ _____<br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                  |                                                                                                                                        |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt) **\$285.00**

Grand Total of all Schedules 1E **\$1,745.62**  
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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