



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 Pointe Drive S.  
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 Pointe Drive. S.  
Harrison Township. Mi 48045

Area Code and Phone 586.596.0738

3. This Statement covers From: 10/18/2020 to 11/23/2020

4. Candidate Last Name Olgiati First Name Dean M.I. A

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

**Board Member - Local**

4b. County of Residence **MACOMB**

6. Treasurer's Name & Residential Address  
Kristin Olgiati  
26310 Harbour Pointe Dr S.  
Harrison Twp. Mi. 48045

Area Code & Phone 586.596.0738

8. Designated Record Keeper's Name and 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

11/03/2020

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

11/23/2020

Candidate Dean Olgiati  
Type or Print Name

Signature

Date

11/23/2020



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 |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>0.00</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>2100.00</u>                     |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>177.45</u>          | (19.) \$ <u>177.45</u>                      |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS<br>(Add Line 3c + Line 4)                             | (5.) \$ <u>0.00</u>            | (20.) \$ <u>2277.45</u>                     |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>1745.62</u>         | (21.) \$ <u>1745.62</u>                     |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>0.00</u>            | (22.) \$ <u>0.00</u>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| 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>           |                                             |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)                                         | (9.) \$ <u>0.00</u>            | (23.) \$ <u>0.00</u>                        |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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<br>(Add Line 10a + Line 10b)                         | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 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>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>856.20</u>         |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>177.45</u>       |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>1033.65</u>      |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>0.00</u>         |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>1033.65</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 <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>11/02/2020</u><br>Name & Address:<br><b>David Bratto</b><br><b>52025 Van Dyke Avenue</b><br><b>Shelby Twp, Mi 48316</b>                                                                 |  | 90.00<br>\$                                     | 90.00<br>\$                                                                     |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |  | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/02/2020</u><br>Name & Address:<br><b>Paula Rose</b><br><b>37733 Maplehill</b><br><b>Harrison Twp. Mi. 48045</b>                                                                       |  | 87.45<br>\$                                     | 87.45<br>\$                                                                     |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                |  | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address:<br>_____<br>_____<br>_____                                                                                                                                        |  | \$ _____                                        | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                |  | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address:<br>_____<br>_____<br>_____                                                                                                                                        |  | \$ _____                                        | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                |  | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |

Page Subtotal **177.45**

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

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 all 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

\$ **237.00** \$ **951.00**

[Click Here for Memo Itemization](#)

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

\$ **28.58** \$ **979.58**

[Click Here for Memo Itemization](#)

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 all 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? <input type="checkbox"/> Yes<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: <u>Owner</u><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 <u>Printing and Postage</u><br>5. Date Of Receipt: <u>07/03/20</u><br>6. Vendor Name & Address:<br>Printmasters<br>26039 Dequindre Road<br>Madison Heights, MI 48071 | \$ 223.29                      | \$ 1202.87                                                |
| Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes<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: <u>Owner</u><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 <u>Printing</u><br>5. Date Of Receipt: <u>06/30/20</u><br>6. Vendor Name & Address:<br>American Graphics<br>34895 Groesbeck Hwy.<br>Clinton Twp., MI 48035           | \$ 172.25                      | \$ 1375.12                                                |
| Contribution #3 PAC Receipt? <input type="checkbox"/> Yes<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: <u>Owner</u><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 <u>Posts and Misc.</u><br>5. Date Of Receipt: <u>06/05/20</u><br>6. Vendor Name & Address:<br>Lowe's<br>35115 S. Gratiot<br>Clinton Twp., MI 48035                   | \$ 85.50                       | \$ 1460.62                                                |

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)

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:

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 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:

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 **\$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