



FILED

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FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From 01/01/12 to 07/22/12
MT. CLEMENS, MICHIGAN

1. Committee I.D. Number

137332

2. Committee Name

CTE Dean Reynolds

4. Candidate Last Name

Reynolds

First Name

Dean

M.I.

J.

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

Charter Township of Clinton Trustee

4b. County of Residence

5. Committee's Mailing Address

38150 Woodcrest
Clinton Twp. 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 ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

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

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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

Signature

Date

7-27-12

Candidate

Dean J. Reynolds

Type or Print Name

Signature

Date

7-27-12



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137332

2. Committee Name CTE DEAN REYNOLDS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>10,192 ⁵⁰</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>10,192 ⁵⁰</u>	(18.) \$ <u>19,780 ⁰²</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>10,192 ⁵⁰</u>	(20.) \$ <u>19,780 ⁰²</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>8188 ⁸⁶</u>	
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.) \$	<u>8188 ⁸⁶</u>	(23.) \$ <u>9920 ⁰²</u>
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.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>38,265 ⁴⁵</u>	
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.) \$	<u>7883 ⁰⁴</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>10,192 ⁵⁰</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>18075 ⁵⁴</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>8188 ⁸⁶</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>9,886 ⁶⁸</u>	



**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>05/25/12</u> Name & Address: Mary Jo Imbronone 52018 Heatherstone Macomb, MI 48042		\$ <u>35.00</u>	\$ <u>70.00</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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/25/12</u> Name & Address: Sherry Sorrentino 14633 Breza Dr. Shelby Township, MI 48315		\$ <u>17.50</u>	\$ <u>52.50</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/25/12</u> Name & Address: Robert Schrage 67 Putnam Grosse Pointe, MI 48236		\$ <u>35.00</u>	\$ <u>70.00</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>05/25/12</u> Name & Address: Ernest Hornung 15663 Stockton Clinton Township, MI 48038		\$ <u>35.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Prosecuting Attorney</u> Employer <u>Wayne County</u> Business Address <u>1441 St. Antoine Street Detroit, MI 48226</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	

Page Subtotal \$122.50

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 137932
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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 05/30/12
Name & Address:
Earle Harris, Jr.
15863 Kingston
Fraser, MI 48026

\$ 35.00

\$ 35.00

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/30/12
Name & Address:
Miraj Mehta
42658 Redfern ST.
Canton, MI 48187

\$ 350.00

\$ 350.00

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

[Click Here for Memo Itemization](#)

Occupation Owner Employer Priyasmi Electronics, LLC

Business Address 42658 Redfern ST. Canton, MI 48187

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 05/30/12
Name & Address:
Lawrence Lemanski
38417 Santa Barbara
Clinton Township, MI 48036

\$ 50.00

\$ 50.00

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 05/31/12
Name & Address:
Patrick Moran
26201 Harbor Pointe Dr.
Harrison Township, MI 48045

\$ 50.00

\$ 150.00

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

[Click Here for Memo Itemization](#)

Occupation Owner Employer Moran Chevrolet

Business Address 35500 Gratiot Clinton Township, MI 48035

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

Page Subtotal

\$485.00

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>05/31/12</u> Name & Address: James George 19634 Westchester Clinton Township, MI 48038	\$ <u>35.00</u>	\$ <u>82.50</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 #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>06/01/12</u> Name & Address: Anthony Marrocco Victory PAC PO Box 665 Mount Clemens, MI 48046	\$ <u>35.00</u>	\$ <u>35.00</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/12</u> Name & Address: Timothy Tomlinson 38272 Trillium Place Harrison Township, MI 48045	\$ <u>550.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Dolan & Tomlinson, PC</u> Business Address <u>42850 Garfield Rd. Suite 101 Clinton Township, MI 48038</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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/12</u> Name & Address: Graham Orley 201 W. Big Beaver Rd., Suite 720 Troy, MI 48064	\$ <u>70.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Developer</u> Employer <u>Self</u> Business Address <u>201 W. Big Beaver Rd., Suite 720</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		

Page Subtotal \$690.00

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

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/12

Name & Address:

Jenifer Jo West
20752 Also CT.
Clinton Township, MI 48038

\$ 17.50

\$ 27.50

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/30/12

Name & Address

Michael Chirco
46600 Romeo Plank Road, STE. 5
Macomb, MI 48044

\$ 70.00

\$ 120.00

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

Occupation Developer Employer Chirco Homes

[Click Here for Memo Itemization](#)

Business Address 46600 Romeo Plank Road, STE. 5 Macomb, MI 48044

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/01/12

Name & Address:

Jack Dolan
2388 Heronwood
Bloomfield Hills, MI

\$ 550.00

\$ 1000.00

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

Occupation Attorney Employer Dolan & Tomlinson, PC

[Click Here for Memo Itemization](#)

Business Address 42850 Garfield, STE. 101 Clinton Township, MI 48038

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/01/12

Name & Address

Amy Tomlinson
38272 Trillium Place
Harrison Township, MI 48045

\$ 500.00

\$ 500.00

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

Occupation Housewife Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

Page Subtotal

\$1,137.50

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 137 332
2. Committee Name CTE DEAN REYNOLDS

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/19/12</u>	
Name & Address: Benjamin J Aloia 48 S Main ST STE 3 Mount Clemens, MI 48043		\$ <u>32.50</u>	\$ <u>67.50</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/19/12</u>	
Name & Address: Mario Lavinio 18341 Nardy Clinton Township, MI 48036		\$ <u>35.00</u>	\$ <u>157.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Mario's Body Shop</u> Business Address <u>34607 Gratiot Avenue Clinton Township, MI 48035</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 type="checkbox"/> YES	4. Date of Receipt <u>06/19/12</u>	
Name & Address: Joseph Oram 4585 Arline Dr. West Bloomfield, MI 48323		\$ <u>175.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>VIP Media</u> Business Address <u>29551 Greenfield Suite 219 Southfield, MI 48076</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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/19/12</u>	
Name & Address: George Sobah 37737 Santa Barbara Clinton Township, MI 48036		\$ <u>17.50</u>	\$ <u>17.50</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 \$260.00

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

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**ITEMIZED CONTRIBUTIONS
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2. Committee Name CTE DEAN REYNOLDS

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/19/12</u>	
Name & Address: Andrea Irons 18656 Cranbrook Clinton Township, MI 48038		\$ <u>17.50</u>	\$ <u>17.50</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/19/12</u>	
Name & Address: Barbara Towner 39757 Brylor CT Clinton Township, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/19/12</u>	
Name & Address: Dr. Stephen Swetech 43868 Scoter LN. Clinton Township, MI 48038		\$ <u>17.50</u>	\$ <u>77.50</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>06/19/12</u>	
Name & Address: Euel Kinsey 37418 Fiore Trail Clinton Township, MI 48036		\$ <u>17.50</u>	\$ <u>67.50</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 \$152.50

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/19/12</u></p> <p>Name & Address: Kimberly Elward 46658 Sawyer Ln. Macomb, MI 48044</p> <p>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</p>		\$ <u>25.00</u>	\$ <u>25.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/19/12</u></p> <p>Name & Address: Rick Flynn 43225 Chardonay Dr. Sterling Heights, MI 48314</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Uniserve Director</u> Employer <u>MEA Local 1</u> Business Address <u>38550 Garfield Clinton Township, MI 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>35.00</u>	\$ <u>135.00</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/19/12</u></p> <p>Name & Address: James Hall 20400 Hall Rd. Clinton Township, MI 48038</p> <p>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</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/19/12</u></p> <p>Name & Address: Michael Pohlod 59627 Glacier Rdg. S. Washington, MI 48094</p> <p>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</p>		\$ <u>17.50</u>	\$ <u>17.50</u>

Page Subtotal \$177.50

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>06/19/12</u>	
Name & Address: David Flynn 8641 Hickory St. Sterling Hts, MI 48312		\$ <u>25.00</u>	\$ <u>25.00</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/19/12</u>	
Name & Address: Andrew Patzert 21175 Harrington Clinton Township, MI 48036		\$ <u>25.00</u>	\$ <u>25.00</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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/19/12</u>	
Name & Address: Thomas Mill 38578 Gainsborough Dr. Clinton Township, MI 48038		\$ <u>35.00</u>	\$ <u>72.50</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>06/19/12</u>	
Name & Address: Christian Orano 386 W Otis Ave Hazel Park, MI 48030		\$ <u>17.50</u>	\$ <u>17.50</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 \$102.50

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 137322
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>06/19/12</u> Name & Address: Dominic Abbate 2500 Royal View Dr. OAKLAND, MI 48363		\$ <u>70.00</u>	\$ <u>340.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Architect</u> Employer <u>Wakely Associates</u> Business Address <u>30500 Van Dyke Avenue Suite M-7 Warren, MI 48093</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>06/19/12</u> Name & Address: Donna Knies 38909 Sahr Court Clinton Township, MI 48038		\$ <u>17.50</u>	\$ <u>17.50</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/19/12</u> Name & Address: Kathleen Saisho 12360 Moers Dr. Sterling Heights, MI 48313		\$ <u>17.50</u>	\$ <u>17.50</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>06/19/12</u> Name & Address: Denise Trombley 4150 Janet Circle Clinton Township, MI 48038		\$ <u>17.50</u>	\$ <u>52.50</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 \$122.50

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 137 332
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>06/19/12</u> Name & Address: Jeffrey Atkins 37649 Santa Barbara Clinton Township, MI 48036		\$ <u>35.00</u>	\$ <u>70.00</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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/19/12</u> Name & Address: Vito Strolls 19874 Westchester Dr. Clinton Township, MI 48038		\$ <u>175.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Ruehle's</u> Business Address <u>205 Gratiot Mt. Clemens, MI 48043</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 type="checkbox"/> YES 4. Date of Receipt <u>06/19/12</u> Name & Address: William Jarvis 41800 Executive Dr. Harrison Township, MI 48045		\$ <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	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/19/12</u> Name & Address: Fred Posavetz 46132 Ben Franklin Drive Shelby Township, MI 48315		\$ <u>35.00</u>	\$ <u>85.00</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 **\$295.00**

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

Enter this total on
line 3a of Summary
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**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>06/12/12</u> Name & Address: Tony Gallo 37425 Bellagio Ct. Clinton Township, MI 48036		\$ <u>35.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Gallo Properties</u> Business Address <u>30555 Hoover Warren, MI 48089</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>06/12/12</u> Name & Address: Leo Lalonde 24801 Rosalind Eastpointe, MI 48021		\$ <u>17.50</u>	\$ <u>57.50</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/12</u> Name & Address: Gregory Buss 38133 Woodcrest Clinton Township, MI 48036		\$ <u>50.00</u>	\$ <u>222.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Gregory A Buss P.C.</u> Business Address <u>42657 Garfield, Suite 215 Clinton Township, MI 48038</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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: 		\$ _____	\$ _____
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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$102.50

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

Enter this total on
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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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>5/30/12</u> Name & Address: <u>PIPEFITTERS LOCAL 636 PAC</u> <u>30100 NORTH WESTERN HIGHWAY</u> <u>FARMINGTON HILLS, MI 48334</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>150</u>	\$ <u>150</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-1-12</u> Name & Address: <u>LISA DOLAN</u> <u>2388 HERONWOOD</u> <u>BLOOMFIELD HILLS MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>500</u>	\$ <u>500</u>
		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-18-12</u> Name & Address: <u>ANTHONY PYPE</u> <u>39887 COALPORT DR</u> <u>CLINTON TWP MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>100</u>	\$ <u>100</u>
		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-22-12</u> Name & Address: <u>ROY ROSE</u> <u>55620 WOOD BRIDGE DR</u> <u>SHELBY TWP MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANDERSON, ECKSTEIN + WESTRICK</u> Business Address <u>51301 SCHOENHERR RD SHELBY MI 48315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>50</u>	\$ <u>160</u>
		Click Here for Memo Itemization	

Page Subtotal

800

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

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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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>6-22-12</u>	
Name & Address: <u>CLINTON TOWNSHIP FIREFIGHTERS PAC</u> <u>43601 ROME PLANK</u> <u>CLINTON TWP MI 48038</u>		\$ <u>250⁰⁰</u>	\$ <u>875⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6-20-12</u>	
Name & Address: <u>GRETCHEN SIMMONS</u> <u>38155 ST MARY</u> <u>CLINTON TWP MI 48038</u>		\$ <u>100⁰⁰</u>	\$ <u>100⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/26/12</u>	
Name & Address: <u>ERIC FLYNN</u> <u>35446 ST CLAIR</u> <u>NEW BALTIMORE MI 48047</u>		\$ <u>1000⁰⁰</u>	\$ <u>1000⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Commander of OAS</u> Employer <u>TONIC</u> Business Address <u>50270 E. RUSSELL SCHMIDT, CHESTERFIELD MI 48051</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/29/12</u>	
Name & Address: <u>STEVE SAPH JR</u> <u>68 CLINTON ST</u> <u>MT CLEMENS MI 48043</u>		\$ <u>70⁰⁰</u>	\$ <u>240⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE SALE</u> Employer <u>NICKOL + SAPH</u> Business Address <u>44 AALOMB PLACE, MT CLEMENS MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

1420⁰⁰

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

Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137 332
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>7/2/12</u>	
Name & Address: <u>PAUL THORN</u> <u>TOWNHARST</u> <u>HARRISON MI 48045</u>		<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u>		Click Here for Memo Itemization	
Business Address <u>42450 GARFIELD ST 101 CLINTON TWP MI 48038</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/2/12</u>	
Name & Address: <u>AMY THOMLINSON</u> <u>38272 TRIKILIM PLACE</u> <u>HARRISON MI 48045</u>		<u>\$ 500.00</u>	<u>\$ 1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/7/12</u>	
Name & Address: <u>KENNETH SIMONS</u> <u>34356 WHITTAKER</u> <u>CLINTON TWP MI 48045</u>		<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" 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 <u>7/7/12</u>	
Name & Address: <u>MARK MOORE</u> <u>51121 ACS</u> <u>MACOMB MI 48042</u>		<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>VISCOUNT POOLS</u>		Click Here for Memo Itemization	
Business Address <u>36568 GORDONSBACH CLINTON TWP MI 48035</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 2000.00

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

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line 3a of Summary
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**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>7/7/12</u>	
Name & Address: <u>ANDREA SIMONS</u> <u>28313 CHARLEEN</u> <u>CHESTERFIELD MI 48047</u>		<u>\$ 500⁰⁰</u>	<u>\$ 500⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/10/12</u>	
Name & Address: <u>PAULINE STAMPOL</u> <u>38938 SANTA BARBARA</u> <u>CLINTON TWP MI 48036</u>		<u>\$ 1000⁰⁰</u>	<u>\$ 1000⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/13/12</u>	
Name & Address: <u>LISA DOLAN</u> <u>2388 HERONWOOD</u> <u>BLOOMFIELD HILLS MI</u>		<u>\$ 500⁰⁰</u>	<u>\$ 1000⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>7/15/12</u>	
Name & Address: <u>CLINTON TWP POLICE OFFICERS ASSOCIATION PAC</u> <u>37985 GROESBECK</u> <u>CLINTON TWP MI 48038</u>		<u>\$ 325⁰⁰</u>	<u>\$ 1000⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 2325⁰⁰

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

10192⁵⁰

Enter the total on
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**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 GROESBECK</u> <u>CLINTON TWP MI 48035</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/18/12</u> Date	<u>\$ 250.00</u>
Expenditure #2 Name <u>CS BARRIMORES</u> Address <u>21750 HALL</u> <u>CLINTON TWP MI 48038</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD + SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/19/12</u> Date	<u>\$ 325.00</u>
Expenditure #3 Name <u>LOWES</u> Address <u>15350 HALL RD</u> <u>CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>GLUE FOR SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/27/12</u> Date	<u>\$ 19.05</u>
Expenditure #4 Name <u>LOWES</u> Address <u>35115 SOUTH GRATIOT</u> <u>CLINTON TWP MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>GLUE, STRAPS, ROLLERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/27/12</u> Date	<u>\$ 57.96</u>
Expenditure #5 Name <u>LOWES</u> Address <u>35115 SOUTH GRATIOT</u> <u>CLINTON TWP MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>WOOD FOR SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/27/12</u> Date	<u>\$ 62.86</u>
Subtotal this page			<u>714.87</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137 332
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 GROESBECK</u> <u>CLINTON TWP MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/27/12</u> Date	<u>\$1950.40</u>
Expenditure #2 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/27/12</u> Date	<u>\$858.60</u>
Expenditure #3 Name <u>MANHATTAN MAILERS</u> Address <u>51132 MILANO</u> <u>MALDEN TWP MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/28/12</u> Date	<u>\$683.00</u>
Expenditure #4 Name <u>MANHATTAN MAILERS</u> Address <u>51132 MILANO</u> <u>MALDEN TWP MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/5/12</u> Date	<u>\$498.94</u>
Expenditure #5 Name <u>LOWES</u> Address <u>15350 HALL RD</u> <u>CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POLES FOR SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/7/12</u> Date	<u>\$287.79</u>

Subtotal this page 5278.73

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 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>US POST OFFICE</u> Address <u>MOUNT CLEMENS MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/14/12</u> Date	<u>\$ 45⁰⁰</u>
Expenditure #2 Name <u>PRACTICAL POLITICAL CONSULTING</u> Address <u>220 ALBERT AVE EAST LANSING MI 48826</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAIL LIST</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/15/12</u> Date	<u>\$ 1115⁹²</u>
Expenditure #3 Name <u>PRACTICAL POLITICAL CONSULTING</u> Address <u>220 ALBERT AVE EAST LANSING MI 48826</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>WALKING CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/15/12</u> Date	<u>\$ 282⁷⁹</u>
Expenditure #4 Name <u>SAWICKI & SON</u> Address <u>1521 WEST LA FAYETTE DETROIT MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/20/12</u> Date	<u>\$ 601⁵⁵</u>
Expenditure #5 Name <u>FERN HILL</u> Address <u>17600 CLINTON RIVER CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TIPS FOR PASM DINNER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/20/12</u> Date	<u>\$ 150⁰⁰</u>

Subtotal this page

2195²⁰

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

8188⁸⁶

Enter this total
on line 8a of
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 Committee to Elect Dean Reynolds

This Schedule consists:

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 guarantor, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 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 9 minus Item 8) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Clinton Twp. MI 48034</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>9-25-04</u> 6. Original Amount of Debt: <u>\$ 2,000.00</u>	<u>1 / 1 / 2</u> <u>1 / 1 / 2</u> <u>1 / 1 / 2</u> <u>1 / 1 / 2</u>	\$ <u> </u>	<u>\$2,000.00</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: <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Clinton Twp. MI 48034</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>9/30/04</u> 6. Original Amount of Debt: <u>\$ 3,500.00</u>	<u>1 / 1 / 2</u> <u>1 / 1 / 2</u> <u>1 / 1 / 2</u> <u>1 / 1 / 2</u>	\$ <u> </u>	<u>\$3,500.00</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: <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Clinton Twp. MI 48034</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>6/11/04</u> 6. Original Amount of Debt: <u>\$ 3,500.00</u>	<u>1 / 1 / 2</u> <u>1 / 1 / 2</u> <u>1 / 1 / 2</u> <u>1 / 1 / 2</u>	\$ <u> </u>	<u>\$3,500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$000.00

Grand Total of all Schedules 1E
(Complete on last page of Schedules 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 1 of 5

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 L.D. Number 137332
2. Committee Name Committee to Elect Dean Reynolds

This schedule contains:

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. <small>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 guarantor, if any.</small>	4. Type of Obligation (Indicate type and you may assign an expenditure code) 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 5 minus item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Clinton Twp. MI 48036</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7-14-04</u> 6. Original Amount of Debt: <u>\$ 5,500⁰⁰</u>	<u>1 / 1 / 8</u> <u>1 / 1 / 8</u> <u>1 / 1 / 8</u> <u>1 / 1 / 8</u>	<u>\$</u>	<u>\$5,500⁰⁰</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: <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Clinton Twp. MI 48036</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>8-31-04</u> 6. Original Amount of Debt: <u>\$ 3,000⁰⁰</u>	<u>1 / 1 / 8</u> <u>1 / 1 / 8</u> <u>1 / 1 / 8</u> <u>1 / 1 / 8</u>	<u>\$</u>	<u>3,000⁰⁰</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: <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Clinton Twp. MI 48036</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-6-04</u> 6. Original Amount of Debt: <u>\$ 2,000⁰⁰</u>	<u>1 / 1 / 8</u> <u>1 / 1 / 8</u> <u>1 / 1 / 8</u> <u>1 / 1 / 8</u>	<u>\$</u>	<u>2,000⁰⁰</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				<u>10,500⁰⁰</u>
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 2 of 5

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 Committee to Elect Dean Reynolds

This Schedule handles:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
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Debt #1 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Clinton Twp. MI 48036</u> If bank loan, name of endorser or guarantor: _____	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-12-04</u> 6. Original Amount of Debt: <u>\$ 1,000.00</u>	<u>1/1/5</u> <u>1/1/5</u> <u>1/1/5</u> <u>1/1/5</u> <u>1/1/5</u>	\$ _____	\$ <u>1,000.00</u> <input type="checkbox"/> FORGIVEN
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Clinton Twp. MI 48036</u> If bank loan, name of endorser or guarantor: _____	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-14-04</u> 6. Original Amount of Debt: <u>\$ 2,000.00</u>	<u>1/1/5</u> <u>1/1/5</u> <u>1/1/5</u> <u>1/1/5</u> <u>1/1/5</u>	\$ _____	\$ <u>2,000.00</u> <input type="checkbox"/> FORGIVEN
Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Clinton Twp. MI 48036</u> If bank loan, name of endorser or guarantor: _____	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-21-04</u> 6. Original Amount of Debt: <u>\$ 6,000.00</u>	<u>1/1/5</u> <u>1/1/5</u> <u>1/1/5</u> <u>1/1/5</u> <u>1/1/5</u>	\$ _____	\$ <u>6,000.00</u> <input type="checkbox"/> FORGIVEN
Page Subtotal (Outstanding debt)				\$ <u>9,000.00</u>
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				Enter this total on the 12a "owed by" or the 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.



1. Committee I.D. Number 137332
2. Committee Name Committee to Elect Dean Reynolds

a. ~~Debits~~ and obligations owed by or forgiven the committee OR b. Debits and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

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

Page 4 of 6



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I.D. Number 137332
2. Committee Name Committee to Elect 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 (Indicate type and you may assign an expenditure code) 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: <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Clinton Twp. MI 48036</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>12-19-04</u> 6. Original Amount of Debt: <u>\$ 3200.00</u>	<u>1/28/05 \$ 600.00</u> <u>2/12/05 \$ 1500.00</u> <u>3/12/05 \$ 1100.00</u> <u>1 1 1</u> <u>1 1 1</u>	<u>\$ 3200.00</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: <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Clinton Twp. MI 48036</u>	4. Type: <u>LOAN</u> <u>7-4-08</u> 5. Date Debt Was Incurred: 6. Original Amount of Debt: <u>\$ 315.45</u>	<u>1 1 1</u> <u>1 1 1</u> <u>1 1 1</u> <u>1 1 1</u>	<u>\$ _____</u>	<u>315.45</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: <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Clinton Twp. MI 48036</u>	4. Type: <u>LOAN</u> <u>10-10-08</u> 5. Date Debt Was Incurred: 6. Original Amount of Debt: <u>\$ 350.00</u>	<u>1 1 1</u> <u>1 1 1</u> <u>1 1 1</u> <u>1 1 1</u>	<u>_____</u>	<u>350.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

665.45

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 5 of 5

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 Committee to Elect Dean Reynolds

This Schedule itemizes:

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Clinton Twp MI 48036</u>	4. Type: <u>LOAN</u> <u>10-19-08</u> 5. Date Debt Was Incurred: <u>10-19-08</u> 6. Original Amount of Debt: <u>\$ 100.00</u>	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>\$</u>	<u>\$ 100.00</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: <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Clinton Twp MI 48036</u>	4. Type: <u>LOAN</u> <u>9-10-08</u> 5. Date Debt Was Incurred: <u>9-10-08</u> 6. Original Amount of Debt: <u>\$ 900.00</u>	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>\$</u>	<u>900.00</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: <u>Dean Reynolds</u> <u>20040 White Oaks</u> <u>Clinton Twp MI 48036</u>	4. Type: <u>LOAN</u> <u>11-8-08</u> 5. Date Debt Was Incurred: <u>11-8-08</u> 6. Original Amount of Debt: <u>\$ 900.00</u>	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>\$</u>	<u>900.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				

Page Subtotal (Outstanding debt)

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

1900.00
38265.45

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 6 of 6

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/19/12	4. Number of Individuals Attending or Participating (whichever is greater) 84	5. Type of Fund Raising Activity Barbecue	6. Address and Name (If any) of the place where the activity was held. C.J. Barrymore 21750 Hall Rd. Clinton Township, MI 48038 <input type="checkbox"/> Private Residence
--	--	--	---

7. Total Contributions \$7,295.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$7,295.00

10. Total Cost of Event \$650.00
(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 (%)
CTE Kenneth Pearl	50	50
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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-IK), 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.