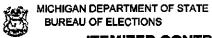


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CANDIDATE COMMITTEE COVER PAGE

12 SEP -4 PH 1: 18 FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. Final Statement Covers Front Home 1/2 to 07/12/12					
1. Committee I.D. Number	4. Candidate Last Name M.I.					
137332	Reynolds Dean J.					
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)					
CTE Doop Boymoldo	Charter Township of Clinton Trustee					
CTE Dean Reynolds	4b. County of Residence					
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address					
38150 Woodcrest	Geraldine Reynolds					
Clinton Twp. MI 48036	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 (588) 463-9264					
7. Treasurer's Business Address	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					
	Ama Code and Phase (586) 463-9264					
Area Code and Phone	Area Code and Phone (500) 403-9204					
9. TYPE OF STATEMENT						
9a. Pre-Election OR 9b. Post	-Election 9c. Annual Statement (Coverage Year)					
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to Indicate which Statement is being amended)					
57	9e. Dissolution of Candidate Committee					
Primary Ger	neral Effective Parks of Planchetter					
Convention	eool Effective Date of Dissolution					
Special Cau						
Special Cau	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					
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Walver.					
	Note: The disposition of residual funds must be reported on Schedule					
A committee that does not have a Perceting Major more the air or	1B and the Summary Page.					
Schedules. Direct contributions, in-kind contributions, loans, expe	equired Campaign Statements. The Campaign Statements must include all applicable notitures, and outstanding debts count against the \$1,000 Reporting Walver threshold.					
amendment to the Statement of Organization should accompany to the Statement of Organization should accompany to found the statement of Organization should accompany to the filling right of the statement of the	ed since the information was shown on the committee's Statement of Organization, an his Campaign Statement. If a request for a Reporting Walver is not received on or het campaign statement cannot be waived.					
10. Verification: NWe 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 Geraldine Reynolds						
Designated Record keeper Type or Print Name	Signature Date					
	\$ 10					
Candidate Dean J. Reynolds	Dea Keywards Date 9/4/12					
Type or Print Name	Signature /					



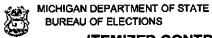
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

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 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 7/2//2							
Name & Address: PAUL THOUN							
1200 THOUR T 3870/ TOWN HALL	: 500 = : 500 = ·						
HARRISON NO MI 48045	\$ JUO						
5. If over \$100.00 cumulative, please provide: Occupation ATT&NS Employer SOLF	Click Here for Memo Itemization						
the state of the s	3 4						
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/2/12. Name & Address							
Any THOM LINSON	500 80 100 OK						
39272 TRIKIUM PLACE	; 500° ; 1000° ·						
S. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization						
Occupation Housewife Employer							
Business Address							
Type of Contribution: Loan from a person Fund Raiser							
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/1/2 Name & Address:							
KENNETH SIMENS	, 500 = , 500 =						
34 356 WHITTAKER	*						
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization						
Occupation RaTIROD Employer							
Business Address Type of Contribution: Direct Loan from a person Fund Raiser							
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/7/2 Name & Address							
MARK MODRE 51121 ACO	500 de 200 ==						
MACOUR MY 48042	\$ 700						
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization						
Occupation SALES Employer VISCOUNT POOLS							
Business Address 36568 660 ES GECK CLINTON MY 49035							
Type of Contribution: Direct Loan from a person Fund Raiser							
Page Subtotal	2000						
Grand Total of All Schedules 1A							
(Complete on last page of Schedule)	Enter this total on						
Page /4 of /5	line 3a of Summary Page.						



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

137332

2. Committee Name

CTE DEAN REYNOUS

Enter contributor's name and a middle initial. Check box to ind Committee (PAC) Report all co	icate if contribu ntributions reg	ition is from a Political ardiess of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAG Name & Address: PIPEF/TTEQS LC	Receipt? 2 CAL 63	•	f Receip	5/30/12		,,
30100 NORTH WES					. 150	150 =
FARMINGTON HIL. 5. If over \$100.00 cumulative,	S yn i pledse provid	48334 e:			Click Hore f	or Memo Itemization
Occupation		Employer			Oliox Hore I	or weine iternization
Business Address						
Type of Contribution: Dire	ct 🔲	Loan from a person		Fund Raiser		
Contribution #2 PAC Name & Address	Receipt?	YES 4. Date o	f Receipt	6-1-12		
LISA POLAN 2388 HERONN	oo()				. 500	e 500 e
Broonflero HIL					\$ 30 0	
5. If over \$100.00 gumulative, Occupation	please provid DIRL CTUR E	e: mployer <u>C/TY</u> d	of (3 Loomfrers F	Click Here fo	or Memo Itemization
Business Address 45 EAS	T Long	LANG RO	BLOO	y FIDY HUS, MI,	48303	
Type of Contribution: Direct	a 🗀	Loan from a person		Fund Raiser		
Name & Address: ANTHONY PY!		YES 4. Date of	of Receip	6-18-12	s <i>OD</i>	/00 <u>-4</u>
39867 CON POL CLASTAN THE MI 5. If over \$100.00 cumulative,		e :			Click Here fo	or Memo Itemization
Occupation		Employer				
Business Address				<u> </u>		
Type of Contribution: Dire	ot	Loan from a person		Fund Raiser		
3. Contribution # 4 PAC Name & Address Loy ROSE	Receipt?	YES 4. Date	of Recei	pt 6-22-12	<u>-</u>	
55620 WOOD BAI SHELBY TWP n 5. Hover \$100.00 cumulative					, 50 æ	s 160 <u>w</u>
Occupation ENGINE			ن ۱۹۵۶ می	, ECKSTEIN+W		or Memo Itemization
Business Address 5 / 30 / Type of Contribution: Dir		EV HORR ED Loan from a person	S#	E BY M1 48315 Fund Raiser	•	
7-1011				Page Subtota	800 9	
				nd Total of All Schedules 1/ ete on last page of Schedule		

Page 12 of 15

Enter this total on line 3a of Summary Page.