



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

12 SEP -4 PM 1:18

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.

1. Committee I.D. Number 137332		3. This Statement covers from <u>06/01/12</u> to <u>07/22/12</u>	
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 Area Code and Phone (586) 463-9264 <small>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.</small>		6. Treasurer's Name & Residential Address Geraldine Reynolds 38515 Hidden Lane Clinton Twp. MI 48036 Area Code & Phone (586) 463-9264	
7. Treasurer's Business Address Area Code and Phone		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 (586) 463-9264	
9. TYPE OF STATEMENT			
9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election		9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)	
Pre-Election or Post-Election Statement relates to:		9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		9e. <input type="checkbox"/> Dissolution of Candidate Committee	
<input type="checkbox"/> Convention <input type="checkbox"/> School		Effective Date of Dissolution _____	
<input type="checkbox"/> Special <input type="checkbox"/> Caucus		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.	
Date of Election, Convention or Caucus _____		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
<small>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.</small>			
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		Signature <u>Geraldine Reynolds</u> Date <u>9/4/12</u>	
Candidate Dean J. Reynolds		Signature <u>Dean J. Reynolds</u> Date <u>9/4/12</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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? <input type="checkbox"/> YES	4. Date of Receipt <u>7/2/12</u>	
Name & Address: <u>PAUL THORN</u> <u>1200 MARKET</u> <u>38701 TOWN HALL</u> <u>HARRISON MI 48045</u>		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> 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		Click Here for Memo Itemization	
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>39272 TRILUM PLACES</u> <u>HARRISON MI 48045</u>		\$ <u>500</u>	\$ <u>1000</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		Click Here for Memo Itemization	
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</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> 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 #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/7/12</u>	
Name & Address: <u>MARK MOORE</u> <u>51121 ACO</u> <u>MACOMB MI 48042</u>		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>VISCOUNT POOLS</u> Business Address <u>36508 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		Click Here for Memo Itemization	

Page Subtotal 2000

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137332

2. Committee Name

CTE DEAN REYNOLDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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 5/30/12

Name & Address:

PIPEFITTERS LOCAL 636 PAC
30100 NORTHWESTERN HIGHWAY
FARMINGTON HILLS, MI 48334

\$ 150 ⁰⁰ \$ 150 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 6-1-12

Name & Address:

LISA DOLAN
2388 HERONWOOD
BLOOMFIELD HILLS MI

\$ 500 ⁰⁰ \$ 500 ⁰⁰

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

Click Here for Memo Itemization

Occupation ~~FINANCE DIRECTOR~~ Employer CITY OF BLOOMFIELD HILLS

Business Address 45 EAST LONG LAKE RD BLOOMFIELD HILLS, MI, 48303

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

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 6-18-12

Name & Address:

ANTHONY PYPE
39887 CONLORT DR
CLARK RD MI 48038

\$ 100 ⁰⁰ \$ 100 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 6-22-12

Name & Address:

ROY ROSE
55620 WOOD BRIDGE DR
SHELBY TWP MI 48316

\$ 50 ⁰⁰ \$ 160 ⁰⁰

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

Click Here for Memo Itemization

Occupation ENGINEER Employer ANDERSON, ECKSTEIN + WESTERICK

Business Address 51301 SCHODENHORN RD SHELBY MI 48315

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

Page Subtotal

800 ⁰⁰

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

Enter this total on
line 3a of Summary
Page.