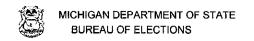


CANDIDATE COMMITTEE COVER PAGE

12 OCT 26 PM 2: 33

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. This Statement	covers From 8 28/12 to 10/21/12					
1. Committee I.D. Number	4. Candidate cas						
137332	Reference Sought In	woいら noluding District # or Community Served (If applicable)					
2. Committee Name	1	on TWP TRUSTEE					
CITE DOWN REYNOLDS	•						
5. Committee's Mailing Address	T-	ne & Residential Address					
38150 Wasschest	659 X12	LOINE REYNOUS					
CLINTON TW M1 48036	38515 4000 (N						
Area Code and Phone (586) 405 7400	Ccm+or	NOW MI 48036					
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 & Phon	e (594) 463-9264					
7. Treasurer's Business Address		cord keeper's Name and Mailing Address (If the committee has a d keeper)					
	GERAL	DINE REYNOUS					
	38595	HIDDEN LN					
		MD M1 48036					
Area Code and Phone	Area Code and Ph	ione (586) 463 9264					
9. TYPE OF STATEMENT	/ 4/24 2042 4113 / 11						
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)					
Primary Sen	erai	9e. Dissolution of Candidate Committee					
Convention Sch	ool	Effective Date of Dissolution					
Special Cau	CHE						
		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 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 re Schedules. Direct contributions, in-kind contributions, loans, expe If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany the before the filling deadline of a required campaign statement, the	quired Campaign St nditures, and outstar	atements. The Campaign Statements must include all applicable					
 Verification: I\We certify that all reasonable diligence was used my\our knowledge and belief the contents are true, accurate and co 	in the preparation of emplete.	this statement and attached schedules (if any) and to the best of					
Current Treasurer or Designated Record keeper Type of Print Name	Judin	Regnolds 10-26-12					
Type or Print Name	Signature	\tilde{D} $A = 1$					
Candidate DEAN REYNOLDS	, Dem	Regula Date 10/20/12					
Type or Print Name	Signature						

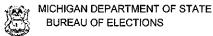


SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number 137332

2. Committee Name CTE DOW REYNOLDS

PECEIPTE	Column I	Column II
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	(3a.) \$ 7115 <u>00</u>	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	17220
c. Subtotal of "Contributions"	(3c.) \$ 7115 S	(18.)\$ 27,230
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 7115 of	(20.) \$ 27, 230
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	06	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 13,034 96	
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>13,034</u> <u>96</u>	(23.) \$ 23,779 12
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(O) > 4	
11, TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations	(12a.)\$ 43, 265 45	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 4°3, 20°3	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	· · · · · · · · · · · · · · · · · · ·
13. Ending Balance of last report filed	$(13.)$ \$ $9.397 \ge 1$	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.)+\$ 7/15	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ 16,512 54	
15. SUBTOTAL Add lines 13 and 14	12 0711 96	
16. Amount expended during reporting period (Add lines 9 and 11)	21177 58_	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 3477	•
1		



1. Committee I.D. Number

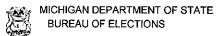
CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/24/12 Name & Address: Lawrence Lemanski 38417 Santa Barbara _s 20.00 Clinton Township, MI 48036 70.00 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _ Employer_ Business Address __ Type of Contribution: Direct Fund Raiser Loan from a person 4. Date of Receipt 09/24/12 YES 3. Contribution #2 PAC Receipt? Name & Address Anthony Marrocco Victory PAC PO Box 665 40.00 75.00 Mount Clemens, MI 48046 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer____ Occupation _ Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? 4. Date of Receipt 09/27/12 YES Name & Address: Peter Ruggirello , 25.00 25.00 18987 Riverway CT Clinton Township, MI 48038 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation __ Employer_ Business Address Direct Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/28/12 Name & Address Dave Flynn for County Commissioner 8641 Hickory ST. 25.00 Sterling Heights, MI 48312 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Business Address Type of Contribution: Loan from a person Fund Raiser Direct Page Subtotal \$110.00 Grand Total of All Schedules 1A

Page / of /0

(Complete on last page of Schedule)

Enter this total on line 3a of Summary

Page.

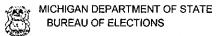


CANDIDATE COMMITTEE

1. Committee I.D. Number 137332

2. Committee Name CTT DEN RoyNous

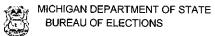
Enter contributor's nan middle initial. Check b Committee (PAC) Rep	ox to indicate if con	ribu	ribution is from an individual, enter last name, first name, tion is from a Political Committee or an Independent ardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address: Sherry Sorrentino 14633 Breza Dr. Shelby Township, MI 483	PAC Receipt?		YES 4. Date of Receipt 09/20/12	_{\$} 20.00	_{\$} 72.50
5. If over \$100.00 cum	nulative, please pro	vid	e:	Click Horo fo	or Memo Itemization
Occupation		_	Employer	Click Here it	or Memo Remization
Business Address					
Type of Contribution:	Direct		Loan from a person 🗸 Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Receipt 09/20/12		
Grozda Swetech 43868 Scoter Lr Clinton Townshi	١.			_{\$} 20.00	_{\$} _20.00
5. If over \$100.00 cum	ulative, please pro	vid	9 :	Click Here fo	r Memo Itemization
Occupation		. E	nployer		
Business Address					
Type of Contribution:	Direct		Loan from a person		
3. Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of Receipt 09/21/12		
Patricia Harris 15863 Kingston Fraser, MI 4802	26			§ 40.00	_{\$} 40.00
5. If over \$100.00 cum		vid	: :	Click Here for	Memo Itemization
Occupation		. 1	Employer		
Business Address	75:				
Type of Contribution:	Direct		Loan from a person	<u> </u>	
Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of Receipt 09/23/12		
Robert Schrage 67 Putnam Place Groose Pointe, N	VII 48236			_{\$} 40.00	_{\$_} 110.00
5. If over \$100.00 cum	· · · · · · · · · · · · · · · · · · ·	vid		Click Here for	Memo Itemization
Occupation Director		-	Employer Resurrection Cemetery		
Business Address 182	201 Clinton Rive	·R	pad Charter Township of Clinton, MI 48038		
Type of Contribution:	Direct		Loan from a person Fund Raiser		
			Page Subtotal	\$120.00	
			Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 2 of 10				line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number 137332
2. Committee Name CTE DEAN ROYNOUS

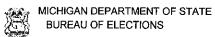
Enter contributor's nan middle initial. Check b Committee (PAC) Rep	ox to indicate if cont ort <u>all</u> contributions	nter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
Contribution # 1 Name & Address:	PAC Receipt?	✓ YES 4. D	ate of Receipt	09/27/12		
Pipefitters Local 636 PAC 30100 Northwestern High Farmington Hills, MI 4833					_s 200.00	_s 350.00
5. If over \$100.00 cum	ulative, please pro	ovide:			*	
Occupation		Employer			Click Here f	or Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a per	son 🗸	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES 4. Da	ate of Receipt	10/02/12	'	
Pamela Lavers 27870 Lauren ST. E. Harrison Township, MI 48	045				_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here fo	or Memo Itemization
Occupation		_ Employer		· · · · · · · · · · · · · · · · · · ·		
Business Address	<u> </u>			· · · · · · · · · · · · · · · · · · ·		
Type of Contribution:	Direct	Loan from a pers	son 🗸	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES 4. D	ate of Receip	10/02/12		
Donna Knies 38909 Sahr Court Clinton Township, MI 480	38			,	_{\$} 40.00	_{\$} 57.50
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here fo	r Memo Itemization
Occupation		_ Employer				
Business Address	7 5					
Type of Contribution:	Direct	Loan from a per		Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4. [Date of Receip	ot 10/02/12		
Andrea Irons 18656 Cranbrook Clinton Township, MI 480	38				_{\$} 20.00	_{\$} _37.50
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a per	rson 🗸	Fund Raiser		
				Page Subtota	\$280.00	
				nd Total of All Schedules 1A ete on last page of Schedule)		
Page 3 of 10					Enter this total on line 3a of Summary Page.	1



CANDIDATE COMMITTEE

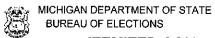
1. Committee I.D. I	Number/ 5	7337	<u>, </u>
2. Committee Nam	e (172	Denw	REYNOLDE

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.					nter last name, first name, lee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?		YES 4. Date of R	eceip	t 10/02/12		
Name & Address: Ronald Roberts							
2686 Monarch Court							
Oakland Township, MI	48306					_s 25.00	_s 25.00
5. If over \$100.00 cumu	ılative, please pro	vide	:				
Occupation		_ E	Employer			Click Here to	r Memo Itemization
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution #2	PAC Receipt?	=	YES 4. Date of Re	eceip	10/02/12		
Name & Address		_			10/02/12		
Robert Campbell							
41830 Kentvale Dr. Clinton Township, MI	48038					_{\$} 40.00	_{\$} 40.00
							
5. If over \$100.00 cumu	lative, please pro	vide	:			Click Here fo	r Memo Itemization
Occupation		_Em	ployer				
Business Address	*****						
Type of Contribution:	Direct		_oan from a person	\checkmark	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of R	Receip	^t 10/02/12	<u>.</u>	
Maryanne Levine							
23164 Gladhill Lane						_{\$} 20.00	, 20.00
Saint Clair Shores, MI	48080						Ψ
5. If over \$100.00 cumu	lative, please pro	vide	:			Click Here for	Memo Itemization
Occupation		. Е	mployer				
Business Address	_						
Type of Contribution:	Direct		Loan from a person	✓	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of F	Recei	ot 10/02/12		
Scott Chabot							
42274 Toddmark						_s 100.00	ູ 100.00
Clinton Township	•					¥	ā
5. If over \$100.00 cumu	lative, please pro	vide	:			Click Here for	Memo Itemization
Occupation	 -	-	Employer				
Business Address							
Type of Contribution:	Direct	$\overline{\Box}$	Loan from a person	7	Fund Raiser		
<u>-</u>		_		أستيا	Page Subtotal	\$185.00	l
				Cen	-	¥.00.00	
			(Co		nd Total of All Schedules 1A te on last page of Schedule)	Entrophy	J
Page 4 of 10						Enter this total on line 3a of Summary	
Page of /U						Page.	



CANDIDATE COMMITTEE

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 10/02/12		
Rick Flynn 43225 Chardonnay Dr. Sterling Heights, MI 48314	_{\$} 40.00	_{\$} 175.00
5. If over \$100.00 cumulative, please provide:	Clink Horn f	au Maura Itauri-ati-a
Occupation Uniserve Director Employer MEA Local 1	Click Here i	or Memo Itemization
Business Address 38550 Garfield Clinton Township, MI 48038		
Type of Contribution: □ Direct □ Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/02/12 Name & Address	-	
Elizabeth Pyden 37504 Camellia Lane Clinton Township, MI 48036	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/02/12 Name & Address:		
Mario Lavinio 18341 Nardy Clinton Township, MI 48036	_{\$} 40.00	_{\$} 197.50
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Owner Employer Mario's Body Shop		
Business Address 34607 Gratiot Avenue Clinton Township, MI 48035		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/02/12 Name & Address		
James George 19634 Westchester Clinton Township, MI 48038	_{\$} 100.00	_{\$_} 182.50
5. If over \$100.00 cumulative, please provide:	Oliak Hara ta	n Manna Itanainatia a
Occupation Developer Employer Self	Click Here to	r Memo Itemization
Business Address 85 N. Main Mt Clemens, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page <u>3</u> of <u>/O</u>	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

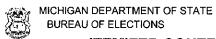
1. Committee I.D. Number

2. Committee Name

137332

2. Committee Name

	ox to indicate if cont ort <u>all</u> contributions	tribution is from a Politica regardless of amount.		nter last name, first name tee or an Independent	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Plunkett Cooney Employee 38505 Woodward, Suite 20 Bloomfield Hills, MI 48304		YES 4. Date	of Receip	ot <u>10/02/12</u>		80.00
					_{\$} 80.00	<u>\$ 80.00</u>
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here	for Memo Itemization
Occupation		_ Employer			_	
Business Address						
Type of Contribution:	Direct	Loan from a persor	· √	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date	of Receip	t 10/02/12		
Benjamin Aloia 48 S Main St STE 3 Mount Clemens, MI 48043					_{\$} 40.00	_{\$} 107.50
5. If over \$100.00 cum	ılative, please pro	vide: Employer_ Aloia & A	Associat	es P.C	Click Here f	or Memo Itemization
Occupation Attorney		-				
Business Address 48 5	- Main St Mt C	iemens, MI, US 48				
Type of Contribution:	Direct	Loan from a person	✓	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date	of Receip	ot 10/02/12		
Barbara Towner 39757 Brylor CT. Clinton Township, MI 4803	8				_{\$} 80.00	_{\$} _180.00
5. If over \$100.00 cum	ılative, please pro				Click Here fo	or Memo Itemization
Occupation Coordina	tor	_ Employer_Chippewa \	/alley Coal	ition for Youth and Families		
Business Address 1912	0 Cass Avenue 0	Clinton Township, MI	18038			
Type of Contribution:	Direct	Loan from a person	√	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	e of Recei	pt 10/02/12		
Dominic Abbate 2500 Royal View Dr. Oakland, MI 48363					_{\$} 60.00	_{\$} 400.00
5. If over \$100.00 cum					Click Here fo	or Memo Itemization
Occupation Architec	t	_ Employer Wake	ely Asso	ciates	_	
Business Address _305	500 Van Dyke	Avenue Suite M-7	7 Warre	en, MI 48093		
Type of Contribution:	Direct	Loan from a persor		Fund Raiser		
				Page Subt	total \$260.00	
				nd Total of All Schedules ete on last page of Sched	lule) L	
Page 6 10			•		Enter this total on line 3a of Summar Page.	1

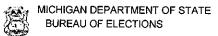


CANDIDATE COMMITTEE

1. Committee I.D. Number 137332

2. Committee Name LTE DEAN REPNOLDS

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 10/02/12 Name & Address: Vito Strolis 19874 Westchester Dr.		i
Clinton Township, MI 48038	_{\$} _150.00	_{\$} 700.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Owner Employer Ruehle's		momo tomadon
Business Address 205 Gratiot Mount Clemens, MI 48043		
Type of Contribution:		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/02/12 Name & Address		
Thomas Giachino 2742 Rhodes Dr. Troy, MI 48083	_{\$} _50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/02/12 Name & Address:		
Roy Rose 55620 Woodridge Dr. Shelby Township, MI 48316	_{\$} 40.00	<u>\$</u> 200.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Engineer Employer Anderson, Eckstein & Westrick, Inc.		
Business Address 51301 Schoenherr Road Shelby Township, MI 48315		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/02/12 Name & Address		
Michael Kozak 1957 Manchester Groose Pointe Woods, MI 48236	_{\$} 100.00	_{\$} 275.00
5. If over \$100.00 cumulative, please provide:	08.111	
Occupation Project Manager Employer Giffels-Webster	Click Here for	Memo Itemization
Business Address 6303 26 Mile Road Suite 100 Washington, MI 48094		
Type of Contribution: Direct Loan from a person 🗸 Fund Raiser		
Page Subtotal	\$340.00	
Grand Total of All Schedules 1A]
(Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	ı

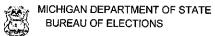


CANDIDATE COMMITTEE

1. Committee I.D. Number 137 332

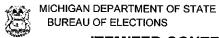
2. Committee Name CTF DEAN REVUELOS

2. Committee Nam	ne cie Deiro Legnoca)	
Enter contributor's name and address. If contribution is from an individual, enter last name, first n 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.	name, 6. Amount 7. Cumulative for Election Cycle for E. Contributor (Through date of receipt)	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/02/12 Name & Address: Joseph Oram 4585 Arline Dr.		
West Bloomfield, MI 48323	_{\$} 100.00 _{\$} 275.00	
If over \$100.00 cumulative, please provide: Occupation Owner Employer VIP Media	Click Here for Memo Itemizatio	n
Business Address 29551 Greenfield Suite 219 Southfield, MI 48076		
		
Type of Contribution:		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/02/12 Name & Address		
Stephen Saph, Jr. 44 Macomb Place Mount Clemens, MI 48046	_{\$} 100.00 _{\$} 340.00	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization	n
Occupation Agency Principle Employer Nickel & Saph, Inc.		•
Business Address 44 Macomb Place Mount Clemens, MI 48046		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/02/12 Name & Address:		
Gordon Wilson 14350 Fruitwood Washington Township, MI 48094	§ 40.00 _{\$ 135.00}	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization	l
Occupation Engineer Employer Anderson, Eckstein & Westrick, In	Inc.	
Business Address 51301 Schoenherr Road Shelby Township, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/10/12 Name & Address		
Anthony Pype 39887 Coalport Dr. Clinton Township, MI 48038	§ 100.00	
5. If over \$100.00 cumulative, please provide:		
Occupation Owner Employer Garfield Canal Service	Click Here for Memo Itemization	
Business Address 16933 Canal Clinton Township, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
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1. Committee I.D. Number	 <u>'3</u>	7	<i>3</i> 3	Z	
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3. Contribution # 1	PAC Receipt?	YES 4. Date of R	eceip	ot 10/17/12		
Name & Address:						
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Washington Township					_s 80.00	_e 325.00
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Business Address 359	43 Gratiot Ave.	Clinton Township, MI	48	035		
Type of Contribution:	Direct	Loan from a person	V	Fund Raiser		
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Business Address						
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Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 4	PAC Receipt?	YES 4. Date of F	2000			
Name & Address	7 AO Neceipt:	123 4. Date of F	(ecei	рі		
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Page 9 of 10					line 3a of Summary Page.	
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1. Committee I.D. Number 4137 33 Z

CANDIDATE C	OMMITTEE	2. Committee Name	TE DEAN	REYNOLDS
Enter contributor's name and address. If co middle initial. Check box to indicate if contri Committee (PAC) Report <u>all</u> contributions re	bution is from a Political Com		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? Name & Address: LUBY MILLER 1919 HARTLAND	YES 4. Date of Rec	peipt <u>10/15/12</u>	110 4	
//OWELL M1 48843 5. If over \$100.00 cumulative, please prov	ride:		\$ 100 4	
Occupation	Employer	· · ·	Click Here to	r Memo Itemization
Business Address				
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38150 ward clast			\$ 230	\$
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Occupation (りいん 年紀	Employer <u>UNIV</u> CRS#	2 TRAINING CONT	or of mi	
Business Address 3149 9 John Type of Contribution: Direct	R MADISON	14013 MI 4807	(
3. Contribution #4 PAC Receipt?	YES 4. Date of Re			
Name & Address				
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

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ITEMIZED EXPENDITURES SCHEDULE 1B

1. Committee I. D. Number 137 332

CANDIDATE COMMITTEE	2. Committee Name <u>CPE DOW</u> RETNOWS
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name FERN HILL	9/4/12 \$ 1800 00
Address	Purpose: SPAGHETTI DINNE Batel \$ 1800 -
17600 CLINTON RIVER	Click Here for Memo Itemization Type
CCHUTON TYP MI 48036	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #2	
Name NIGHT OWL PRINTING	9/17/12 \$ 3323.10
Address RED FOLD MI 48239	Purpose: PRINTING Date 1323
REDFORD MI 48729	Composed I will all the second of the second
	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #3	
Name LA SER CON LLC	0 9/11/12 : 2.121 11
2230 E///0++	Purpose: M4 14NG 4 8 0 5746E, Poste 2026 11
TROY 11 48083	1
	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous
Expenditure #4	statement
Name LASER COM LLC	10/0/-
2230 E1110TT	Purpose: MAILING + POSTALE 10/8/12 \$ 268 54
Address TROY M1 48083	Purpose: MAILING + COSTACE
,	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #5	
Name SAWICKI AND SONS	10/9/12 (55
Address 1521 WLAFAYETTE	Purpose: $\frac{56005}{\text{Pate}}$ $\frac{69/9/12}{\text{Date}}$ \$601 $\frac{55}{5}$
Name SAWICKI AND SONS Address 1521 WLAFAYETTE DETROIT MI 48216	
	Click Here for Memo Itemization Type Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
	Subtotal this page 8019 32
	Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number 137332 2 Committee Name CTE DOWN ROYNOUS

Rependiture #1 Name FRIENDS OF BETH PYDEN Address 3750 Y CAMELLIA LILIATIN PYD MI 1 48036 Fund Raiser Expenditure #2 Name MANHATTAN MAILERS Address \$\frac{1}{3}2 \text{ MIAND DRIVE MALUNG MILERS} Address \$\frac{1}{3}2 \text{ MIAND DRIVE MILERS} Click Here for Memo Itemization Type		committee Name CTC DC13W RE2100 W	-
Name FRIENDS OF BETH FYDEN Address 37504 CAMELLIA LIVATON NO MI 48036 Fund Raiser Expenditure #2 Name MANHATTAN MAILERS Address 5/132 MILAND DRIVE MACONG MI 48042 Fund Raiser Expenditure #3 Name MANHATTAN MAILERS Address 5/132 MILAND DRIVE Check box if this expenditure is payment of dobt or obligation reported on previous statement Fund Raiser Expenditure #3 Name MANHATTAN MAILERS Address 5/132 MILAND DRIVE Check box if this expenditure is payment of dobt or obligation reported on previous statement Click Here for Momo Itemization Type Check box if this expenditure is payment of dobt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of dobt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of dobt or obligation reported on previous statement Fund Raiser Fund Raiser Click Here for Memo Itemization Type Check box if this expenditure is payment of dobt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of dobt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of dobt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of dobt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of dobt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of dobt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of dobt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of dobt or obligation reported on previou	3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount	
Address 3 750 Y CAM FLL14 Click Here for Memo Itemization Type Purpose: Purpose Purpose			
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Name MANHATTAN MAILERS Address \$\frac{1}{3}2 \text{ MIANO DRIVE}}{\text{MACONG M! USO 42}}\$ \[\begin{align*} \text{Purpose: MAILING + \left 0 smc.} \text{Click Here for Momo Itemization Type} \\ \text{Date} \\ \text{Click Here for Momo Itemization Type} \\ \text{Date} \\ \text{Date} \\ \text{Date} \\ \text{Symme MANHATTAN MAILES} \\ \text{Name MANHATTAN MAILES} \\ \text{Name MANHATTAN MAILES} \\ \text{Name MANHATTAN MAILES} \\ \text{Name MANHATTAN MAILES} \\ \text{Address} \\ \text{Purpose: MAILING + \left 0 smc.} \\ \text{Volume by apyment of debt or obligation reported on previous} \\ \text{Click Here for Memo Itemization Type} \\ \text{Obtook box if this expenditure is payment of debt or obligation reported on previous} \\ \text{Statement} \\ \text{Date} \\ \text{Purpose: \text{Date}} \\ \text{Date} \\ Date			_
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Fund Raiser Click Here for Memo Itemization Type Cl	Name MANHATTAN MAILERS	10/14/12 \$107/ 40 Date	<u>}</u>
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Grand Total of all Schedules 1B

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som department of State DEBTS AND ORLIGATIONS 157831 1. Complies (D. Ruster __ 2. communities Accessittes to Flack Dann Remistide SCHEDULE 1E CANDEDATE COMMITTEE s OR. B. I'll dayle and obligations consists or longhoon by the outs re or b. Upo only for the purpose classical.) ATHE LOADS Deen Reynolis 5. Date Date The Immeral (40-249-49-4) 20000 Whole Oak Chindre Turn H. 480 31 \$ 5,000.00 TONONE erm Least 3.68641900" Day Revella A Dele Dele Mariante Sango White Dake 6 04-14-04 12000 · land Chlerton Turk. HI 48031 4.00.00 PORÓNEN ATHE LUAN 3/04-52 \$60.00 Dem Reception S. Date Ball Was Serviced 205 40 With Oaks 3000 Chintres The M. 48034 <u>300.00</u> - Promaten (Complete en test page es Schedule abouting seus

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MICHGAN DUPARTMENT OF STATE

DEBTS AND OBLIGATIONS

SCHEDULE 18

1. Committee I.D. Huntour			
2. Committee Name Con	mittee to	Sect Deen	Requolds

CANDIDATE COMMITTEE			. 3	
This School of Hartistee:				~···
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MICHIGAN DEPARTMENT OF STATE BURRAL) OF ELECTIONS

DERYS AND OBLIGATIONS SCHEDULE 12

CAMDIDATE COMMITTEE

1. Committee LD. Number	157352	
2. Committee Name 💁	written to Elect Down Raynolds	

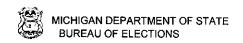
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DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 137332

2. Committee Name 177 DEAN REYWOLDS

CANDIDATE COMMITTEE 2.0	committee Name	DEAN NC,	100 -0 3			
This Schedule itemizes:						
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u>	or forgiven by the co	mmittee.		
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 endorsers or guarantors, if any.	4. Type of Obligation (Description) 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? Yes Owed to or by: DEAN REYMOLDS 38150 WOODLE EST	4. Type: COAN 5. <u>Date Debt Was Incurred</u> : 10-15-12	\$		toon as		
CLNTW THE AT 44036	6. Original Amount of Debt:	\$	\$	\$5000 E		
If bank loan, name of endorser or guarantor: Amount Endorsed: \$						
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$ \$		\$		
If bank loan, name of endorser or guarantor:	\$	\$\$	Ψ mount Endorsed: \$_	FORGIVEN		
Debt #3 Corp? Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred:	\$	Todak E. Noviscu. 4			
	6. Original Amount of Debt:	\$ \$	\$	\$FORGIVEN		
If bank loan, name of endorser or guarantor:			mount Endorsed: \$_			
		-	l (Outstanding debt)	5000 00		
(Co	omplete on last page of Schedule s	Grand Tota howing amounts owed by	of all Schedules 1E or to the committee)	43,265 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.

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

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FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 4 137 332

2. Committee Name (TE DEAN Reywolps)

or Participating (whichever is greater) or Participating (whichever is greater) from Participating (whichever			2. Com	mittee Name	CANO RESPONS
or Participating (whichever is greater) 10/02/12 52 Fall Fundraiser place where the activity was he Floodz Grill at Fern Hill 17600 Clinton River Rose Clinton Township, MI 48 Private Residence 7. Total Contributions 8. Other Receipts 9. Gross Receipts (Add lines 7 and 8) 10. Total Cost of Event (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 (%)		- USE /	A SEPARATE SH	EET FOR EACH EVEN	T
10/02/12 52 Fall Fundraiser 7. Total Contributions \$3,830.00 \$3,830.00 \$3,830.00 \$3,830.00 \$3,830.00 \$3,830.00 \$3,830.00 \$708.00 10. Total Cost of Event (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 (%)	3. Date Event Was Held	or Particip		5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.
8. Other Receipts 9. Gross Receipts (Add lines 7 and 8) 10. Total Cost of Event (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 (%)	10/02/12	greater)	52	Fall Fundraiser	17600 Clinton River Road Clinton Township, MI 48038
9. Gross Receipts (Add lines 7 and 8) 10. Total Cost of Event (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 (%)	7. Total Contributions		\$3,830.00		
10. Total Cost of Event (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 (%)	8. Other Receipts				
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event) 11.	9. Gross Receipts (Add lines 7 and 8) \$3,8		\$3,830.00		
Co-Sponsor(s) Contribution Split (%) Expenditure Split (%)				Made For the Event)	
(%)	11. 🕢 Check if event was a jo	int fund ra	aiser and complete the	e following:	
CTE Dean Reynolds 50 50	Co-Sponsor(s)			Split	
	CTE Dean Reynolds		50		50
		-			
		-			
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		-			
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	<u></u>	_			- 1, " · · · · · · · · · · · · · · · · · ·

 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.

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