



STATE OF MICHIGAN
RUTH JOHNSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

November 22, 2016

Phil Deschaine
1383 Silverwood Drive
Okemos, Michigan 48864

Dear Mr. Deschaine:

The Department of State (Department) received a formal complaint filed by Kristy Lindquist against you, alleging that you violated section 52(1)(c) of the Michigan Campaign Finance Act (MCFA or Act), 1976 PA 388, MCL 169.252(1)(c), by accepting a contribution in excess of the limits provided by the Act. A copy of the complaint is provided as an enclosure with this letter.

The MCFA limits contributions to a candidate for local office in a district with a population of 85,000 or less to \$1,000 per election cycle. MCL 169.252(1)(c). The MCFA further prohibits a candidate committee or a candidate from accepting a contribution that exceeds the contribution limits. MCL 169.252(7). A knowing violation constitutes a misdemeanor offense punishable by a fine of up to \$1,000.00, imprisonment for up to 90 days, or both. MCL 169.252(9).

The purpose of this letter is to inform you of the Department's examination of these matters and your right to respond to the allegations before the Department proceeds further. It is important to understand that the Department is neither making this complaint nor accepting the allegations as true.

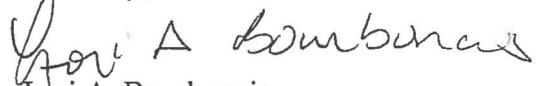
If you wish to file a written response to the complaint, you are required to do so within 15 business days of the date of this letter. Your response may include any written statement or additional documentary evidence you wish to submit. All materials must be sent to the Department of State, Bureau of Elections, Richard H. Austin Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918. If you fail to submit a response, the Department will render a decision based on the evidence furnished by the complainant.

A copy of your reply will be provided to Ms. Lindquist, who will have an opportunity to submit a rebuttal statement to the Department. After reviewing all of the statements and materials provided by the parties, the Department will determine whether "there may be reason to believe that a violation of [the MCFA] has occurred [.]" MCL 169.215(10). Note that the Department's enforcement powers include the possibility of entering a conciliation agreement, conducting an administrative hearing, or referring this matter to the Attorney General for enforcement of the criminal penalty provided in section 52(9) of the Act.

Phil Deschaine
November 22, 2016
Page 2

If you have any questions concerning this matter, you may contact me at (517) 241-0395.

Sincerely,

A handwritten signature in black ink that reads "Lori A. Bourbonais". The signature is written in a cursive style with a large initial "L".

Lori A. Bourbonais
Bureau of Elections
Michigan Department of State

c: Kristy Lindquist

Campaign Finance Complaint Form
Michigan Department of State

RECEIVED/FILED
MICHIGAN DEPT OF STATE
2016 NOV 17 PM 3:45

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*). All information on the form must be provided along with an original signature and evidence. **Please print or type all information.**

I allege that the MCFA was violated as follows:

Section 1. Complainant		
Your Name Kristy J. Lindquist	Daytime Telephone Number 517.364.2053	
Mailing Address 4436 Copperhill Dr.		
City Okemos	State MI	Zip 48864

Section 2. Alleged Violator		
Name Phil Deschaine	Committee ID #: 46305	
Mailing Address 1383 Silverwood Dr.		
City Okemos	State MI	Zip 48864

Section 3. Alleged Violations (Use additional sheet if more space is needed.)

Section(s) of the MCFA violated:
Contribution Limitations

Explain how those sections were violated:
Attached Candidate Manual - limits total this election cycle for this office to \$1000.

Mr. Deschaine received \$1500 from a single donor:
Mr. Kellie Dean - \$1000 on 7/11/16 and \$500 on 10/6/16.

Evidence that supports those allegations (attach copies of pertinent documents and other information):
See attached documents from campaign filings.

Section 4. Certification (Required)

I certify that to the best of my knowledge, information, and belief, formed after a reasonable inquiry under the circumstances, each factual contention of this complaint is supported by evidence.

X

Kathy Lindquist
Signature of Complainant

11/7/16

Date

Section 5. Certification without Evidence (Supplemental to Section 4)

Section 15(6) of the MCFA (MCL 169.215) requires that the signed certification found in section 4 of this form be included in every complaint. However, if, after a reasonable inquiry under the circumstances, you are unable to certify that certain factual contentions are supported by evidence, you may also make the following certification:

I certify that to the best of my knowledge, information, or belief, there are grounds to conclude that the following specifically identified factual contentions are likely to be supported by evidence after a reasonable opportunity for further inquiry. Those specific contentions are:

X

Signature of Complainant

Date

Section 15(8) of the MCFA provides that a person who files a complaint with a false certification is responsible for a civil violation of the MCFA. The person may be required to pay a civil fine of up to \$1,000.00 and some or all of the expenses incurred by the Michigan Department of State and the alleged violator as a direct result of the filing of the complaint.

Mail or deliver the completed complaint form with an **original signature and evidence** to the following address:

Michigan Department of State
Bureau of Elections
Richard H. Austin Building – 1st Floor
430 West Allegan Street
Lansing, Michigan 48918

Candidate Manual:

 Include TOC

Note: Please print the Appendix to complete the manual.

Appendices:

 Include TOC

Type of Candidate	Political Committees and Individuals	Independent Committees, District and County Political Party Committees	State Central Political Party Committees	Caucus Committee(Independent Committee)	Bundling Political Committee	Bundling Independent Committee
State Elective Offices*	\$6,800	\$68,000	\$136,000	\$68,000	\$6,800	\$68,000
State Senator	\$2,000	\$20,000	\$20,000	**Unlimited	N/A	N/A
State Representative	\$1,000	\$10,000	\$10,000	**Unlimited	N/A	N/A
Local or judicial candidate district pop. Over 250,000	\$6,800	\$68,000	\$68,000	\$68,000	N/A	N/A
Local or judicial candidate district pop. 85,001 to 250,000	\$2,000	\$20,000	\$20,000	\$20,000	N/A	N/A
Local or judicial candidate district pop. up to 85,000	\$1,000	\$10,000	\$10,000	\$10,000	N/A	N/A

*State elective offices are Governor, Lt. Governor, Secretary of State, Attorney General, Supreme Court Justice, State Board of Education, University of Michigan Regent, Michigan State University Trustee and Wayne State University Governor.

*A Senate or House Caucus committee is prohibited from making a contribution to or an expenditure on behalf of a State Representative or State Senate candidate for the primary election if the candidate is running against opposition in a primary.

ACCEPTABLE CONTRIBUTIONS AND EXEMPTIONS



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 46305
2. Committee Name Citizens for Phil Deschaine

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>06/21/16</u> Name & Address: Vailliee, Beverly 18 Christy Rd. Battle Creek, MI 49015		\$ <u>100.00</u>	\$ <u>100.00</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>06/21/16</u> Name & Address: Deschaine, Marianne 140 S. Van Ness Ave. #1101 San Francisco, CA 94103		\$ <u>25.00</u>	\$ <u>25.00</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>06/21/16</u> Name & Address: Folsberg, Brent 2422 Jolly Rd. Okemos, MI 48864		\$ <u>100.00</u>	\$ <u>100.00</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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/16</u> Name & Address: Dean, Kellie 215 Chimney Oaks Okemos, MI 48864		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Dean Transportation</u> Business Address <u>4812 Aurelius Rd. Lansing, MI 48910</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 \$1,225.00

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 46305
2. Committee Name Citizens for Phil Deschaine

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> contributors 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>10/06/16</u> Name & Address: Dean, Kellie 215 Chimney Oaks Dr. Okemos, MI 48864 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Dean Transportation</u> Business Address <u>4812 Aurelius Rd. Lansing, MI 48910</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>1500.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/06/16</u> Name & Address: Vagnozzi, Steve 2144 Woodfield Rd. Okemos, MI 48864 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	\$ <u>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/06/16</u> Name & Address: Baldwin, Richard 5547 Star Flower Dr. Haslett, MI 48840 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	\$ <u>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/06/16</u> Name & Address: Committee to Elect Milton L. Scales P.O. Box 1552 Okemos, MI 48864 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	\$ <u>50.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization



Page Subtotal \$600.00

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

Enter this total on
line 3a of Summary
Page.



STATE OF MICHIGAN
RUTH JOHNSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

January 3, 2017

Kristy J. Lindquist
4436 Copperhill Drive
Okemos, Michigan 48864

Dear Ms. Lindquist:

The Department of State received a response to the complaint you filed against Phil Deschaine, which concerns an alleged violation of the Michigan Campaign Finance Act (MCFA), 1976 P.A. 388, MCL 169.201 *et seq.* A copy of the response is provided as an enclosure with this letter.

If you elect to file a rebuttal statement, you are required to send it within 10 business days of the date of this letter to the Bureau of Elections, Richard H. Austin Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918.

Sincerely,

A handwritten signature in black ink that reads "Lori A. Bourbonais".

Lori A. Bourbonais
Bureau of Elections
Michigan Department of State

c: Phil Deschaine

Phil
Deschaine
Democrat for Meridian Township Trustee

December 7, 2016

Lori Bourbonais
Michigan Department of State
Bureau of Elections
Richard H. Austin Building
430 West Allegan
Lansing, MI 48918

Dear Ms. Bourbonais,

I am writing in response to your letter date November 22, 2016 regarding the complaint from Kristy Lindquist that I had exceeded the contribution limits for my campaign committee #46305.

I have reviewed my pre-election report and realized I had misreported a donation. I reported a \$500 donation from Kellie Dean, which would have put me over the \$1,000 limit from Mr. Dean. However, I kept a copy of the original contribution and discovered the check in fact was not from Kellie Dean but his wife Marilyn Dean. I have enclosed a copy of the check.

On December 5th I filed an amended pre-election report. I have enclosed a copy of that amended report.

Please contact me if you have any questions.

Sincerely yours,



Phil Deschaine

RECEIVED/FILED
MICHIGAN DEPT OF STATE
2016 DEC 13 AM 10:08
ELECTIONS/CREAT SEAL



KELLIE P. DEAN
MARILYN DEAN
 215 CHIMNEY OAKS DR.
 OKEMOS, MI 48864
 PH. 517-381-9802

09/92

3935

8-12/410
991

10-19-2016

10/16/16 Date

PAY to the
order of

Citizens for Pet Protection \$ 500.00

Five hundred and 00/100 Dollars



PNC BANK

PNC Bank, N.A. 070

Bank *Prohibition*

Marilyn Dean



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

<p>1. Committee I.D. Number 46305</p> <p>2. Committee Name Citizens for Phil Deschaine</p> <p>5. Committee's Mailing Address 1383 Silverwood Dr. Okemos, MI 48864</p> <p>Area Code and Phone <u>(517) 410-0061</u> 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.</p> <p>7. Treasurer's Business Address 4141 Hull Rd. Leslie, MI 49251</p> <p>Area Code and Phone <u>(517) 589-9500</u></p>		<p>3. This Statement covers From: <u>08/23/16</u> to <u>10/23/16</u></p> <p>4. Candidate Last Name Deschaine First Name Phil M.I. A</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Meridian Township Trustee <input type="checkbox"/></p> <p>4b. County of Residence INGHAM <input type="checkbox"/></p> <p>6. Treasurer's Name & Residential Address Gail Deschaine 1383 Silverwood Dr. Okemos, MI 48864</p> <p>Area Code & Phone <u>(517) 930-7016</u></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone _____</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/08/16</u></p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	<p>9e. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>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.</p> <p>Current Treasurer or Designated Record keeper <u>Gail Deschaine</u> <i>Gail Deschaine</i> Date <u>12/3/16</u> Type or Print Name Signature</p> <p>Candidate <u>Phil Deschaine</u> <i>Phil Deschaine</i> Date <u>12/3/16</u> Type or Print Name Signature</p>			



1. Committee I.D. Number 46305

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Citizens for Phil Deschaine

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,110.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,110.00</u>	(18.) \$ <u>11,931.69</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3,110.00</u>	(20.) \$ <u>11,931.69</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>314.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3,855.69</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3,855.69</u>	(23.) \$ <u>11,824.78</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>5,676.69</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>852.60</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3,110.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,962.60</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,855.69</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>106.91</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 46305
2. Committee Name Citizens for Phil Deschaine

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>09/26/16</u> Name & Address: Motherwell, Thomas A. 1153 Haslett Rd. Haslett, MI 48840		\$ <u>25.00</u>	\$ <u>25.00</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>09/30/16</u> Name & Address: Titsworth, Geneva 1973 Valley Brook Dr. Okemos, MI 48864		\$ <u>15.00</u>	\$ <u>15.00</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>10/03/16</u> Name & Address: Manni, Andy 4149 Luff Ct Okemos, MI 48864		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Self-Employed</u> Business Address <u>4149 Luff Ct. Okemos, MI 48864</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>10/01/16</u> Name & Address: Vallillee, Beverly 18 Christy Rd. Battle Creek, MI 49015		\$ <u>150.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address <u>18 Christy Rd. Battle Creek, MI 49015</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 **\$290.00**

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 46305
2. Committee Name Citizens of Phil Deschaine

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>10/03/16</u> Name & Address: Meridian Democrats 1383 Silverwood Dr. Okemos, MI 48864		\$ <u>400.00</u>	\$ <u>400.00</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>10/05/16</u> Name & Address: Holtshlag, David J. 1120 Bonanza Dr. Okemos, MI 48864		\$ <u>50.00</u>	\$ <u>50.00</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>10/06/16</u> Name & Address: McKnight, Leroy 3553 Meridian Crossings Haslett, MI 48840		\$ <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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/06/16</u> Name & Address: McDonald, Michael L. 5616 Wood Valley Dr. Haslett, MI 48840		\$ <u>20.00</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	

Page Subtotal **\$495.00**

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 46305
2. Committee Name Citizens for Phil Deschaine

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 10/06/16
Name & Address:
Premoe, David
3884 Pine Knoll Dr.
Okemos, MI 48864

\$ 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 #2 PAC Receipt? YES 4. Date of Receipt 10/06/16
Name & Address:
Harkness, Cullen
5240 Madison Ave. Apt. B5
Okemos, MI 48864

\$ 50.00 \$ 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 #3 PAC Receipt? YES 4. Date of Receipt 10/06/16
Name & Address:
Scott, Mary
1570 Picadilly Dr.
Haslett, MI 48840

\$ 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 10/06/16
Name & Address:
Bolton, Dean
4621 Ottawa Dr.
Okemos, MI 48864

\$ 25.00 \$ 25.00

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

Page Subtotal **\$175.00**

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 46305
2. Committee Name Citizens for Phil Deschaine

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>10/06/16</u>	
Name & Address: Dean, Marilyn 215 Chimney Oaks Dr. Okemos, MI 48864		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address <u>215 Chimney Oaks Dr. Okemos, MI 48864</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>10/06/16</u>	
Name & Address: Vagnozzi, Steve 2144 Woodfield Rd. Okemos, MI 48864		\$ <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>10/06/16</u>	
Name & Address: Baldwin, Richard 5547 Star Flower Dr. Haslett, MI 48840		\$ <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 # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/06/16</u>	
Name & Address: Committee to Elect Milton L. Scales P.O. Box 1552 Okemos, MI 48864		\$ <u>50.00</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	

Page Subtotal **\$600.00**

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 46305
2. Committee Name Citizens for Phil Deschaine

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>10/23/16</u> Name & Address: Jackson, Patricia Herring 2512 Capeside Dr. Okemos, MI 48864		\$ <u>50.00</u>	\$ <u>50.00</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 _____ Name & Address: Deschaine, Phil 1383 Silverwood Dr. Okemos, MI 48864		\$ <u>1500.00</u>	\$ <u>4676.69</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales Executive</u> Employer <u>Universal Software Solutions</u> Business Address <u>1334 Irish Rd. Davison, MI 48423</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" 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 _____ Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" 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 _____ 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 **\$1,550.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$3,110.00**

Enter this total on
line 3a of Summary
Page.



STATE OF MICHIGAN
RUTH JOHNSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

April 18, 2017

Kristy J. Lindquist
4436 Copperhill Drive
Okemos, Michigan 48864

Dear Ms. Lindquist:

The Department of State (Department) has concluded its review of the complaint you filed against Phil Deschaine, concerning an alleged violation of the Michigan Campaign Finance Act (MCFA or Act), 1976 PA 388, MCL 169.201 *et seq.* This letter concerns the disposition of your complaint.

The MCFA limits contributions to a candidate for local office in a district with a population of 85,000 or less to \$1,000 per election cycle. MCL 169.252(1)(c). The MCFA further prohibits a candidate committee or a candidate from accepting a contribution that exceeds the contribution limits. MCL 169.252(7). A knowing violation constitutes a misdemeanor offense punishable by a fine of up to \$1,000.00, imprisonment for up to 90 days, or both. MCL 169.252(9).

You alleged that Mr. Deschaine accepted contributions from a single contributor in excess of the limits set forth in section 52 the Act.

You filed your complaint on November 17, 2016, and Mr. Deschaine filed an answer on December 13, 2016. You did not file a rebuttal statement with the Department.

In support of your allegation you provided a page from Mr. Deschaine's 2016 Pre-Primary campaign finance statement which disclosed a \$1,000 contribution from Kellie Dean, and a page from Mr. Deschaine's 2016 Pre-Election campaign finance statement, which disclosed an additional \$500.00 contribution from Mr. Dean.

In response to your complaint, Mr. Deschaine asserted that the \$500.00 contribution reported on his 2016 Pre-Election campaign statement should have been reported as a contribution from Marilyn Dean, not Kellie Dean. To support his assertion, Mr. Deschaine provided a copy of a \$500.00 check from Marilyn Dean to Mr. Deschaine's committee dated October 6, 2016, which is the same date as the originally reported \$500.00 contribution from Kellie Dean.

The Department notes that Mr. Deschaine filed an amended 2016 Pre-Election statement with the Ingham County Clerk on December 5, 2016, which corrected the name of the October 6, 2016 contributor to Marilyn Dean.

The Department has carefully reviewed the evidence provided, along with Mr. Deschaine's amended 2016 Pre-Election campaign statement. Based on this review, the Department has

Kristy Lindquist
April 18, 2017
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determined that the evidence supports a reason to believe that Mr. Deschaine did not accept contributions from Kellie Dean above the limits set forth in section 52 of the Act. Rather, an error was made on Mr. Deschaine's original 2016 Pre-Election report, which has been corrected.

Because the evidence does not support a conclusion that Mr. Deschaine accepted contributions in excess of the limits provided in the Act, your complaint is dismissed.

Sincerely,



Lori A. Bourbonais
Bureau of Elections
Michigan Secretary of State

c: Phil Deschaine