MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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.

3. This Statement covers From: 10/24/16 to 11/28/16

1. Committee I.D. Number
136250

2. Committee Name
Committee to Elect Janet Dunn

4. Candidate Last Name: Dunn First Name: Janet M.I.

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

4b. County of Residence **MACOMB**

5. Committee's Mailing Address
22615 Pigeon River
Macomb, MI. 48042

Area Code and Phone (586) 713-4612
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.

6. Treasurer's Name & Residential Address
Janet Dunn
22615 Pigeon River
Macomb, MI. 48042

Area Code & Phone (586) 713-4612

FILED
17 JAN 13 AM 9:33
MT. CLEMENS, MICHIGAN

7. Treasurer's Business Address
Same as above

Area Code and Phone (586) 713-4612

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
same as above

Area Code and Phone (586) 713-4612

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus
11/08/16

Required ONLY if candidate is not on the ballot for the current year:

☐ July Quarterly
☐ October Quarterly

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

☐ 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 oustanding assets, owes no lates fees or has any oustanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

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

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: Janet Dunn (Type or Print Name) / Janet Dunn (Signature) Date 1-13-17

Candidate: Janet Dunn (Type or Print Name) / Janet Dunn (Signature) Date 1-13-17

Authority granted under P.A. 388 of 1976

AMENDED

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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.

3. This Statement covers From: 08/23/16 to 11/18/16

1. Committee I.D. Number
136250

2. Committee Name
Committee to Elect Janet Dunn

4. Candidate Last Name: Dunn First Name: Janet M.I.:

4a. Office Sought Including District # or Community Served (if applicable)
Macomb Township Supervisor

4b. County of Residence **MACOMB**

5. Committee's Mailing Address
22615 Pigeon River
Macomb, MI. 48042

Area Code and Phone (586) 713-4612
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.

6. Treasurer's Name & Residential Address
Janet Dunn
22615 Pigeon River
Macomb, Mi. 48042

Area Code & Phone (586) 713-4612

FILED
16 NOV 18 PM 2:39
SAMUEL A. SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

7. Treasurer's Business Address
same as above

Area Code and Phone (586) 713-4612

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
same as above

Area Code and Phone (586) 713-4612

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus
11/18/16

Required ONLY if candidate is not on the ballot for the current year:

☐ July Quarterly
☐ October Quarterly

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

☐ 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 oustanding assets, owes no lates fees or has any oustanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

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

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 Janet Dunn / Date 11-18-16
Type or Print Name Signature

Candidate Janet Dunn / Date 11-18-16
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

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

FILED
16 OCT 27 AM 10: 09
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

3. This Statement covers From: 08/21/16 To: 10/23/16

1. Committee I.D. Number: 136250

2. Committee Name: Committee to Elect Janet Dunn

4. Candidate Last Name: Dunn First Name: Janet M.I.:

4a. Office Sought Including District # or Community Served (if applicable): Macomb Township Supervisor

4b. County of Residence: MACOMB

5. Committee's Mailing Address: 22615 Pigeon River, Macomb, Mi. 48042

Area Code and Phone: (586) 713-4612

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.

6. Treasurer's Name & Residential Address: Janet Dunn, 22615 Pigeon River, Macomb, Mi. 48042

Area Code & Phone: (586) 713-4612

7. Treasurer's Business Address: Same as above

Area Code and Phone: (586) 713-4612

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper): same as above

Area Code and Phone: (586) 713-4612

9. TYPE OF STATEMENT

9a. [X] Pre-Election OR 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [ ] Primary
- [X] General
- [ ] Convention
- [ ] Special
- [ ] School
- [ ] Caucus

Date of Election, Convention or Caucus: 11/08/16

Required ONLY if candidate is not on the ballot for the current year:

- [ ] July Quarterly
- [ ] October Quarterly

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

[ ] 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 latee fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution: _____

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

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: Janet Dunn (Type or Print Name) — Janet Dunn (Signature) — Date: 10-26-2016

Candidate: Janet Dunn (Type or Print Name) — Janet Dunn (Signature) — Date: 10-26-2016

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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.

3. This Statement covers From: 07/21/15 to 10/20/15

Committee I.D. Number
36250

Committee Name
Committee to Elect Janet Dunn

4. Candidate Last Name: Dunn First Name: Janet M.I.:

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

4b. County of Residence **MACOMB**

Committee's Mailing Address
22615 Pigeon River
Macomb, MI. 48042

Area Code and Phone (586) 713-4612
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.

6. Treasurer's Name & Residential Address
Janet Dunn
22615 Pigeon River
Macomb, MI. 48042

Area Code & Phone (586) 713-4612

FILED 15 OCT 26 AM 11:04 MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

Treasurer's Business Address
same as above

Area Code and Phone

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
same as above

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

☐ July Quarterly
☒ October Quarterly

9c. ☐ Annual Statement (2015) 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

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no fates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

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

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: Janet Dunn (Type or Print Name), Janet Dunn (Signature) Date 10-25-2015

Candidate: Janet Dunn (Type or Print Name), Janet Dunn (Signature) Date 10-25-2015

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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.

3. This Statement covers From: 07/22/16 to 08/22/16

1. Committee I.D. Number: 136250

2. Committee Name: Committee to Elect Janet Dunn

4. Candidate Last Name: Dunn First Name: Janet M.I.:

4a. Office Sought Including District # or Community Served (if applicable): Macomb Township Supervisor

4b. County of Residence: MACOMB

5. Committee's Mailing Address: 22615 Pigeon River, Macomb, MI. 48042

Area Code and Phone: (586) 713-4612

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.

6. Treasurer's Name & Residential Address: Same

Area Code & Phone: (586) 713-4612

FILED 16 SEP -1 PM 3:32 CARMELLA SABAUGH CLERK MACOMB COUNTY MICHIGAN MT. CLEMENS, MICHIGAN

7. Treasurer's Business Address: Same

Area Code and Phone: (586) 713-4612

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper): Same

Area Code and Phone: (586) 713-4612

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
- ☐ General
- ☐ Convention
- ☐ Special
- ☐ School
- ☐ Caucus

Date of Election, Convention or Caucus: 09/01/16

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
- ☐ October Quarterly

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

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution: _____

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

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: Janet Dunn (Type or Print Name) Janet Dunn (Signature) Date: 9-1-16

Candidate: Janet Dunn (Type or Print Name) Janet Dunn (Signature) Date: 9-1-16

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

AMENDED

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: 01/01/15 to 07/20/15

Committee I.D. Number: 36250

4. Candidate Last Name: Dunn First Name: Janet M.I.:

4a. Office Sought Including District # or Community Served (If applicable): **Macomb Township Supervisor**

4b. County of Residence: **MACOMB**

Committee Name: Committee to Elect Janet Dunn

5. Committee's Mailing Address:
22615 Pigeon River
Macomb, MI. 48042

Area Code and Phone (586) 713-4621
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.

6. Treasurer's Name & Residential Address:
Janet Dunn
22615 Pigeon River
Macomb, Mi. 48042

Area Code & Phone (586) 713-4621

FILED
15 AUG 10 AM 10:50
CAPITELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

7. Treasurer's Business Address:
Same as above

Area Code and Phone

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper):
Same as above

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

☒ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (2015) 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

☐ 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 oustanding assets, owes no lates fees or has any oustanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

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

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: Janet Dunn (Type or Print Name), Janet Dunn (Signature) Date 8/10/15

Candidate: Janet Dunn (Type or Print Name), Janet Dunn (Signature) Date 8/10/15

Authority granted under P.A. 388 of 1976

News

http://www.voicenews.com/news/macomb-township-supervisor-janet-dunn-found-guilty-gets-six-months/article_68bded8d-84f4-5888-8ec2-cdaf423e1486.html

Macomb Township Supervisor Janet Dunn found guilty, gets six months probation

By Nicole Tuttle
Voice Reporter Aug 13, 2013

Janet Dunn

Macomb Township Supervisor Janet Dunn pled no contest to criminal misdemeanor charges on Aug. 5, although a deputy clerk of the 41-A District Court Sterling Heights said that a judge entered a finding of guilty.

Dunn was facing one count of nominating initiative petitions, false statements and circulation violations. She paid $250 in fines and costs according to deputy clerks of the court.

"I pled no contest," Dunn said. "The judge took it under advisement...If I do not do anything wrong for six months it will be removed from the record. I did not want to put my family through any more embarrassment. It was a simple mistake on my part."

According to deputy clerks of the court, Dunn's case will be reviewed at the end of six months by a judge for possible dismissal.

The initial court filing was made by Detective Sgt. Joseph White of the Michigan State Police.

@tag:Nicole Tuttle is a freelance reporter. She can be contacted at ntuttle.reporter@sbcglobal.net

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

July 11, 2017

Paul Corrado
17263 County Club Drive
Macomb Township, Michigan 48042

Dear Mr. Corrado:

The Department of State received a response to the complaint you filed against Janet Dunn, 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,

Lori A Bourbonais

Lori A. Bourbonais
Bureau of Elections
Michigan Department of State

c: Janet Dunn

RECEIVED/FILED
MICHIGAN DEPT OF STATE

2017 JUL 10 AM 9:42

ELECTIONS/GREAT SEAL

June 30, 2017

Department of State Bureau of Elections
Richard H. Austin Building
1st. Floor
430 W. Allegan
Lansing, MI 48918
Attention: Lori A. Bourbonais

Dear Ms. Bourbonais:

In response to the formal complaint filed by Mr. Paul Corrado alleging violation of the Michigan campaign finance act (MCFA or Act), 1976 PA 388, MCL 169.201 et seq., please be advised of the following.

I have reviewed the attached documentation and have discussed this matter with my assistant, Ms. Cindy Paparelli.

Ms. Paparelli has informed me that she has on a few occasions utilized a fax machine in the human resources office of Macomb Township to forward required campaign finance information to the proper department.

She also advised me that as a consistent matter of practice she would only do so on her personal time, i.e. lunch or other allowed breaks. She is emphatic that she has never done this on Township time.

I have never specifically authorized the use of the Township fax machine for the filing of these reports as the subject of the use of the fax machine had never been discussed between us.

I cannot say what I would have done if the subject had come up prior to the sending of the reports, however, I can emphatically say that if such use might be a violation of the Campaign Finance Act, I shall direct everybody in the Township that no such use occurs again.

I want to make it clear that I do not hold Ms. Paparelli responsible for any wrongdoing as she acted in good faith to my request for a personal favor. Again, she did not send any reports to anybody on Township time.

If it is determined that this was a violation of the Michigan Campaign Finance Act, I assure you that I shall reimburse the Township for any and all expenses for the use of the machine if indeed there are any expenses.

Very truly yours,

Janet I. Dunn

Janet I. Dunn

AFFIDAVIT

STATE OF MICHIGAN)
) ss.
COUNTY OF MACOMB)

Now comes Cindy Paparelli, first duly sworn and deposed states as follows:

1. I have reviewed documentation that was submitted to Ms. Dunn regarding an alleged violation of the Michigan Campaign Finance Act.

2. I have on a few occasions utilized a Macomb Township fax machine to fax required campaign finance reports to the appropriate parties.

3. I have never performed that service for Ms. Dunn on Township time.

4. Ms. Dunn never specifically told me to use a Township fax and I never discussed the subject with her prior to the filing of this complaint.

5. I had no knowledge that the use of the Township fax machine might be a violation of the Campaign Finance Act.

FURTHER, DEPONENT SAY NOT.

Cynthia Paparelli

Cindy Paparelli

Subscribed and sworn to before me
this 30the day of June, 2017.

Dawn Elkins

, Notary Public
Macomb County, Michigan
My Commission Expires:

DAWN ELKINS
Notary Public - State of Michigan
County of Macomb
My Commission Expires Jan 27, 2024
Acting in the County of MACOMB

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

June 16, 2017

Janet Dunn
22615 Pigeon River Drive
Macomb Township, Michigan 48042

Dear Ms. Dunn;

The Department of State (Department) received a formal complaint filed by Paul Corrado against you, alleging that you violated the Michigan Campaign Finance Act (MCFA or Act), 1976 PA 388, MCL 169.201 *et seq*. The investigation and resolution of this complaint is governed by section 15 of the Act and the corresponding administrative rules, R 169.51 *et seq*. Copies of the complaint and supporting documentation are enclosed with this letter.

In Michigan it is unlawful for a public body or an individual acting on its behalf to use or authorize the use of "funds, personnel, office space, computer hardware or software, property, stationery, postage, vehicles, equipment, supplies, or other public resources to make a contribution or expenditure [.]" MCL 169.257(1). A knowing violation of section 57 is a misdemeanor offense. MCL 169.257(4).

Mr. Corrado alleges that you improperly used public funds by using township resources to file your campaign finance statements.

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 this 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 answer will be provided to Mr. Corrado, 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 penalties provided in section 57(4) of the Act.

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

Sincerely,

Lori A. Bourbonais

Lori A. Bourbonais
Bureau of Elections
Michigan Department of State

c: Paul Corrado

Campaign Finance Complaint Form
Michigan Department of State

2017 JUN -8 PM 2:29

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 Paul Corrado		Daytime Telephone Number 248-275-3034
Mailing Address 17263 Country Club Dr		
City Macomb Township	State Michigan	Zip 48042

Section 2. Alleged Violator		
Name Janet Dunn		
Mailing Address 22615 Pigeon River Drive		
City Macomb Township	State Michigan	Zip 48042

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

Section(s) of the MCFA violated:

Section 169.257 (1) as none of the acceptable exclusions in 4(3)(a) - (f) apply.

Explain how those sections were violated:

Mrs. Dunn used government resources and offices to file election forms with Macomb County.

These forms were send using Macomb Township Resources as they were faxed from the

Township fax machine in the Human Resources office.

Evidence that supports those allegations (attach copies of pertinent documents and other information):

Attached are campaign documents and fax logs that show the documents were sent from a

Township Fax machine.

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 Paul Corrado — Signature of Complainant — 5/24/17 — 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

Revised: 01/16

FOIA 2017-3

ACTIVITY REPORT

TIME : 01/03/2017 12:18
NAME : MACOMB TWP HMN RES
FAX : 586-992-0723
TEL : 586 992 0723
SER.# : BROG3J574758

NO.	DATE	TIME	FAX NO./NAME	DURATION	PAGE(S)	RESULT	COMMENT
#424	12/20	10:12	815864696927	01:39	05	OK	TX ECM
#425	12/20	12:26	815864696927	56	02	OK	TX ECM
	12/21	09:27	913 967 8849	01:48	01	OK	RX
	12/21	09:41	913 967 8849	01:12	01	OK	RX
	12/27	12:53	2	02:27	03	OK	RX
	12/29	15:31	262 786 5674	33	00	NG	RX ECM
	12/29	15:33	262 786 5674	01:13	01	OK	RX
	01/02	12:09	913 967 8849	01:34	01	NG	RX
	01/02	12:13	913 967 8849	01:27	01	NG	RX
	01/02	12:17	913 967 8849	01:35	01	OK	RX

BUSY: BUSY/NO RESPONSE
NG : POOR LINE CONDITION / OUT OF MEMORY
CV : COVERPAGE
POL : POLLING
RET : RETRIEVAL
PC : PC-FAX

NOTE: Report run by IT. Report contains all info available. Machine is 14 years old with limited memory space. CP 1/3/17

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 136250

*2. Type of Filing: ☐ Original: ☒ Amendment to items: 6a.,7a.,7b.,8,9 Eff. Date:

*3. Full Name of Committee (must include Candidate's first and last name):

*4a. Candidate Full Name: Last Name First Name M.I.

*4b. Political Party (if applicable): *4c. County of Residence:

*4d. Office Sought: *4e. District/Circuit # or Jurisdiction:

*5. Date Committee was Formed:

*6a. Committee Phone: (586) 713-4612 6b. Committee Fax #:

6c. Committee Email Address: 6d. Committee Website Address:

FILED 15 JAN 27 PM 4:24 MACOMB COUNTY CLERK/REGISTER MT. CLEMENS MICHIGAN

*7a. Complete Committee Mailing Address (May be PO Box):
22615 Pigeon River Drive, Macomb, MI. 48042

*7b. Complete Committee Street Address (May not be PO Box):
22615 Pigeon River Drive, Macomb, MI. 48042

*8. Treasurer Name and Complete Address:
Janet Dunn, 22615 Pigeon River Drive, Macomb, MI. 48042

Phone #: (586) 713-4612 Email Address:

9. Designated Record Keeper Name and Complete Address:
Janet Dunn, 22615 Pigeon River Drive, Macomb, MI. 48042

Phone #: (586) 713-4612 Email Address:

*10. REPORTING WAIVER REQUEST:

☐ YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of $1,000 in an election. I/We understand that if the committee does not spend or received in excess of $1,000 in an election, the committee does not owe Pre, Post, Quarterly and Annual Campaign Statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the $1,000 threshold and all required campaign statements must be filed. A Reporting Waiver does not exempt a committee from filing Late Contribution Reports.

☐ NO, I/We DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to receive or expend in excess of $1,000 in an election. I/We understand that the committee owes Pre, Post, Quarterly and Annual Campaign Statements even if the committee does not spend or receive in excess of $1,000 in an election. I further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can be found in Appendix C of the Committee Manual.

*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) While this item must be completed, an account does not have to be opened until the first contribution is received.

*Official Depository (name and address):

Secondary Depository (name and address):

12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.

13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office.

☐ Committee spent or received or expects to spend or receive in excess of $5,000 and is required to file electronically.

☐ Committee did not spend or receive or does not expect to spend or receive in excess of $5,000 and would like to file electronically voluntarily. Further information regarding Electronic Filing can be found in Appendix D of the Committee Manual.

14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)

*Candidate: Janet Dunn Date: 1-27-15 *Current Treasurer Janet Dunn Date: 1-27-15

Designated Record Keeper (Required only if filing electronically) Janet Dunn Date: 1-27-15

CFR101 CAN SO.doc REV 01/14: Authority granted under Act 388 of 1976, as amended * = Required Field on Originals

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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.

3. This Statement covers From: 10/24/16 to 11/28/16

1. Committee I.D. Number: 136250

2. Committee Name: Committee to Elect Janet Dunn

4. Candidate Last Name: Dunn First Name: Janet M.I.:

4a. Office Sought Including District # or Community Served (If applicable): **Macomb Township Supervisor**

4b. County of Residence: **MACOMB**

5. Committee's Mailing Address: 22615 Pigeon River, Macomb, MI. 48042

Area Code and Phone: (586) 713-4612

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.

6. Treasurer's Name & Residential Address: Janet Dunn, 22615 Pigeon River, Macomb, MI. 48042

Area Code & Phone: (586) 713-4612

FILED 16 DEC 20 AM 11:3

7. Treasurer's Business Address: same as above

Area Code and Phone: (586) 713-4612

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper): same as above

Area Code and Phone: (586) 713-4612

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
- ☒ General
- ☐ Convention
- ☐ Special
- ☐ School
- ☐ Caucus

Date of Election, Convention or Caucus: 11/08/16

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
- ☐ October Quarterly

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

☐ 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 late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution: _____

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

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: Janet Dunn (Type or Print Name), Janet Dunn (Signature) Date: 12-20-2016

Candidate: Janet Dunn (Type or Print Name), Janet Dunn (Signature) Date: 12-20-2016

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 136250

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Janet Dunn

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	0.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	$0.00	(18.) $ $0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	$0.00	(19.) $ $0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	$0.00	(20.) $ $0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	$0.00	(21.) $ $0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	$0.00	(22.) $ $0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	$0.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	$0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	$0.00	(23.) $ $0.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	$0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	$0.00	(24.) $ $0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $	$9,505.06	
b. Owed to the Committee (Schedule 1E)	(12b.) $	$0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	$286.00
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	$0.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	$0.00
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	$0.00
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	$286.00

AMENDED

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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.

3. This Statement covers From: 08/23/16 to 11/18/16

1. Committee I.D. Number: 136250

2. Committee Name: Committee to Elect Janet Dunn

4. Candidate Last Name: Dunn First Name: Janet M.I.:

4a. Office Sought Including District # or Community Served (If applicable): **Macomb Township Supervisor**

4b. County of Residence: **MACOMB**

5. Committee's Mailing Address
22615 Pigeon River
Macomb, MI. 48042

Area Code and Phone (586) 713-4612

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.

6. Treasurer's Name & Residential Address
Janet Dunn
22615 Pigeon River
Macomb, Mi. 48042

Area Code & Phone (586) 713-4612

FILED 16 NOV 18 PM 2:39 CARMELLA SABAUGH MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

7. Treasurer's Business Address
same as above

Area Code and Phone (586) 713-4612

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
same as above

Area Code and Phone (586) 713-4612

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
- ☒ General
- ☐ Convention
- ☐ Special
- ☐ School
- ☐ Caucus

Date of Election, Convention or Caucus: 11/18/16

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
- ☐ October Quarterly

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

☐ 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 late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution _____

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

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: Janet Dunn / _____ Date: 11-18-16
Type or Print Name Signature

Candidate: Janet Dunn / _____ Date: 11-18-16
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 136250

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name Committee To Elect Janet Dunn

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 5)	(3a.) $	0.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	$0.00	(18.) $ $0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	$0.00	(19.) $ $0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	$0.00	(20.) $ $0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	$0.00	(21.) $ $0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	$0.00	(22.) $ $0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	$65.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	$0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	$65.00	(23.) $ $0.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) $	$0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	$0.00	(24.) $ $0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $	$9,505.06	
b. Owed to the Committee (Schedule 1E)	(12b.) $	$0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	$351.00
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	$0.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	$351.00
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	$65.00
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	$286.00

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 136250

2. Committee Name Committee To Elect Janet Dunn

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 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: Janet Dunn	4. Type: Personal Loan 5. Date Debt Was Incurred: 08/06/12 6. Original Amount of Debt: $ 2,200.00	$ $ $ $ $	$	$ 2,200.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Janet Dunn	4. Type: Personal Loan 5. Date Debt Was Incurred: 6-15-16 6. Original Amount of Debt: $ 3,500.00	$ $ $ $ $	$	$ 3,500.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Janet dunn	4. Type: Personal Loan 5. Date Debt Was Incurred: 6-30-16 6. Original Amount of Debt: $ 3,277.06	$ $ $ $ $	$	$ 3,277.06 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) $8,977.06

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

Enter this total on line 12a "owed by" or line 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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 136250

2. Committee Name Committee To Elect Janet Dunn

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 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: Janet Dunn	4. Type: Personal Loan 5. Date Debt Was Incurred: 08/06/12 6. Original Amount of Debt: $ 2,200.00	$ $ $ $ $	$	$ 2,200.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Janet Dunn	4. Type: Personal Loan 5. Date Debt Was Incurred: 6-15-16 6. Original Amount of Debt: $ 3,500.00	$ $ $ $ $	$	$ 3,500.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Janet dunn	4. Type: Personal Loan 5. Date Debt Was Incurred: 6-30-16 6. Original Amount of Debt: $ 3,277.06	$ $ $ $ $	$	$ 3,277.06 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) $8,977.06

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

Enter this total on line 12a "owed by" or line 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.

AMENDED

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 136250

2. Committee Name Committee To Elect Janet Dunn

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 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: Janet Dunn 22615 Pigeon River Maacomb, MI. 48042	4. Type: Personal Loan 5. Date Debt Was Incurred: 07/07/16 6. Original Amount of Debt: $ 528.00	$ $ $ $ $	$	$ 528.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	$ $ $ $ $	$	$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	$ $ $ $ $	$	$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	

Page Subtotal (Outstanding debt) $528.00

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) $9,505.06

Enter this total on line 12a "owed by" or line 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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

AMENDED

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.

3. This Statement covers From: 08/23/16 to 10/23/16

1. Committee I.D. Number
136250

2. Committee Name
Committee to elect Janet Dunn

4. Candidate Last Name: Dunn First Name: Janet M.I.:

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

4b. County of Residence **MACOMB**

5. Committee's Mailing Address
22615 Pigeon River
Macomb, MI. 48042

Area Code and Phone (586) 713-4612
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.

6. Treasurer's Name & Residential Address
Janet Dunn
22615 Pigeon River
Macomb, MI. 48042

Area Code & Phone (586) 713-4612

FILED 16 NOV 29 AM 11:51 MACOMB COUNTY CLERK/REGISTER HT. CLEMENS, MICHIGAN

7. Treasurer's Business Address
Same as above

Area Code and Phone (586) 713-4612

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Same as above

Area Code and Phone (586) 713-4612

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus
11/08/16

Required ONLY if candidate is not on the ballot for the current year:

☐ July Quarterly
☐ October Quarterly

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

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution
_____

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

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: Janet Dunn (Type or Print Name) Janet Dunn (Signature) Date 11-29-16

Candidate: Janet Dunn (Type or Print Name) Janet Dunn (Signature) Date 11-29-16

Authority granted under P.A. 388 of 1976