

Page 15 of 24

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number <u>029234</u>

| CANDIDATE COMM | 2. Committee Name Committee To Re-E | lect Tom Relct | For Sheriff |
|---|---|--|--|
| 3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to Indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report sil in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
| Contribution # 1 PAC Receipt? Yes Name & Address: Ken and Ronda McCoy 161 Twin Ponds Okemos, Mi 48864 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Nike, MSU, Redwing Items 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | 100 s | 100 |
| Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address Michigan Rolice Equipment 6521 Lansing Road Charlotte, MI 48813 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description Flashlight 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | 5 \$ | 35 |
| Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: Holden Reid 444 Frandor Ave Lansing, MI 48912 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. | \$s k Here for Memo Ite | 50 mization |
| Fund Raiser Contribution | Page Subtotal Grand Total of all Schedules 1-iK (Complete on last page of Schedule) | \$185.00 Enter this total on line 6 of Summ | \$185.00 |



SCHEDULE 1-IK

1. Committee I. D. Number 029234

| CANDIDATE COM | NITTEE 2. Committee Name Committee To Re-E | lect Tom Reicl | h For Sheriff |
|---|--|--------------------------------------|--|
| 3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
| Contribution # 1 PAC Receipt? Yes Name & Address: Dean Transportation 4182 N Aurelius Rd Lansing, MI 48910 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Two T-Shirts and One Cedar Point Ticket 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | 70 \$ | 70 |
| Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address Midas 4230 W Saginaw Lansing, MI 48917 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Two Gift Certificates 5. Date Of Receipt: 06/27/15 8. Vendor Name & Address: | :0 \$ | 20 |
| ✓ Fund Raiser Contribution | | ck Here for Memo Ite | mization |
| Contribution #3 PAC Receipt? Yes Name & Address: Residence Inn 922 Delta Commerce Dr Lansing, MI 4891? If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN ☐ Description ☐ One Nights Stay 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | 00 s_ | 100 |
| Fund Raiser Contribution | Cli | ck Here for Memo Ite | mization |
| | Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule) | 1 1 | \$190.00 |



SCHEDULE 1-IK

Committee L.D. Number 0292

| | - | | |
|----|-----|------|-----|
| כר | റ | בינו | A. |
| 10 | 27. | 20 | 144 |

| SCHEDULE 1-II | | | |
|---|--|--------------------------------------|--|
| CANDIDATE COMM | ITTEE 2. Committee Name Committee To Re-E | lect Tom Reid | ch For Sheriff |
| 3. Name and Address from whom received if contribution is from an Individual, enter last name first. Check box to Indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
| Contribution # 1 PAC Receipt? Yes Name & Address: UKai 754 Delta Commerce Dr Lansing, MI 48917 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Two \$50 Gift Certificates 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | 100 | § 100 |
| ✓ Fund Raiser Contribution | | <u> </u> | |
| Contribution # 2 PAC Receipt? Yes Name & Address Crowne Plaza 925 S Crevis Rd | 4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others \$ 2 | 5 | 25 |
| Lansing, MI 48917 if over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | Goods or Services Purchased by Candidate or Others-LOAN Description Certificate for Wine Tasting 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | | |
| | Clic | ck Here for Memo II | temization |
| ✓ Fund Raiser Contribution | | | |
| Contribution #3 PAC Receipt? Yes Name & Address: Reno's West 5001 W Saginaw Hwy Lansing, MI 48917 | 4. | <u> </u> | 15 |
| If over \$100.00 cumulative, please provide: | Description Large Pizza | | |
| Occupation: | 5. Date Of Receipt: 06/27/15 | | |
| Employer Name & Address: | 6. Vendor Name & Address: | ck Here for Memo I | temization |
| Fund Raiser Contribution | | | 141 |
| | Page Subtotal | \$140.00 | \$140.00 |
| | Grand Total of all Schedules 1-tk | | |

Enter this total on line 6 of Summary Page

(Complete on last page of Schedule)

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029234

| SCHEDULE 1-II | | |
|---|--|--|
| CANDIDATE COMM | IITTEE 2. Committee Name Committee To Re | e-Elect Tom Reich For Sheriff |
| 3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services we purchased | 7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item 5) |
| Contribution # 1 PAC Receipt? Yes Name & Address: Los Tres: Arnigos 6405 S Cedar St Lansing, MI 48911 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOA Description Gift Certificate 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | \$ 20 \$ 20 |
| Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address Lansing Quality Suites 901 Delta Commerce Dr Lansing, MI 48917 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-Loanescription Gift Certificate 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | \$ 75 \$ 75 |
| Fund Raiser Contribution | | |
| Contribution #3 PAC Receipt? Yes Name & Address: Northside Towing, 627 E Lansing Rd Potterville, Mil 48876 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated \$ ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOA ☐ Description Wooden Jewelry Box, Shirt and Lube/Oil 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | |
| ✓ Fund Raiser Contribution | | Click Here for Memo Itemization |
| | Page Subi Grand Total of all Schedules (Complete on last page of Sched | 1-IK |

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SCHEDULE 1-IK

1. Committee I. D. Number 02923

| 29234 | | |
|-------|------|--|
| 1000 | | |

| CANDIDATE COMM | SITTEE 2. Committee Name Committee To Re-El | ect I om Reici | 1 For Sheritt |
|--|--|--------------------------------------|--|
| Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of in-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
| Contribution # 1 PAC Receipt? Yes Name & Address: Letavis Enterprises Inc 8478 Miller Rd Schwartz Creek, MI 48473 If over \$100.60 cumulative, please provide: Occupation: Employer Name & Business Address: | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Oil Change 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: Click | k Here for Memo Ite | 15 emization |
| Fund Raiser Contribution Contribution # 2 Name & Address MSU Federal Credit Union 653 Milgadi Lane Lansing, MI 48917 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description Time with Coach Tom Izzo 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | 5 \$ | 65 emization |
| Fund Raiser Contribution Contribution #3 PAC Receipt? Yes | 4. Endorsement or Guarantee of Bank Loan | | |
| Name & Address: Black Creek PO Box 101.747 Irondale, AL 35210 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Sponsor Golf Items Date Of Receipt: 06/27/15 Vendor Name & Address: | \$ | 75 emization |
| Fund Reiser Contribution | | 1 | |
| | Page Subtotal Grand Total of all Schedules 1-lK (Complete on last page of Schedule) | \$155.00 | \$155.00 |

enter this total on line 6 of Summary Page

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 029234

| CANDIDATE COMM | 2. Committee Name Committee To Re-I | Elect Tom Reicl | h For Sheriff |
|---|--|--------------------------------------|--|
| 3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
| Contribution # 1 PAC Receipt? Yes Name & Address: Buffalo Wild Wings 360 Albert Ave East Lansing, MI 48823 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Set-up at Course 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | 50 s | 50 |
| ✓ Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address Douglas J Salon 4663 Ardmore Åve Okernos, MI 48864 if over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Gift Certificate 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | 45s | 45 |
| ✓ Fund Raiser Contribution | Ci | ick Here for Memo Ite | emization |
| Contribution #3 PAC Receipt? Yes Name & Address: Home Depot 936 Waverly Rd Lansing, MI 48917 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. | 5 \$ | 25 |
| ✓ Fund Raiser Contribution | | | |
| | Page Subtots Grand Total of all Schedules 1-i (Complete on last page of Scheduk | к Ф120.00 | \$120.00 |



SCHEDULE 1-IK

1. Committee I. D. Number 029234

| 1. Committee I. D. Nu | mber | 02923 | 94 | | | | | |
|-----------------------|------|---------|----|----------|-----|-------|-----|---------|
| 2. Committee Name | Con | nmittee | То | Re-Elect | Tom | Reich | For | Sheriff |

| CANDIDATE COMM | | | |
|---|---|--------------------------------------|--|
| 3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
| Contribution # 1 PAC Receipt? Yes Name & Address: Wheatfield Valley 1600 Linn Rd Williamston, Mi 48895 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Golf Package 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: Click | 20 s | 20 |
| Fund Raiser Contribution Contribution #2 PAC Receipt? Yes Name & Address Finleys 5616 W Saginaw Hwy Lansing, MI 48917 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others LOAN ☐ Description Gift Certificate 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | Sk Here for Memo Ita | 20 |
| Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: Logan's 5800 W Saginaw Hwy Lansing, MI 48917 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. |) \$ | 20 emization |
| Fund Raiser Contribution | Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule) | φου.συ | \$60.00 |

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 0292

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| JZZ | 23 | 4 |

| CANDIDATE COM | AITTEE 2. Committee Name Committee 10 Re-E | Hect Toni Rea | on For Shenii |
|---|---|--|--|
| Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all In-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased. | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
| Contribution # 1 PAC Receipt? Yes Name & Address: Carrabba's 6540:W Saginaw Hwy Lansing, MI 48917 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Gift Certificate 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | 20 ck Here for Memo I | \$ 20 |
| Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address Family Traditions 202 Morrell St Charlotte, MI 48813 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description Tree Stand 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | | 90 |
| ✓ Fund Raiser Contribution | Clic | ck Here for Memo It | emization |
| Contribution #3 PAC Receipt? Yes Name & Address: Tom Snyder 5190 Runneymede Holt, MI 48842 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. | \$ | 75 |
| √ Fund Raiser Contribution | | ck Here for Memo II | ernization |
| | Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule) | \$185.00 Enter this total on line 6 of Sumr | \$185.00 |



SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

| 029234 | |
|--------|--|
|--------|--|

2. Committee Name Committee To Re-Elect Tom Reich For Sheriff

| 3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---|--|--------------------------------------|--|
| Contribution # 1 PAC Receipt? Yes Name & Address: John Nagel 12485 Dow Rd Sunfield, MI 48890 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Golf Items 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | 20 stick Here for Memo Ite | 20 |
| Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address Ike Newton PO Box 10147 Irondale, AL 35210 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Polo Shirt Date Of Receipt: 06/27/15 Wendor Name & Address: | | 10 |
| Fund Raiser Contribution | | | |
| Contribution #3 PAC Receipt? Yes Name & Address: | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$_1^2 | 0 , | 10 |

Goods or Services Purchased by Candidate or Others

Description Polo Shirt

5. Date Of Receipt: 06/27/15

6. Vendor Name & Address:

Goods or Services Purchased by Candidate or Others- LOAN

Page Subtotal \$40.00 \$40.00

Grand Total of all Schedules 1-IK (Complete on last page of Schedule)

> Enter this total on line 6 of Summary Page

Click Here for Memo Itemization

Glenda Cook

Occupation:

3694 W Howell Rd

Mason, MI 48854

Employer Name & Address:

√ Fund Raiser Contribution

If over \$100.00 cumulative, please provide:



SCHEDULE 1-IK

1. Committee I. D. Number 029234

| CANDIDATE COM | AITTEE 2. Committee Name Committee To Re-E | lect Tom Reic | h For Sheriff |
|--|--|--------------------------------------|--|
| Name and Address from whom received if contribution is from an individual, enter fast name first. Check box to indicate if contribution is from a Political Committee or an independent Committee (Both are commonly called PACs). Report all In-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date In Item 5) |
| Contribution \$1 PAC Receipt? Yes Name & Address: Dan Jeroshewich 5331 Kreger St Sterling Heights, MI 48310 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Detroit Lions Football Tickets 5. Date Of Receipt: 06/27/15 6. Vendor Name & Address: | 75 sck Here for Memo Ita | 75 |
| ✓ Fund Raiser Contribution | | | |
| Contribution # 2 PAC Receipt? Yes Name & Address | 4. | \$ | |
| If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | Description 5. Date Of Receipt: 6. Vendor Name & Address: Cito | k Here for Memo Ite | mization |
| _ | | | |
| Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: | 4. | \$_ | 47 |
| If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | Description 5. Date Of Receipt: 6. Vendor Name & Address: | k Here for Memo Ite | mization |
| Fund Raiser Contribution | | | |
| | Page Subtotal | \$75.00 | \$75.00 |
| | Grand Total of all Schedules 1-iK (Complete on last page of Schedule) | \$4,769.50 | |

on line 6 of Summary

Page



DEBTS AND OBLIGATIONS 1. Committee I.D. Number 029234

Page 1 of 5

1. Committee I.D. Number 029234

| SCHEDULE 1E | Committee | e To Re-Elect To | m Reich Ea | - Sheriff |
|--|--|--|--|--|
| CANDIDATE COMMITTEE 2.0 | Committee Name | - 10 Ke-Elect 10 | TO COLOR POL | SHOUL |
| 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 rpose checked.) | r forgiven <u>by</u> the cor | mmiitee. |
| Name and Malling 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 | 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: | 4 Type: Money Loaned | s | | |
| Reich, Tom 1822 Winchester Way Eaton Rapids, MI 48827 | 5. <u>Pate Debt Was Incurred</u> : 05/10/12 6. <u>Original Amount of Debt</u> : \$_400.00 | S S | \$ | \$_400.00 FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Amo | ount Endorsed: \$ _ | |
| Debt #2 Corp? Yes Owed to or by: | 4. Type: Money Loaned | \$ | | |
| Reich, Tom 1822 Winchester Way Eaton Rapids, MI 48827 | 5. <u>Pate Debt Was Incurred</u> : 5/4/12 6. <u>Original Amount of Debt</u> : \$_67.36 | \$ \$ \$ | \$ | \$_67.36 |
| If bank loan, name of endorser or guarantor: | | Ал | ount Endorsed: \$ | |
| Debt #3 Corp? Yes Owed to or by: Reich, Tom 1822 Winchester Way Eaton Rapids, MI 48827 | 4. Type: Money Loaned 5. Pate Debt Was Incurred: 5/10/12 6. Original Amount of Debt: \$ 100.00 | \$\$\$\$ | \$ | \$ 100.00 FORGIVEN |
| If bank loan, name of endorser or guarantor: | | An | nount Endorsed: \$_ | |
| . (C | omplete on last page of Schedule s | Grand Total | (Outstanding debt) of all Schedules 1E r to the committee) | |
| A debt or obligation must be shown on this Scheduthis Campaign Statement or it was forgiven during | ele if there was an outstanding ar the period covered by this Camp | nount owed on it at the ck aign Statement. | osing date of | Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page |



DEBTS AND OBLIGATIONS SCHEDULE 1E

Page 2 of 5

1. Committee I.D. Number 029234

| SCHEDULE 1E | Committee | e To Re-Elect To | m Reich For | Shoriff |
|---|--|--|--|---|
| CANDIDATE COMMITTEE 2. C | ommittee Name COITITIE | TO NE-Elect TO | II Reich Für | SHEIII |
| 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 rpose checked.) | forgiven by the con | nmittee. |
| 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 | 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: | 4. Type: Money Loaned | s | | 5.00 mm |
| Reich, Tom 1822 Winchester Way Eaton Rapids, MI 48827 | 5. <u>Date Debt Was Incurred</u> : 05/12/12 6. <u>Original Amount of Debt</u> : \$_59.69 | \$ \$ \$ \$ | \$ | \$_59.69 |
| If bank loan, name of endorser or guarantor: | | Amo | unt Endorsed: \$ | |
| Debt #2 Corp? Yes Owed to or by: | 4. Type: Money Loaned | \$ | | |
| Reich, Tom 1822 Winchester Way | 5. Date Debt Was Incurred: 5/20/12 | s | | |
| Eaton Rapids, MI 48827 | 6. Original Amount of Debt: | | • | \$ 22.95 |
| Tale State Control of the State Sta | ş_22.95 | s | | FORGIVEN |
| | | | | |
| If bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$ | |
| Debt #3 Corp? Yes Owed to or by: | 4. Type: Money Loaned | s | | |
| Reich, Tom | 5. Date Debt Was Incurred: | <u> </u> | | į. |
| 1822 Winchester Way | 5/31/12 | | | 12 55 |
| Eaton Rapids, MI 48827 | 6. Original Amount of Debt: | \$ | \$ | \$ 13.55 |
| | \$_13.55 | | | FORGIVEN |
| | | | | |
| If bank loan, name of endorser or guarantor: | | An | nount Endorsed: \$_ | |
| | | Page Subtotal | (Outstanding debt) | \$96.19 |
| (Co | omplete on last page of Schedule s | | of all Schedules 1E r to the committee) | |
| A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during | | | osing date of | Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page |



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 0292:

029234

| SCHEDULE 1E | Committee | e To Re-Elect To | m Reich For | Sheriff |
|--|--|--|---|--|
| CANDIDATE COMMITTEE | 2. Committee Name | S TO INSTITUTE TO | III I COLOIT I OI | Olleilli |
| This Schedule itemizes: | | | + | |
| l de la companya del companya de la companya del companya de la co | committee OR b. Debt Check either a or b. Use only for the pu | s and obligations owed <u>to</u> o irpose checked.) | forgiven <u>by</u> the con | nmittee. |
| 3. Name and Malling 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, pleas 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: | 4. Type: Money Loaned | s | | 100 |
| Reich, Tom 1822 Winchester Way Eaton Rapids, MI 48827 | 5. Date Debt Was Incurred: 06/03/12 6. Original Amount of Debt: \$ 10.47 | \$ s s | \$ | \$_10.47 |
| If bank loan, name of endorser or guarantor. | | Amo | ount Endorsed: \$ | |
| Debt #2 Corp? Yes Owed to or by: | 4. Type: Money Loaned | \$ | | |
| Reich, Tom 1822 Winchester Way Eaton Rapids, MI 48827 If bank loan, name of endorser or guarantor: | 5. Date Debt Was Incurred: 6/4/12 6. Original Amount of Debt: \$ 2.00 | \$\$ | \$ | \$_2.00 |
| Debt #3 Corp? Yes | 4. Type: Money Loaned | | CON CIRCUIT | |
| Owed to or by: Reich, Tom 1822 Winchester Way Eaton Rapids, MI 48827 | 5. Date Debt Was Incurred: 6/4/12 6. Original Amount of Debt: 3 2.73 | \$ | \$ | \$ 2.73 |
| If bank loan, name of endorser or guarantor: | | Ar | nount Endorsed: \$_ | |
| | | Page Subtotal | (Outstanding debt) | \$15.20 |
| | (Complete on last page of Schedule a | Grand Total showing amounts owed by c | of all Schedules 1E or to the committee) | Established |
| | | | | Enter this total on line 12a "owed |

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.

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

Page 3 of 5



DEBTS AND OBLIGATIONS SCHEDULE 15

Page 4 of 5

1. Committee I.D. Number U292.

| 02 | 9234 | | | |
|----|------|--|--|--|
| | | | | |
| - | | | | |

| SCHEDULE 1E | Committe | e To Re-Elect To | m Reich For | Sheriff |
|--|--|--|--|--|
| CANDIDATE COMMITTEE 2. C | ommittee Name | e 10 IXe-Liect 10 | THE REAL PROPERTY OF | Onem |
| This Schedule itemizes: | | | | |
| | ck either a or b. Use only for the po | ts and obligations owed <u>to</u> or urpose checked.) | forgiven <u>by</u> the cor | mnittee. |
| 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 | Cumulative payment to date on debt | Outstanding Balance at close of this period (Item 6 minus Item 8) |
| Debt #1 Corp? Yes Owed to or by: | 4. Type: Money Loaned | | | N. |
| Reich, Tom 1822 Winchester Way Eaton Rapids, MI 48827 | 5. Date Debt Was Incurred: 06/04/12 6. Original Amount of Debt: \$ 8.11 | \$ \$ \$ \$ | \$ | \$_8.44 |
| If bank loan, name of endorser or guarantor: | | Amo | ount Endorsed: \$ - | |
| Debt #2 Corp? Yes Owed to or by: | 4. Type: Money Loaned | \$ | | |
| Reich, Tom 1822 Winchester Way | 5. Date Debt Was Incurred: 6/4/12 | <u> </u> | | |
| Eaton Rapids, MI 48827 | 6. Original Amount of Debt: \$_4.22 | \$ \$ | s | \$ 4.22 |
| If bank loan, name of endorser or guarantor: | | Ал | ount Endorsed: \$ | |
| Debt #3 Corp? Yes Owed to or by: Reich, Tom | 4. Type: Money Loaned 5. Date Debt Was Incurred: | | | |
| 1822 Winchester Way Eaton Rapids, MI 48827 | 6/4/12 6. Original Amount of Debt: | <u> </u> | s | ş_11.65 |
| | ş 11.65 | | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Ar | nount Endorsed: \$_ | |
| | | Page Subtotal | (Outstanding debt) | \$24.31 |
| (C | omplete on last page of Schedule | | of all Schedules 1E r to the committee) | |
| A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during | | | osing date of | Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page |



DEBTS AND OBLIGATIONS

Page 5 of 5

029234

| DEDIS AND OBLIGATIONS 1.0 | ommittee I.D. Number | | | |
|--|--|--|---|--|
| SCHEDULE 1E | Committee | e To Re-Elect To | m Reich For | Sheriff |
| CANDIDATE COMMITTEE 2.C | ommittee Name COTTITUTE | o To Tto Eloct To | TIT T COLOTT F C. | |
| 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 irpose checked.) | forgiven <u>by</u> the con | nmittee. |
| 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 | Outstanding Balance at close of this period (Item 6 minus Item 8) |
| Debt #1 Corp? Yes Owed to or by: | 4. Type: Money Loaned | s | | |
| Reich, Tom 1822 Winchester Way Eaton Rapids, MI 48827 If bank loan, name of endorser or guarantor: | 5. <u>Date Debt Was Incurred</u> : 07/04/12 6. <u>Original Amount of Debt</u> : \$_60.00 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | \$ | \$ 60.00 FORGIVEN |
| Debt #2 Corp? Yes | 4. Type: Money Loaned | | | |
| Owed to or by: | 4. Type: Morrey Country | | | |
| Reich, Tom | 5. Date Debt Was Incurred: | s | | |
| 1822 Winchester Way | 7/8/12 | | | 05.00 |
| Eaton Rapids, MI 48827 | 6. Original Amount of Debt: | | \$ | \$_25.38 |
| | \$ 25.38 | | | FORGIVEN |
| | | \$ | | |
| If bank loan, name of endorser or guarantor. | | Arr | nount Endorsed: \$_ | |
| Debt #3 Corp? Yes Owed to or by: | 4. Type: Money Loaned | 06/06/14 \$6,000.00 | | |
| Reich, Tom | 5. Date Debt Was Incurred: | S | | |
| 1822 Winchester Way | 4/4/08 | | | |
| Eaton Rapids, MI 48827 | 6. Original Amount of Debt: | | s 6,000.00 | \$ 4,000.00 |
| | s 10,000.00 | \$ | | |
| | 3 1111111111111111111111111111111111111 | s | | FORGIVEN |
| If bank loan, name of endorser or guarantor. State of N | Alchigan ANTK Loan | | | |
| it bank loan, name of endorser or guarantor. | mongan 40 nc coan | Ar | nount Endorsed: \$_ | |
| | | Page Subtotal | (Outstanding debt) | \$4,085.38 |
| (C | omplete on last page of Schedule s | | of all Schedules 1E or to the committee) | \$4,788.44 |
| A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during | ie if there was an outstanding a the period covered by this Camp | mount owed on it at the cl paign Statement. | osing date of | Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page |



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

A

| Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and or | d signed by candidate. | 3. This Statement covers From | | to 07/17/16 | |
|---|---|--|---|--|--------------------|
| 1. Committee I.D. Number | | 4. Candidate Last Name | First | Name | M.I. |
| 029234 | | Reich | Thomas | THE OF MICHIG | ,,,L |
| 2. Committee Name | | Reich 4a. Office Sought including Dis Eaton County Sheriff | trict # or Community | Name STATE of MICHIG | LED OF EATO |
| Committee to Re-Elect Tom Reich F | or Sheriff | 4b. County of Residence EAT | | JULZ | 1 20. |
| 5. Committee's Mailing Address | | 6. Treasurer's Name & Reside | | | 2016 |
| 1822 Winchester Way | | Theresa O'Dell | 2.77 | DIANA BOT | |
| Eaton Rapids, Michigan 48827 | | 140 Spring Street Vermontville, Michig | an 49096 | DIANA BOS EATON COUNT | WORTH YCLERK |
| Area Code and Phone If the address in this box is different from the commailing address on the Statement of Organization, be sent to this address by the filing official. | | Area Code & Phone | | | |
| 7. Treasurer's Business Address | | B. Designated Record keeper Designated Record keeper) | s Name and Mailing | Address (If the committ | ee has a |
| N/A | | Catherine M Marcus | CPA | | |
| | | John D Vanator CPA | | | j |
| | | PO Box 509 | • | | 1 |
| 8 | | Eaton Rapids, Michi | gan 48827 | | |
| Area Code and Phone | | Area Code and Phone (517 | 663-4204 | | |
| 9. TYPE OF STATEMENT | | 7700 0000 0101 11010 | 9e. Dissolution of | Candidate Committe | • |
| 9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: | Required Office is not on the current year: | | by the committee to | is item I/We certify any the candidate or his or lorgiven, and no longer committee has no ous | her spouse is here |
| ⊠Prlmary | July Quart | terty | | e committee has no ous or has any oustanding o | |
| General | October C | Juarterly | Further, if the dissol | ution cannot be granted | d, that this be |
| Convention | | | considered a reques | st for the Reporting Wai | iver. |
| Special | 9c. Annua | al Statement () Coverage Year | Effective (| date of dissolution | |
| School | - Amon | | | | |
|]Caucus | (Com | idment to Campaign Statement plete Item 9a, 9b, 9c or 9e to te which Stalement is being ded.) | Note: The disposition Schedule 18 and the | on of residual funds muse Summary Page. | st be reported on |
| Date of Election, Convention or Caucus | | | | | |
| * | | | | | |
| | | | | | |
| 10. Verification: I/We certify that all reasonable dilig my/our knowledge and belief the contents are true, | ence was used | in the preparation of this statement | ent and attached sch | edules (if any) and to ti | ne best of |
| Current Treasurer or Designated Record keeper | | Carpeins M. | Marine | 7/10 | 111 |
| Type or Print Name | | Signature | · wurd | -Date | 1/6 |
| Candidate Thomas L Reich | , | Thomas Re | A | Date 7/20/ | 16 |
| Type or Print Name | | Signature | | | |

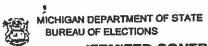


1. Committee I.D. Number 029234

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Committee To Re-Elect Tom Reich For Sheriff

| CANDIDATE COMMITTEE | E 2. Committee Name Committee To Re-Elect Tom Reich For Sheriff | | |
|---|---|---|--|
| RECEIPTS 3. Contributions | Column I This Period | Column ti Cumulative this election cycle | |
| a. Itemized (Schedule 1A - Column 8) | (3a.) \$ 22,315.90 | | |
| b. Uniternized (less than \$20.01 each - no Schedule) | (3b.) \$NOT APPLICABLE | | |
| c. Subtotal of "Contributions" | (3c.) \$ \$22,315.90 | (18.) \$ \$22,315.90 | |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ \$200.00 | (19.) \$ \$200.00 | |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ \$22,515.90 | (20.) \$ \$22,515.90 | |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | = 1 | 7. | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ \$3,005.00 | (21.) \$ \$3,005.00 | |
| 7. In-Kind Expenditures (Schedule 18-IK, Column 5) | (7.) \$ | (22.) \$ | |
| EXPENDITURES | * = | | |
| 8. Expenditures | | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ \$13,749.17 | _ | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ | | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ \$39.96 | | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ \$13,789.13 | (23.) \$ \$13,789.13 | |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | | |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.)\$ | _ | |
| b. Uniternized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (10b.) \$ | - | |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | (11.) \$ | (24.) \$ | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ \$4,788.44 | _ • | |
| b. Owed to the Committee (Schedule 1E) | 40.4 | ~ | |
| | (12b.) \$BALANCE STATEMENT | | |
| 3. Ending Balance of last report filed | (13.) \$ \$23,520.34 | | |
| (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period | (14.) + \$ \$22,515.90 | | |
| (Line 5, Total Contributions & Other Receipts) 5. SUBTOTAL Add lines 13 and 14 | (15.) = \$_\$46,036.24 | | |
| Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ \$13,789.13 | _ | |
| 7. ENDING BALANCE | er silk Adda Assault in the Control of the Control | | |



CANDIDATE COMMITTEE

1 Committee I D. Number 029234

| 1. Committee I.D. No | uinei | | 211 112 | | | |
|----------------------|-----------|-------------|---------|-------------|-------|-------|
| 2. Committee Name | Committee | To Re-Elect | Tom | Reich | For S | herif |
| | | | | 16.5 (2.50) | | |

| 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 03/04/16 Name & Address: | TO 1627 1881 | |
| John Hays 1840 Schaffer Dr Jackson MI 49203 | _{\$} 500.00 | _{\$} 500.00 |
| 5. If over \$100.00 cumulative, please provide: | Clink Hans fo | or Memo Itemization |
| Occupation Legal Advisor Employer | CHCK THERE IX | A MICTITO ICHIIIZAUUN |
| Business Address | | |
| Type of Contribution: | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/04/16 Name & Address | | |
| Jeff Kirkpatrick 401 S Jackson St Jackson MI 49201 | s_1500.00 | <u>\$ 1500.00</u> |
| Jackson MI 49201 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Business Owner Employer | and the to | - Zamana and American |
| | | |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/24/16 Name & Address: | | |
| Gene and Sandra Wriggelsworth PO Box 581 Holt MI 48842 | <u>\$ 280.00</u> | <u>\$ 280.00</u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Occupation Law Enforcement Employer | | å , |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | n ** | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 03/24/16 Name & Address | 91 | |
| Gene Wriggelsworth 2655 Maritime Dr Lansing MI 48911 | \$ 190.00 | <u>190.00</u> |
| 5. If over \$100.00 cumulative, please provide: | Click Ham for | r Memo Itemization |
| Occupation Law Enforcement Employer | Oller Liele ID | . Memo nemization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | 20-10-10-10-10-10-10-10-10-10-10-10-10-10 | |
| Page Subtotal | \$2,470.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | Enter this total on | |
| Page 1 of 26 | line 3a of Summary Page. | |

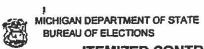


1. Committee I.D. Number 029234

CANDIDATE COMMITTEE

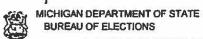
2. Committee Name Committee To Re-Elect Tom Reich For Sheriff

| Enter contributor's name ar middle initial. Check box to Committee (PAC) Report g | Indicate if contri | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | |
|---|--------------------|--------------------|-------------|--|---------------------|---------------------|
| 3. Contribution #1 Name & Address: | PAC Receipt? | YES 4. Date of | f Receipt | 03/24/16 | | |
| Allan Spyke | | | | | | İ |
| 5361 E Hidden Lak | | | | | . 190.00 | 190.00 |
| East Lansing MI 48 | 823 | | | | \$ 100.00 | |
| 5. If over \$100.00 cumulat | | ide: | | | Click Here fo | or Memo Itemization |
| Occupation Law Enforce | ement | Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | V | Fund Ralser | | |
| 3. Contribution #2 Finance & Address | PAC Receipt? | YES 4. Date o | f Receipt | 03/24/16 | | ř. |
| Joel & Beth Maatm | an | | | | 100.00 | 400.00 |
| 9111 Williams Rd | | | | | <u>\$ 100.00</u> | <u>, 100.00</u> |
| Dewitt MI 48820 | | | | | | |
| 5. If over \$100.00 cumulat | | ide: | | | Click Here fo | r Memo Itemization |
| Occupation Law Enforce | ment | Employer | | | | AT DE |
| Business Address | | | | | 1 | |
| Type of Contribution: | Direct | Loan from a person | V | Fund Raiser | | , |
| 3. Contribution #3 F Name & Address: | PAC Receipt? | YES 4. Date | of Receipt | 03/24/16 | | Α. |
| Paul Malewski | | | | | E0 00 | F0 00 |
| 1308 Hall St | | | | | _{\$} 50.00 | s 50.00 |
| Eaton Rapids MI 4 | 8827 | | | | Citale Horse for | Afana Haminalian |
| 5. If over \$100.00 cumulat | ive, please prov | lde: | | | Click Here to | Memo Itemization |
| Occupation Retired | | Employer | | | | |
| Business Address | 6 | Ā | | | | - |
| Type of Contribution: | Direct | Loan from a person | ✓ | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | YES 4. Date | of Receip | 03/24/16 | W. (1) | |
| Randy Thayer | * | - | | | 2 | 7 |
| 10875 Riverside Dr | | | | | \$300.00 | 300.00 |
| Dimondale MI 4882 | | Overall of the | | | | <u> </u> |
| 5. If over \$100.00 cumulat | ive, please prov | ide: | | | Click Here for | r Memo Itemization |
| Occupation Retired | - | Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct [| Loan from a person | 7 | Fund Raiser | | |
| | | | | Page Subtotal | \$640.00 | |
| | | | Gran | d Total of All Schedules 1A | | 7 |
| - 4 | | | 700 700 700 | te on last page of Schedule) | Enter this total on | J |
| 2 24 | | | | | line 3a of Summary | |



| I. Committee I.D. Number | 029234 | |
|--------------------------|--------|--|
| - Committee - D. Homber | | |

| CAN | IDIDATE CO | MMITTEE | | 2. Committee Name Co | mmittee To Re-Elec | Tom Reich For Sheriff |
|--|--|--------------------------|---------------------|---|-----------------------------|---|
| Enter contributor's name a middle initial. Check box to Committee (PAC) Report g | nd address. If contribution indicate if contribution | ribution is from an Indi | vidual, e Commit | nter last name, first name, lee or an Independent | 8. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 Name & Address: | PAC Receipt? | YES 4. Date of | f Receip | 03/24/16 | - | |
| Joe Drolett 5736 Whitehaven I Lansing MI 48917 | Or | • | | | <u>\$ 340.00</u> | _{\$} 340.00 |
| 5. If over \$100.00 cumulat | tive, please provid | e: | | | Click Here fo | or Memo Itemization |
| Occupation Retired | | Employer | | | | Silver - Article Control Market (Collection of Market Collection of Market Collection (Market Collection) |
| Business Address | | | ·_ | | | |
| Type of Contribution: | Direct | Loan from a person | 1 | Fund Raiser | | |
| 3. Contribution #2 Name & Address | PAC Receipt? | YES 4. Date o | f Receip | 05/11/16 | | |
| James Osieczonek 316 N Cryts Rd Lansing MI 48917 | . 4 | | | | _{\$} 100.00 | <u>s 100.00</u> |
| 5. If over \$100.00 cumulat | tive, please provid | e: | | | Click Here fo | r Memo itemization |
| Occupation Commission | ner E | mployer | | | | |
| Business Address | | | 58 5D | <u> </u> | | |
| Type of Contribution: | Direct | Loan from a person | V | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Date | of Recei | pt <u>05/11/16</u> | _ | |
| Mary Clark 412 Chanticleer Tr Lansing MI 48917 | i Œ | | ÷ | | ş 100.00 | s 100.00 |
| 5. If over \$100.00 cumulat | tive, piease provid | le: | | a a | Click Here to | r Memo Itemization |
| Occupation Twp Clerk | 7 8 | Employer | | | | 14.54 miles |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | 1 | Fund Raiser | | 7 . * |
| 3. Contribution # 4 Name & Address | PAC Receipt? | YES 4. Date | of Rece | ipt 05/11/16 | • | |
| Dr Phillip Brown 4604 Norwick St Lansing MI 48917 | | * | | | ,250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cumula | tive, please provid | le: | | | Click Here fo | r Memo Itemization |
| Occupation Retired | | Employer | | | Olisit Holo to | Total total and total |
| Business Address | | | | | | |
| Type of Contribution: | Direct _ | Loan from a person | 1 | Fund Raiser | | |
| | | 3 (135) | | Page Subtot | V/ 00.00 | |
| | | | 95050 | and Total of All Schedules 1/ lete on last page of Scheduk | 3) I | J |
| Page 3 of 26 | | | | | line 3a of Summary Page. | |



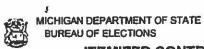
Page 4 of 26

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

Committee I.D. Number 029234

Enter this total on line 3a of Summary Page.

| SCHEDULE 1A | 1. Committee I.D. Numb | | | |
|---|---|----------------------|--|--|
| CANDIDATE COMMITTEE | 2, Committee Name C | ommittee To Re-Elec | t Tom Reich For Sheriff | |
| Enter contributor's name and address. If contribution is from an individual, entended initial. Check box to indicate if contribution is from a Political 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 Name & Address: | 05/11/16 | | | |
| G Michael Hocking | | | | |
| 5814 Cabrena Dr Lansing Mi 48917 | | _s 540.00 | _{\$} 540.00 | |
| 5. If over \$100.00 cumulative, please provide: | | ¥ | 3 | |
| Occupation Attorney Employer | | Click Here fo | or Memo Itemization | |
| Business Address | | | la la | |
| | Fund Raiser | _ | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt | 05/11/16 | | | |
| Name & Address | | | | |
| Scott Wriggelsworth 2327 Keller Rd Holt MI 48842 | | ş 390.00 | <u>\$ 390.00</u> | |
| 5. If over \$100.00 cumulative, please provide: | | Click Here fo | r Memo Itemization | |
| Occupation Lawenforcement Employer | | | | |
| Business Address | | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | | |
| Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: | 05/11/16 | | i. | |
| Thomas Snyder 5190 Runnymede Dr Holt MI 48842 | 60 0.1 | _{\$} 300.00 | <u>\$ 300.00</u> | |
| 5. If over \$100,00 cumulative, piesse provide: | | Click Here for | Memo Itemization | |
| Occupation Business Owner Employer | | | | |
| Business Address | | | | |
| Type of Contribution: | Fund Raiser | | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address | 06/06/16 | - | | |
| Christine Walker 209 E Lincoln St Grand Ledge MI 48837 | | _{\$} 25.00 | <u>\$</u> 25.00 | |
| 5. If over \$100.00 cumulative, please provide: | | | | |
| Occupation Retired Employer | | Click Here for | Memo Itemization | |
| | | 5 | | |
| Business Address Type of Contribution: Direct Loan from a person | Fund Raiser | | | |
| | Page Subto | tal \$1,255.00 | | |
| | Total of All Schedules 1 | 4 1,2,00,00 | | |
| | i i otal of All Schedules i on last page of Schedu | 5 T. I | J | |

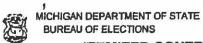


CANDIDATE COMMITTEE

029234 1. Committee I.D. Number _ Committee To Re-Elect Tom Reich For Sheriff

2. Committee Name

| 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 06/06/16 Name & Address: | | |
| Jeffrey Tiggleman (Canteen Services) | | |
| 615 Denham Dr | 440.00 | 440.00 |
| Grand Rapids MI 49546 | \$ 440.00 | \$ 110.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here f | or Memo Itemization |
| Occupation Sales Employer | Ollow Flore | or monto normadion |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/16 | | |
| Name & Address | -6 | |
| William Siamy | , 25.00 | , 25.00 |
| 320 W Harris St | \$ 20.00 | \$ 20.00 |
| Charlotte MI 48813 | | |
| 5. If over \$100.00 cumulative, please provide: | Click Here to | 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 06/06/16 Name & Address: | | |
| Patrick A Brown (Holt/Dimondale Ins) | , 440.00 | 440.00 |
| 1298 Aurelius Rd | \$ 440.00 | <u>\$ 440.00</u> |
| Holt MI 48842 | Click Harn fo | r Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: | CIICK FIEIG IC | I MEMO REMIZATION |
| Occupation Insurance Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 06/06/16 Name & Address | | |
| Leonard & Gloria Benden | | |
| 542 N Wheaton Rd | , 100.00 | , 100.00 |
| Charlotte MI 48813 | | |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Retired Employer | | |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| Page Subtotal | \$1,005.00 | |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) | Enter this total on | _ |
| 5 .26 | line 3a of Summar | у |
| - U . d/- | Page | T. Comments of the Comments of |

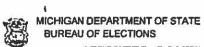


CANDIDATE COMMITTEE

1. Committee I.D. Number __029234

2. Committee Name Committee To Re-Elect Tom Reich For Sheriff

| Enler contributor's name middle initial. Check box Committee (PAC) Repor | to indicate if conti | ribution is from a Politica | | nter last name, first name, ee or an independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|----------------------|-----------------------------|-----------|---|--|--|
| 3. Contribution # 1 Name & Address; | PAC Receipt? | YES 4. Date | of Receip | 06/06/16 | • | |
| Jack Turner (Fan | nily Traditions | s) | | | | |
| 202 Morrell St | | | | | .100.00 | 100.00 |
| Charlotte MI 488 | W. 20 | (I) () | | | \$ | • |
| 5. If over \$100.00 cumu | lative, please pro | vide: | | | Click Here fo | or Memo Itemization |
| Occupation Sales | | _ Employer | | | | 151 |
| Business Address | - | - | | | | 8.5 |
| Type of Contribution: | Direct | Loan from a person | V | Fund Raiser | | |
| 3. Contribution #2 Name & Address | PAC Receipt? | YES 4. Date of | of Receip | 06/06/16 | | |
| Patrick Hutting | | | | | 355.00 | 255.00 |
| 1046 Thompson Howell MI 48843 | Shore Dr | | | | _s 355.00 | s 355.00 |
| 5. If over \$100.00 cumu | | vide: | | | Click Here fo | or Memo Itemization |
| Occupation State Wor | ker | Employer | | | | |
| Business Address | | | | 3 | | |
| Type of Contribution: | Direct | Loan from a person | V | Fund Raiser | | |
| 3. Contribution #3 Name & Address: | PAC Receipt? | YES 4. Date | of Receip | ot 06/06/16 | • | |
| Dr Matthew & Vic | ki Myers | | | | ,200.00 | 200.00 |
| 4448 Ocean Heig | ht Dr | | | | \$200.00 | \$ 200.00 |
| Seaside CA 9395 | i5 | | | | Click Here to | r Memo Itemization |
| 5. If over \$100.00 cumu | | vide: | | | Click Here IO | I METHO REHINZOUON |
| Occupation law Enforce | ement | Employer | | | | |
| Business Address | 1 | _ | | | 9-1 | |
| Type of Contribution: | Direct | Loan from a person | _ V | Fund Raiser | · · · · · · · · · · · · · · · · · · · | |
| 3. Contribution #4 Name & Address | PAC Receipt? | YES 4. Date | of Recei | pt 06/06/16 | | |
| James Voss | 10 | | | | 000.00 | |
| 3456 Tomlinson I | ₹d | | | | _{\$} 200.00 | _s 200.00 |
| Mason MI 48854 | | (a. 4) | | | | |
| 5. If over \$100.00 cumu | lative, please pro | vide: | | | Click Here fo | r Memo Itemization |
| Occupation Retired | | _ Employer | · | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | V | Fund Raiser | | |
| | | | | Page Sublot | \$855.00 | |
| | | | Gre | nd Total of All Schedules 1A | | |
| | | | | ete on last page of Schedule |) | ال |
| Page 6 of 26 | | | | | Enter this total on line 3a of Summary Page. | i |
| · -90 | | | | | | |

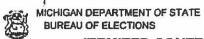


CANDIDATE COMMITTEE

1. Committee I.D. Number ____029234

2. Committee Name Committee To Re-Elect Torn Reich For Sheriff

| | ox to Indicate If conf | tribution is from a Politic | | nter last name, first name, lee or an Independent | 8. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--------------------------------------|------------------------|-----------------------------|-------------|--|---------------------|--|
| 3. Contribution #1 Name & Address: | PAC Receipt? | YES 4. Date | of Receip | 06/16/16 | - | |
| Jack Devine | | | | | | |
| 7304 Dupree Av | е | | | | 20.00 | 20.00 |
| Dimondale MI 48 | | | 6 | | _{\$} 30.00 | _{\$} 30.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | Citale blace 6 | as Marra Harrimatica |
| Occupation Retired | | _ Employer | | | Click Hele I | or Memo Itemization |
| Business Address | 4 | | | | | ± (|
| Type of Contribution: | Direct | Loan from a persor | , √ | Fund Raiser | | |
| 3. Contribution #2 Name & Address | PAC Receipt? | YES 4. Date | of Receipt | 06/16/16 | - 1-701 - 507 - 5 | |
| Ken Knowlton | | | | | 240.00 | 240.00 |
| 12439 Nixon Rd | | | | | ₅ 340.00 | s 340.00 |
| Grand Ledge MI | | | | | | |
| 5. If over \$100.00 cumu | | vide: | | | Click Here fo | r Memo Itemization |
| Occupation Magistrat | 3 | Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | V | Fund Raiser | | |
| 3. Contribution #3 Name & Address: | PAC Receipt? | YES 4. Date | of Receip | t 06/16/16 | | |
| | Dat MaDasial | - MOUNTED | | | - | |
| William Byrnes (| ogt McDaniel | S MSU) | | | _s 215.00 | , 215.00 |
| Lansing MI 4891 | 0 | | | | | • |
| 5. H over \$100.00 cumu | III II | vide: | | | Click Here for | r Memo Itemization |
| Occupation Retired | | Employer | 125 | + | | |
| Business Address | | | | 6 | 9 | 8 |
| Type of Contribution: | Direct | Loan from a person | V | Fund Raiser | | 4 10 |
| 3. Contribution #4 Name & Address | PAC Receipt? | YES 4. Date | e of Receip | 06/16/16 | | |
| Jane Dotson | | | 10 | 1 | 1. | |
| 1820 S Chester F | ₹d | | | | ,1500.00 | , 1500.00 |
| Charlotte MI 488 | 13 | | | | - | \$ |
| 5. If over \$100.00 cumu | ilative, please pro | vide: | | | Click Here for | Memo Itemization |
| Occupation Retired | | _ Employer | | | Olick Hole IO | Wellio Rellization |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | V | Fund Raiser | | |
| | | | | Page Subtota | \$2,085.00 | |
| | | | Gran | nd Total of Ali Schedules 1A | | 888 |
| | | | | te on last page of Schedule | | J |
| Page 7 of 26 | | | | | line 3a of Summary | |

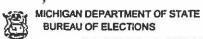


1. Committee I.D. Number ____029234

CANDIDATE COMMITTEE

2. Committee Name Committee To Re-Elect Torn Reich For Sheriff

| | ox to indicate if conf | ribu | ibution is from an Individual, enter last name, first name, tion is from a Political Committee or an Independent indiess of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|------------------------|------|---|-----------------------------|--|
| 3. Contribution #1 Name & Address; | PAC Receipt? | | YES 4. Date of Receipt 06/16/16 | | |
| IBEW PAC Volu | ntary Fund | | | | |
| 900 Seventh St | | | | 500.00 | 500.00 |
| Washinton DC 2 | | | | <u>500.00</u> | _{\$} 500.00 |
| 5. If over \$100.00 cum | rulative, please pro | vid |): | | |
| Occupation PAC | | _ | Employer | Click Here fo | r Memo Itemization |
| Business Address | | | | 9 | |
| Type of Contribution: | Direct | | Loan from a person V Fund Raiser | 2 | |
| 3. Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of Receipt 06/16/16 | | |
| James Downs (Lansi | ng Uniform) | | | | |
| 6850 Mulderstraat Grand Ledge MI 488: | 37 | | | <u>\$ 100.00</u> | <u>\$ 100.00</u> |
| 5. If over \$100.90 cum | ulative, please pro | vid | E | Click Here for | Memo Itemization |
| Occupation Sales | | Er | nployer | | |
| Business Address | | | | | |
| Type of Contribution: | Direct | | Loan from a person Fund Ralser | | |
| 3. Contribution #3 Name & Address: | PAC Receipt? | | YES 4. Date of Receipt 06/30/16 | | |
| Jon McNett (Du | robyte Motors | DΩ | ts) | 440.00 | 4.7.0 |
| 627 Lansing Rd | | - | | _{\$} 440.00 | s 440.00 |
| Potterville MI 48 | 876 | | | | |
| 5. If over \$100.00 cum | | vide | : | Click Here for | Memo Itemization |
| Occupation Sales | 77 | | Employer | 4 M | . 2 |
| Business Address | | - | | | |
| Type of Contribution: | Direct - | | Loan from a person | | Y 5. |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of Receipt 06/30/16 | | A. |
| Mark Wriggelsw | orth | | | | |
| 5651 Ambler | | | | ,115.00 | . 115.00 |
| Holt MI 48842 | | | | £ | \$ 110.00 |
| 5. If over \$100.00 cum | ulative, please pro | vid | : | Carried to according to | group the same |
| Occupation Law En | forcement | _ | Employer | Click Here for | Memo Itemization |
| Business Address | | | | | |
| Type of Contribution: | Direct | Ē | Loan from a person | | |
| | | | Page Subtotal | \$1,155.00 | |
| | | | Grand Total of All Schedules 1A | | (|
| | | | (Complete on last page of Schedule) | Enter this total on | J |
| Page 8 of 26 | | | | line 3a of Summary Page. | |

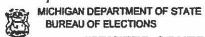


CANDIDATE COMMITTEE

1. Committee I.D. Number ____029234

2. Committee Name
Committee To Re-Elect Tom Reich For Sheriff

| 1 | | | | | | |
|--|---|-------------------|-------------|-----------------------------|--------------------------|--|
| middle Initial. Check b | 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. Da | te of Rece | ipt 06/30/16 | | |
| Name & Address: | | _ | | | | |
| Robert Farmer | - | | | | | |
| 126 Okemos St | | | | | . 340.00 | 340.00 |
| Mason MI 48854 | | | | | \$ | |
| 5. If over \$100.00 cum | ulative, please pro | ovide: | | | Click Here fr | or Memo Itemization |
| Occupation Retired | | Employer | | | - | A MOMO RUMAZARON |
| Business Address | | | | N . | | |
| Type of Contribution: | Direct | Loan from a pers | on 🗸 | Fund Raiser | | |
| 3. Contribution #2 Name & Address | PAC Receipt? | YES 4. Dat | e of Recei | pt <u>06/30/16</u> | = | |
| Col Ellis Brumba | wah | | | | | |
| 81 Wildemere D | | | | | 5 0.00 | , 50.00 |
| Mason MI 48854 | | | | | | 3 |
| 5. If over \$100.00 cum | | vida• | | | Click Hara fo | r Memo Itemization |
| to seek and the true contract discounted | nante, hiotse bro | | | | Click Field to | i Mellio Itellization |
| Occupation Retired | | _ Employer | | 3 775 0 3 W M | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a perso | n 🗸 | Fund Raiser | | |
| 3. Contribution #3 Name & Address: | PAC Receipt? | YES 4. Da | te of Rece | ^{ipt} 06/30/16 | | |
| Darrell Tennis | | | | | 450.00 | |
| 5675 S Stine Rd | | | | | _{\$} 150.00 | , 150.00 |
| Olivet MI 49076 | | | | | | |
| 5. If over \$100.00 cum | ulativa, pleasa pro | vide: | | | Click Here for | Memo Itemization |
| | | | | | | |
| Occupation Business | OWIG | Employer | | | • | |
| Business Address | let-i | <u> </u> | | | En . | |
| Type of Contribution: | Direct | Loan from a perso | on 🗸 | Fund Raiser | | V . |
| 3. Contribution # 4 Name & Address | PAC Receipt? | YES 4. Da | ate of Rece | ipt 06/30/16 | _ = | |
| Carol Scherer | | | | | | 40 |
| 12794 Iroquois E |)r | | | | , 35.00 | 35.00 |
| Grand Ledge MI | | | | | * | |
| 5. If over \$100.00 cum | | ovide: | | | | |
| Occupation | | Employer | | | Click Here for - | Memo Itemization |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a perse | on 🗸 | Fund Raiser | | |
| | | | TA. | Page Subti | ntal ecze es | |
| | | | | Laga 3000 | \$575.00 | -[|
| | | | | and Total of Ali Schedules | | |
| 2 | | | (comp | lete on last page of Schede | Enter this total on | |
| Page 9 of 26 | | | | | line 3a of Summary Page. | |

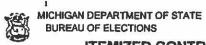


1. Committee I.D. Number ____029234

CANDIDATE COMMITTEE

2. Committee Name Committee To Re-Elect Tom Reich For Sheriff

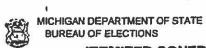
| middle initial. Check be | x to indicate if con | tribu | ibution is from an individual, enter last name, first name, tion is from a Political Committee or an independent | 6. Amount | 7. Cumulative for Election Cycle for Each |
|---------------------------------------|----------------------|-------|---|--|--|
| Committee (PAC) Repo | | | | | Contributor (Through date of receipt) |
| 3. Contribution #1 Name & Address: | PAC Receipt? | | YES 4. Date of Receipt 06/30/16 | | |
| Kristi Tullis | | | | | |
| 2908 Kalamazoo | Ave | | | ,50.00 | 50.00 |
| Portage MI 4902 | 4 | | | \$ 00.00 | £ 00.00 |
| 5. If over \$100.00 cum | ulative, please pro | plyd | 9: | Click Hara fr | or Memo Itemization |
| Occupation | | _ | Employer | Click Held I | or memo itemizaboji |
| Business Address | | | | | |
| Type of Contribution: | Direct | | Loan from a person 🗸 Fund Raiser | | |
| 3. Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of Receipt 06/30/16 | | |
| Neal Rohrs | | | | 405.00 | 405.00 |
| 2990 Stewart Ro | Ţ. | | | ₅ 485.00 | _s 485.00 |
| Charlotte MI 488 | 13 | | | ************************************** | |
| 5. If over \$100.00 cum | ilative, please pro | vid | : | Click Here fo | r Memo Itemization |
| Occupation Investor | | Er | nployer | | |
| Business Address | | | | | |
| Type of Contribution: | Direct | | Loan from a person | | |
| 3. Contribution #3 Name & Address: | PAC Receipt? | | YES 4. Date of Receipt 06/30/16 | | |
| Kent Austin | | | | 450.00 | |
| 4171 Young Rd | | | | _s 156.00 | _s 156.00 |
| Bellevue MI 480 | 21 | | | 22 | |
| 6. If over \$100.00 cums | lative, please pro | vid | : | Click Here for | Memo Itemization |
| Occupation Commiss | ioner | . 1 | Employer | | 1 |
| Business Address | | | | | A W |
| Type of Contribution: | Direct | | Loan from a person | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of Receipt 06/30/16 | | |
| Michael Hosey | | | | | e y |
| 7475 N Cochran | | | | ,370.00 | 370.00 |
| Charlotte MI 488 | 13 | | | | - |
| 5. If over \$100.00 cum | | vid | : | Click Here for | Memo Itemization |
| Occupation State We | orker | - | Employer | Chick Flore for | Mono nomezabon |
| Business Address | | | | | |
| Type of Contribution: | Direct | | Loan from a person | | |
| | | | Page Subtotal | \$1,061.00 | |
| | | | Grand Total of All Schedules 1A | | |
| | | | (Complete on last page of Schedule) | Enter this total on | J |
| Page 10 of 26 | | | /4 | line 3a of Summary | |



CANDIDATE COMMITTEE

| 1. Committee I.D. Nu | mber 029234 |
|----------------------|---|
| 2 Committee Name | Committee To Re-Elect Tom Reich For Sheriff |

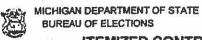
| Ortite | NOA I E C | Olalian I CE | | z. Commuee Name | | |
|--|---|---------------------|-----------|------------------------------|-----------------------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box 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) |
| | AC Receipt? | YES 4. Date of | Receipt | 06/30/16 | | |
| Name & Address: | • | | | | | |
| Daniel Fillion 5926 Shaw St | | | | | | |
| | | | | | , 165.00 | , 165.00 |
| Haslett MI 48840 | | | | | * | |
| 6. If over \$100.00 cumulative, please provide: Occupation Law Enforcement Employer | | | | | Click Here fo | r Memo Itemization |
| Occupation Law Emorosi | ilont. | Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: Di | rect | Loan from a person | V | Fund Raiser | | |
| 3. Contribution #2 PA | C Receipt? | YES 4. Date of | Receipt | 06/30/16 | | |
| Name & Address | - | 8: | | | | |
| Tammie Brand | | | | | 00.00 | |
| 5397 Packard Hwy | | | | | \$ 66.00 | s 66.00 |
| Charlotte MI 48813 | | | | | | |
| 5. If over \$100.00 cumulative | , please provi | de: | | | Click Here for | r Memo Itemization |
| Occupation Secretary | | Employer | | | | |
| Business Address | | 3 | | | | |
| Type of Contribution: Dire | ect [| Loan from a person | 7 | Fund Raiser | | |
| | | | كالباحث | | | |
| 3. Contribution #3 PA Name & Address: | C Receipt? | YES 4. Date of | Receipt | 06/30/16 | | |
| Michael & Mary Boes | 2 | | | | | |
| 1312 S Eleventh Ave | | | | 8 8 | ₅ 50.00 | , 50.00 |
| Alpena MI 49707 | • | | | | | |
| 5. If over \$100.00 cumulative | a, please provi | de: | | | Click Here for | Memo Itemization |
| | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| Occupation Retired | | Employer | | | | |
| Business Address Din | | 7 6 | | | | *1 |
| .,, | | Loan from a person | V | Fund Raiser | | |
| Contribution #4 PA Name & Address | AC Receipt? | YES 4. Date of | of Receip | ot 06/30/16 | | |
| Richard Cook | | | | | | |
| 3378 N Michigan Rd | | | | | ,100.00 | 100.00 |
| Dimondale MI 48821 | | | | | £ | \$ 100.00 |
| 5, If over \$100.00 cumulative | a, please provi | de: | | | | |
| Occupation State Worker Employer | | | | | Click Here for | Memo Itemization |
| Business Address | | | | | | |
| | irect [| Loan from a person | | Fund Ralser | | |
| .,pc or completion. | ueG _ | Lozii nuin a person | A | | | 7 |
| | | | | Page Subtotal | \$381.00 | |
| | | | | d Total of All Schedules 1A | | |
| | | | (Complet | te on last page of Schedule) | Enter this total on | · . |
| Page 11 of 26 | | | | | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

| 1. Committee I.D. Nu | mber 029234 |
|----------------------|---|
| 2. Committee Name | Committee To Re-Elect Tom Reich For Sheriff |

| 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. | 8. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/30/16 | _ | |
| Name & Address: | _ | 40 |
| Scott Ellis | | |
| 621 Riverwalk Dr | , 100.00 | , 100.00 |
| Mason MI 48854 | | • |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization | |
| Occupation MLBA Employer | | |
| Business Address | | 0.40 |
| Type of Contribution: | 226 | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/30/16 | | |
| Name & Address | | |
| Ted Dotts | | |
| 6790 Lakeview Dr | , 50.00 | , 50.00 |
| Bellevue MI 49021 | ¥ | |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| 584 - 5.4000 M 3 2 CONTROL | Ollow Flore to | Memo Remizeuon |
| Occupation Retired Employer | | |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/30/16 Name & Address: | _ | |
| Kellie Dean | 500.00 | |
| 215 Chimney Oaks Dr | _{\$} 500.00 | _s 500.00 |
| Okemos MI 48864 | ************************************** | Y |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Transportation | 9. | , ä |
| Occupation (Tallsportation) Employer | | |
| Business Address Type of Contribution: Direct Loan from a person / Fund Raiser | | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 06/30/16 Name & Address | | |
| Mark Jones | | |
| 2460 Pine Hollow Dr | .115.00 | . 115.00 |
| East Lansing MI 48823 | • | 1 |
| 5. If over \$100.00 cumulative, please provide: | Olles Hannes | Adams Hamilton |
| Occupation Physician Employer | Click Here to | Memo Itemization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtot | al \$765.00 | |
| rage country | - 9/03.00 | - |
| Grand Total of All Schedules 1/ | | |
| (Complete on last page of Scheduk | Enter this total on | ₹. |
| Page 12 of 26 | line 3a of Summary Page. | |



1. Committee I.D. Number _

029234

CANDIDATE COMMITTEE

2. Committee Name

Committee To Re-Elect Tom Reich For Sheriff

| | - C - C - C - C - C - C - C - C - C - C | |
|--|---|--|
| 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 06/30/16 Name & Address: | | |
| Mike & Kellie Garland | | |
| 9517 Columbia Hwy | 447.00 | 447.00 |
| Eaton Rapids MI 48827 | § 447.00 | \$ 747.00 |
| 5. If over \$100.00 cumulative, please provide: | Clinic Lines for | n Manna Hansinstina |
| Occupation Law Enforcement Employer | Click Here for Memo Itemization | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/30/16 Name & Address | | , |
| Mike & Kelli Wriggelsworth | 400.00 | 400.00 |
| 3512 N Clinton Trl | _s 180.00 | _s 180.00 |
| Charlotte MI 48813 | <u>s</u> . | |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo itemization |
| Occupation Sales Employer | ig | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | , |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/30/16 Name & Address: | | |
| Thomas Foote | 455.00 | |
| 1428 E Dansville Rd | _s 157.00 | _s 157.00 |
| Masonn MI 48854 | | T |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| | | Ü |
| Occupation Retired Employer | | • |
| Business Address Type of Contribution: Direct Loan from a person / Fund Raiser | | |
| | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 06/30/16 Name & Address | | |
| Brion Pearson | | |
| 2418 Teel Ave | ,215.00 | , 215.00 |
| Lansing MI 48910 | • | 1 |
| 5. If over \$100.00 cumulative, please provide: | Clink Upon for | Memo Itemization |
| Occupation Medical Employer | Click Hele to | Memo Remization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Sublotal | \$999.00 | |
| 2 - 0 000 | \$333.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | | j |
| | Enter this total on line 3a of Summary | |
| Page 13 of 26 | Page. | |