

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

INOTITIOS ITOMO OTRA TELEFORMA INC.		Table 4 and 1	
Committee Identification No.	•	3. Type of Filing	
69598-50	•	Original X Amendment to Item(s) 5,7,8,	₩,10
2. Full Name of Committee		Date Change Took Place	
	M DOUM	MAY 2, 1994	
COMMITTEE TO ELECT DO	ON DROWN	Month Day	Year
4. Candidate Name		County of Residence	
Office Sought (include district or jurisdiction	n served)	Party (if applicable)	
5. Committee Street Address (street, city, sta	te, zip code)	5a. Committee Mailing Address (if diffe	erent from street address)
64647 NORWICH CIRCLE WASHINGTON MI 48095		 	
6. Date Committee Was Formed	8. Full Name and Mailing Addr	ess of Treasurer. A	rea Code and Phone
	DON BROWN	(8)	10)752-5968
Mo. Day Yr. 7. Committee Area Code and Phone	64647 NORWICH		
810-752-5968	WASHINGTON MI	48095	
Identify the person who will be responsible for th	committee's records and Campaign	Statement filings.lf committee's treasurer will I	nandle these responsibilites,
leave this item blank. Name	Mailing Address		Area Code/Phone .
40. DEDORTING MANUER CECTION			MACON IN THE COMMENT OF THE COMMENT
10. REPORTING WAIVER SECTION The Committee does NOT expect to	receive or expend in excess of	\$1,000.00 in an election.	質的なった「
11. Names and addresses of depositories or and any secondary depositories).	intended depositories of commi	ttee funds (list both official depository	12. This jet and lies only to a gibernatorial candidate Committee The committee committee contributions for public funding.
13. Verification: I/We certify that all reason.	able diligence was used in the	preparation of the above statement, and	I that the contents are true, accurate and
complete to the best of my	our knowleage or bellet.	1 2	
TreasurerDON_BRO	wn / A	In Desur	Date 05-02-94
Type or Print Name		Signature	Mo. Day dr. Date 05-02-94
Candidate	WN //	Signature Signature	Date U3-U2-94 Mo. Day Year
Type of Fillit Marile		· · · · · · · · · · · · · · · · · · ·	
14. FOR OFFICEHOLDERS' USE ONL	Y (Complete only if you have e	stablished an Officeholder Expense Fund)	
14a. Full Name and Address of Officeholder Expense Fund	Officeholder 	Expense Fund	4c. Officeholder Expense Fund Depository Name and Address
CFR-101 (3/92)	Authority granted under	Act 388 of 1976, as amended.	



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INSTRUCTIONS ON REVERSE FOR UPDAT	ING PROCEDURES.		
1. Committee		3. Type of Filing	
Identification No. 69598-50		Original Amendment to Item(s) 5,7,	8.7.10
O Full Name of Committee		Date Change Took Place	
2. Full Name of Committee		MAY 22, 19	
COMMITTEE TO ELEST DO)N BROWN	Month Day	
4. Candidate Name		County of Residence	
			,
Office Sought (include district or jurisdiction	n served)	Party (if applicable)	
5. Committee Street Address (street, city, sta	te, zip code)	5a. Committee Mailing Address (if	different from street address)
64647 NORWICH CIRCLE			
WASHINGTON MI 48095		1	
		1	
6. Date Committee Was Formed	8. Full Name and Mailing Add		Area Code and Phone
Mo. Day Yr.	DON BROWN	•	810)752-5968
7. Committee Area Code and Phone 810-752-5968	64647 NORWICE WASHINGTON MI		
810-732-3908	WADIIINGION III		
Identify the person who will be responsible for the leave this item blank.	ecommittee's records and Campaiq	gn Statement filings.ff committee's treasurer w	vill handle these responsibilites,
Name	Mailing Address		Area Code/Phone
			Trans. In
			720 88
			200 -
10. REPORTING WAIVER SECTION		** · · · · · · · · · · · · · · · · · ·	
The Committee does NOT expect to	receive or expend in excess of	of \$1,000.00 in an election.	125
11. Names and addresses of depositories or	intended depositories of comm	nittee funds (list both official depository	12 This item applies poly to a
and any secondary depositories).			governatoring Candidate Com-
			Checke if this committee
			intends fo seek qualifying continuitions for public
			funding.
13. Verification: I/We certify that all reasona		preparation of the above statement, a	and that the contents are true, accurate and
complete to the best of my/	our knowledge or belief.		
	•	\mathcal{A} \mathcal{A}	•
Treasurer DON_BROW	B /	In Bow	Date 04-02-94
Type or Print Name	··· / /	Signature	Mo. Day
Candidate DON BROW	N /	Signature Signature	Date 05-02-94 Mo. Day Year
14. FOR OFFICEHOLDERS' USE ONL'	(Complete only if you have	established an Officeholder Expense Fur	nd)
	I		þ
14a. Full Name and Address of Officeholder Expense Fund	'	and Address of Treasurer of er Expense Fund	14c. Officeholder Expense Fund Depository Name and Address
Expense vans	05051.5		1
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CFR-101 (3/92)	Authority granted under	Act 388 of 1976, as amended.	



CFR 101 (5/89)

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

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MICHIGAN DEPARTMENT OF STATE Bureau of Elections

Type or Print Clearly 1. Committee 3. Type of Filing Identification No. Original 69598-50 Amendment to Item(s) _/O Date Change Took Place CTE DON BrOWN Month 4. Candidate Name County of Residence DON Brown MACOME Office Sought (include district or jurisdiction served) Party (if applicable) 13 DISTRICT COUNTY COMMISSIONER REPUBLICAN 5. Committee Street Address (street, city, state, zip code) 5a. Committee Mailing Address (if different from street address) 8854 N. 570my J-237 WASHINGTON MI. 48094 6. Date Committee Was Formed 8. Full Name and Mailing Address of Treasurer Area Code and Phone DON BROWN Mo. /2 Day 23 Yr. 87 (313) 786-9131 7. Committee Area Code and Phone 8854 N. STONY J-237 WASHINGTON ME 48094 (313) 786-9131 9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, Mailing Address Area Code/Phone 10. REPORTING WAIVER SECTION The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. £ 7: 11. Names and addresses of depositories or intended depositories of committee funds (list both official depository 12. This item applies only to a and any secondary depositories). gubernatorial Candidate Committeë. Check This committee intends to seek qualifying contributions for public funding 13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents care true, accurate and complete to the best of my/our knowledge or belief. Signature 14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund) 14a. Full Name and Address of Officeholder 14b. Full Name and Address of Treasurer of 114c. Officeholder Expense Fund Depository Expense Fund Officeholder Expense Fund Name and Address

Authority granted under Act 388 of 1976, as amended.



STATMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE

	Bureau of Elections
	92/280/2 20 50 F
e or Print Clearly	3. Type of Filing
Committee	
Identification No. 69598-50	Amendment to Item(s) #4
	Date Change Took Face
Full Name of Committee	5 4 92 Month Day Year
CTE DON BROWN	County of Residence
Candidate Name	County of Hospital
A	Party (if applicable)
Office Sought (include district or jurisdiction served)	
COUNTY COMMISSIONER DISTR Committee Street Address (street, city, state, zip coc	e) 5a. Committee Mailing Address (if different from street address)
Committee Street Address (stroot, only	
	1 1
	J. Phone
8. Full N	ame and Mailing Address of Treasurer Area Code and Phone
5. Date Committee 1122	
Mo. Day Yr.	
7. Committee Area Code and Phone	e's records and Campaign Statement filings.lf committee's treasurer will handle these responsibilities, Area Code/Phone
10. REPORTING WAIVER SECTION The Committee does NOT expect to receive	or expend in excess of \$1,000.00 in an election. I depositories of committee funds (list both official depository gubernatorial Candidate Committee.
and any secondary depositories.	Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable dilicomplete to the best of my/our kn	gence was used in the preparation of the above statement, and that the contents are true, accurate a wledge or belief.
	Date
	Signature Mo. Day
Type or Print Name	Date 5 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Candidate Sant Name	Signature With
Type or Print Name	C acces Fund
14. FOR OFFICEHOLDERS' USE ONLY (Co	nplete only if you have established an Officeholder Expense Fund)
14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Name and Address Officeholder Expense Fund
	Authority granted under Act 388 of 1976, as amended.
CFR 101 (5/89)	Authority granted under Act 300 of 1070, 55 5

SUBMIT TO FILING OFFICIAL



CFR 101 (5/89)

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

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pe or Print Clearly			7	
Committee Identification No. 69598 - 5	0	3. Type of Filing JAN 3 Original Amendment to Item(s)	2 Recort	1) WAINER
Full Name of Committee CommiTTEE TO ELECT DON B	rown	Date Change Took	PRINCENS, MIC Day	9a Year
1. Candidate Name Dow Brown		County of Residence		
Office Sought (include district or jurisdiction s	erved) Commissionen	Party (if applicable) Republica	14	48
5. Committee Street Address (street, city, state, 8854 N. STONY J-WASHINGTON MI. 46	zip code)	5a. Committee Mailing Address I I I I	s (if different f	rom street address)
6. Date Committee Was Formed 8	. Full Name and Mailing Addr	ess of Treasurer	Area Co	de and Phone
Mo. 4 Day 25 Yr. 89 7. Committee Area Code and Phone (313) 786- 9/3/	DON Brown 8854 N. STONY J WASHINGTON MI. S	-337 18094	(313)	786-9131
10. REPORTING WAIVER SECTION				
The Committee does NOT expect to r 11. Names and addresses of depositories or in and any secondary depositories).		· · · · · · · · · · · · · · · · · · ·	ository 12	This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public funding
13 Verification. I/We certify that all reasonab complete to the best of my/o		preparation of the above stater	nent, and that	the contents are true, accurate an
Treasurer Dow Brown Type or Print Name Candidate Dow Brown Type or Print Name	De	Signature Signature Signature		Date / 30 Date / 20 Mo. Day Yes
14. FOR OFFICEHOLDERS' USE ONLY	(Complete only if you have	established an Officeholder Expe	nse Fund)	
14a Full Name and Address of Officeholder Expense Fund	·	and Address of Treasurer of or Expense Fund		Officeholder Expense Fund Depositor Name and Address
			, 1 1	



STEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

Type or Print Clearly	·	•
1. Committee	3. Type of Filing	
Identification No. 69598-50	U Original	0
	Amendment to Item(s) 4,5,5A,7	, 8,
2. Full Name of Committee	Date Change Took Place	90
COMMITTEE TO ELECT	05 - 21 - Month Day	Year
4. Candidate Name	County of Residence	
Don Brown	MACOMB	
Office Sought (include district or jurisdiction served)	Party (if applicable)	
12+H COUNTY COMMISSIONER	DISTRICT REPUBLICAN	from street address
5. Committee Street Address (street, city, state, zip code)	5a. Committee Mailing Address (if different	•
8854 NORTH STONY DR. J-237	8854 NORTH STOP	The state of the s
WASHINGTON MI. 48094	CUASHINGTON MI.	48094
	ividing riddiese of riddere.	Code and Phone
Mo. 12 Day 13 Yr. 87 DON B	10000 8854 N. STONY J-237 WASHINGTON MI. 48094	(313)786-9131
7. Committee Area Code and Phone	LOOCHINGTON MI 48094	
(313) 786-9131	WASIII J. 1.2. 1.0	
9. Identify the person who will be responsible for the committee's records	and Campaign Statement filings.If committee's treasurer will handle	these responsibilites,
leave this item blank. Name Mailing Address		Area Code/Phone
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	:	700
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10. REPORTING WAIVER SECTION	1 04 000 00 in an alexina	#65 2 F
The Committee does NOT expect to receive or expend		. Z. O
 Names and addresses of depositories or intended depositor and any secondary depositories). 	ies of committee funds (list both official depository	This item applies only to a cipubernators Candidate Com-
•··• -··, ··· , · · , · · , · · · ,		naittee.
		Check this committee intends to seek qualifying
		contributions for public
		funding.
13. Verification: I/We certify that all reasonable diligence was		t the contents are true, accurate and
complete to the best of my/our knowledge or	belief.	
Treasurer/	/	Date
Type or Print Name	Signature	Mo. Day
Candidate Don Brown /	Ven Beoar	Date 05-21 - 90 Mo. Day Year
Type or Print Name	Signature	Mo. Day Year
14. FOR OFFICEHOLDERS' USE ONLY (Complete only i	if you have established an Officeholder Expense Fund)	•
14a. Full Name and Address of Officeholder 14b	Full Name and Address of Treasurer of 14c. (Officeholder Expense Fund Depository
Expense Fund		Name and Address
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Authority de	anted under Act 388 of 1976, as amended.	



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MICHIGAN DEPARTMENT OF STATE Elections Division M fas

Type or Print Clearly

1: Committee		3. Type of Filing	·	
Identification No. 69598 - 50		Original /	_	
		Amendment to Item(s)		
2. Full Name of Committee		Effective Date of Ar		
COMMITTEE TO FLECT D	on Brown	12 19	· · · · · · · · · · · · · · · · · · ·	
		Month Da	ay Year	•
4. Candidate Name		County of Residence		
DON Brown		MAKOMB		
Office Sought		Party (if applicable)		
TRUSTIM - WASHINGTON	TOWNSHIP	REPUBLICAN		
5. Committee Street Address (street, city, sta	· · · · · · · · · · · · · · · · · · ·	5a. Committee Mailing Address (if	f different from street address)	
66692 VAN DYKA A-8		1	•	
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Romeo MI. 48065	•	į –		
	:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
6. Date Committee Was Formed	8. Full Name and Mailing Addre		Area Code and Phone	
Mo. /2 Day /3 Yr. 87	MARY E. Brow	ON	(313) 781-61/13	
7. Committee Area Code and Phone	P.O. Box 253		5 8	*
313 752-6280		2004		
	WASHINGTON, MI. 48	3077		
9. Identify the Principal Officers of this Comm	and the second s	*		
Name	Title or Position	Mailing Address	Area Code/Pl	no
	• .			
The second secon			z > 00	
10. REPORTING WAIVER SECTION The Committee does NOT expect to	receive or evnend in evcess of	\$1,000,00 in an election		
11. Names and addresses of depositories or and any secondary depositories).	intended depositories of committ	ee funds (list both official depositor	12. This item applies only to gubernatorial Candidate Co	
	·		mittee.	
			Check if this commit	
		•	intends to seek qualify contributions for pu	
			funding.	
13. Verification: I/We certify that all reasons	ble diligence was used in the n	reneration of the above statement	and that the contents are true accu	rate and
complete to the best of my		reparation of the above statement,	, und that the bontonal did they been	
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	,		•	
Treasurer		Signature	Date Day	Year
Type or Print Name	/ /	Signature	/1: 4	3
Candidate		Signature	Date <u>/ </u>	1-48
Type of Time Nome	<u> </u>			
14. FOR OFFICEHOLDERS' USE ONL	V (Complete cally if you have go	tablished an Officeholder Evnense E	Fund)	i
14. FOR OFFICEHOLDERS USE ONL	t (Complete only if you have est	ablished all Officeriolder Expense i	andy	
14a. Full Name and Address of Officeholder	 14h Full Name ar	nd Address of Treasurer of		pository
Expense Fund		Expense Fund	Name and Address	
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STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

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MICHIGAN DEPARTMENT OF STATE Elections Division

Type or Print Clearly

CFR 101 (2/86)

Type of time didaily			
1. Committee Identification No.	-50	3. Type of Filing Original	
		Amendment to Item(s)	
2. Full Name of Committee		Effective Date of Amen	dment
COMMITTEE TO ELE	CT DON BROWN	Month Day	Year
4. Candidate Name DON BROWN		County of Residence	m B
		•	
Office Sought TRUSTEE WHSH 5. Committee Street Address (street, city, sta	INGTON TWP.	Party (if applicable) REPU.	BLICAN
5. Committee Street Address (street, city, sta	ite, zip code)	5a. Committee Mailing Address (if di	fferent from street address)
66693 UAN DYKE	7 A-8	! 	
ROMEO, MI. 5	18065] 	
6 Date Committee Was Formed	O Full Name and Matter Adde		Area Code and Phone
6. Date Committee Was Formed	8. Full Name and Mailing Addre		Area Code and Phone
Mo. 12 Day 33 Yr. 87 7. Committee Area Code and Phone	MARY E. B	ROWD .	313 255 1 3045
7. Committee Area Code and Phone	57033 PLYM.	OUTH	ကိုင်္ပေ မ
313-752-6280	WASHINGTON, 1	n1 48094	
9. Identify the Principal Officers of this Comm			
Name	Title or Position	Mailing Address	Area Code/Phone
NANCY J. ALBERT		60943 CAMPE	
			_
MICHAEL CAMACO		7735 GARLAN	
10. REPORTING WAIVER SECTION		WASHIN	GTON
The Committee does NOT expect to	receive or expend in excess of (\$1,000,00 in an election	
Names and addresses of depositories or and any secondary depositories).			12. This item applies only to a
	le Tout and	par land	gubernatorial Candidate Com- mittee.
Just Just 1	1.9 Trust Washington.	974, 78065	Check if this committee
			intends to seek qualifying contributions for public
washington, me	x 6804A		funding.
13. Verification: I/We certify that all reasona		eparation of the above statement, an	that the contents are true, accurate and
complete to the best of my/	our knowleage of beliet.		
Treasurer MARY E. BROCE Type or Print Name Candidate DONALD C. BRO	UN 1 mar	LE Brown	Date 13 13 8
Type or Print Name		Signature	Mo. Day Ye
Candidate DONALO C. BRO	DUN / de	y E, Brown Signature	Date 12 13 87
Type or Print Name		Signature	Mo. Day
14. FOR OFFICEHOLDERS' USE ONLY	(Complete only if you have esta	ablished an Officeholder Expense Fund	
14a. Full Name and Address of Officeholder	l 14b. Full Name an	d Address of Treasurer of	4c. Officeholder Expense Fund Depository
Expense Fund	Officeholder E		Name and Address
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Authority granted under Act 388 of 1976, as amended.