



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY



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

3. This Statement covers From <u>7-1-04</u> To <u>7-16-04</u> <small>Mo Day Year Mo Day Year</small>	
1. Committee I.D. Number <u>69598</u> 2. Committee Name <u>CTE DON BROWN</u>	4. Candidate Last Name <u>BROWN</u> First Name <u>DON</u> M.I. _____ 4a. Office Sought Including District # or Community Served (If applicable) <u>COUNTY COMMISSIONER 13TH DISTRICT</u> 4b. County of Residence <u>MACOMB</u> Driver License # (Optional) _____
5. Committee's Mailing Address <u>64647 NORWICH WASHINGTON MI 48095</u> Area Code and Phone <u>586-752-5968</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Name & Residential Address <u>DON BROWN</u> <u>64647 NORWICH GACK WASHINGTON MI 48095</u> Area Code & Phone <u>(586) 752-5968</u> Driver License # (Optional) _____
7. Treasurer's Business Address <u>10 SOUTH MAIN MT. CLEMENS MI 48043</u> Area Code and Phone <u>(586) 469-5125</u>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>N/A</u> Area Code and Phone () _____ Driver License # (Optional) _____

9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>8</u> / <u>3</u> / <u>04</u> <small>Month Day Year</small>		9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ <small>Month Day Year</small> By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper <u>DON BROWN</u> <small>Type or Print Name</small>	 <small>Signature</small>	Date <u>7-23-04</u> <small>Mo Day Year</small>
Candidate <u>DON BROWN</u> <small>Type or Print Name</small>	 <small>Signature</small>	Date <u>7-23-04</u> <small>Mo Day Year</small>



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 69598
2. Committee Name CTE DON BROWN

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>7,350</u>	(18.) \$ <u>7,350</u>
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0</u>	(19.) \$ <u>0</u>
c. Subtotal of "Contributions"	(3c.) \$ <u>7,350</u>	(20.) \$ <u>7,350</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>7,350</u>	
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-K, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2457.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>300.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2757.00</u>	(23.) \$ <u>2757.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>4,033.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>7,350.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>11,383.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,757.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>8,626</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold. All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math. Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-sum



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
2. Committee Name CTE DON BROWN

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>VICKIE KUHS</u> Address: <u>70630 EIDRED ROMEO MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>PAUL OKONIEWSKI</u> Address: <u>71970 LASSIE ROMEO MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>WILLIAM McHARG</u> Address: <u>124 W. GATES P.O. Box 644 ROMEO MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>KENNETH DECOCK</u> Address: <u>80575 HOLMES RD ARMADA MI. 48005</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	250.00	

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
2. Committee Name CTE DON BROWN

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 from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>MICHAEL MCINTYRE</u> Address: <u>2323 WHISPERING HILLS CT. WASHINGTON MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>PAUL COLLINS</u> Address: <u>52353 MOUND SHELBY TWP MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>CHARLES FINNIE</u> Address: <u>817 RIVERVIEW MARYSVILLE MI 48040</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>TIM WARD</u> Address: <u>4436 SATINWOOD DR. OKEMOS MI 48864</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		25.00	25.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		325.00	

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
2. Committee Name CTE DON BROWN

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>KATRINA SCHUMACHER</u> Address: <u>2747 S. VAN DYKE Imlay City MI 48044 48444</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	<u>50.00</u>	<u>50.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt Name: <u>ABIGAIL JACOBSON</u> Address: <u>2747 S. VAN DYKE Imlay City MI 48444</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	<u>50.00</u>	<u>50.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt Name: <u>CHESTER ZACHOWSKI</u> Address: <u>15355 E. 32 mile Rd ^{Ray} Rose MI 48096</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DRIVER - TRANSPORTATION</u> Employer <u>REI General</u> Business Address <u>15355 E. 32 mile Rd Ray MI 48096</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	<u>400.00</u>	<u>400.00</u>
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt Name: <u>ANTHONY MARTELLO Victory PAC</u> Address: <u>39655 MORAVIAN CLINTON TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	<u>100.00</u>	<u>100.00</u>
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	<u>600</u>	

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 69598
2. Committee Name CTE Don Brown

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>D. J. KETHIG</u> Address: <u>3192 STAFF, ARMADA MI 48005</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>JAMES CARNAGO</u> Address: <u>69470 SAXON RD. ROMEO MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>ROBERT KIRK</u> Address: <u>19500 HALL RD STE 100 CLINTON TWP MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>SANBORN FOR SENATE</u> Address: <u>RD. Box. 183075 SHILBY MI 48318</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	350.00	

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
2. Committee Name CTE DAN BROWN

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>DONALD M. BROWN</u> Address: <u>1022 EAGLE NEST CT ROCHESTER MI 48306</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>THOMAS RAYMUS</u> Address: <u>20518 EDMUNTON ST. ST. CLAIR SHORES MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>J. RUSSELL LABARGE JR.</u> Address: <u>24825 LITTLE MACK ST. CLAIR SHORES MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: _____ Address: <u>MARK MUELLER, 938 BLAIRMAR CT GROSSE POINTE WOODS MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	400.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
 SCHEDULE 1A
 CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
 2. Committee Name CTE DON BROWN

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>THOMAS BOMMARITO</u> Address: <u>48049 JAMES SHELBY TWP MI 49317</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>ANTHONY BENENATE</u> Address: <u>58955 MOUND RD LANSINGTON MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>SELF</u> Business Address <u>46591 ROME PLANK MRCOMB MI 48044</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>DEBORAH OBRECHT</u> Address: <u>8661 NORTH DUTCHESS ROME MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>FRED BLONDE</u> Address: <u>11301 BLACK WALNUT CR WASHINGTON MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	200.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
2. Committee Name CTE DON BROWN

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>DENIS LEDUC</u> Address: <u>68260 EGIN WAY WASHINGTON MI 48095</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>COLLIN EMMETTY</u> Address: <u>7444 W. GATES ST. ROMEO MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>CHARLES UNAZIE</u> Address: <u>7505 W. GATES ROMEO MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>ROBERT SAWICKE</u> Address: <u>23273 DOREMUS ST. CLAIR SHORES MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	200.00	

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MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
2. Committee Name CTE DON BROWN

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>JACK SELLERS</u> Address: <u>1675 RIVERSIDE DR, ROCHASTER HILLS MI 48309</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>FREDERICK FRANZEL, JR.</u> Address: <u>43902 WOODWARD AVE, BLOOMFIELD HILLS MI 48302</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	150.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>MARIANNE WEISS</u> Address: <u>11151 JONATHAN ROMEO MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>ROBERT HATH</u> Address: <u>19506 HALL RD CLINTON TWP MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	300.00	

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MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED CONTRIBUTIONS
 SCHEDULE 1A
 CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
 2. Committee Name CTE DON BROWN

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt: <u>5-4-04</u> Name: <u>Darryl Racz</u> Address: <u>8874 HEATHERWOOD CT. ROMEO MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER/CONSTRUCTION</u> Employer <u>RACZ CONSTRUCTION</u> Business Address <u>8874 HEATHERWOOD CT ROMEO MI 48065</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt: <u>5-4-04</u> Name: <u>GARY SCHOCKE</u> Address: <u>8960 AARON ROMEO MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt: <u>5-4-04</u> Name: <u>KENNETH SANBORN</u> Address: <u>16971 CRYSTAL DRIVE MACOMB MI 48042</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt: <u>5-4-04</u> Name: <u>RICHARD SNAFER</u> Address: <u>130 SNAFER RD ROMEO MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SNAFER CONSTRUCTION CO.</u> Business Address <u>130 SNAFER RD ROMEO MI 48065</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	150.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	500.00	

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
 Bureau of Elections

**ITEMIZED CONTRIBUTIONS
 SCHEDULE 1A
 CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
 2. Committee Name CTE DAN BROWN

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>PAUL LIEBERMAN</u> Address: <u>4102 WINTERSET WEST BLOOMFIELD MI 48323</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>GARY ANTHONY</u> Address: <u>11050 WEALTHY LN ROMEO MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>PAUL VIAR</u> Address: <u>53134 Alysso SHELBY TWP MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>HELEN DECKER</u> Address: <u>468 HARVARD ROMEO MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	150.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	350.00	

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
2. Committee Name CTE DAN BROWN

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt.)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>BETTY BRODACKI</u> Address: <u>19351 27 MILE RD RAY MI 48096</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	<u>100.00</u>	<u>100.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>MARK GODEK</u> Address: <u>5638 DRAKE HOLLOW DR. WEST BLOOMFIELD MI 48322</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	<u>100.00</u>	<u>100.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>CONRAD WILAMOWSKI</u> Address: <u>6911 TIMBERCREST WASHINGTON MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	<u>100.00</u>	<u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>DOMINIC ABBATE</u> Address: <u>2500 ROYAL VIEW OAKLAND MI 48363</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	<u>100.00</u>	<u>100.00</u>
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	<u>400.00</u>	

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MICHIGAN DEPARTMENT OF STATE
 Bureau of Elections

**ITEMIZED CONTRIBUTIONS
 SCHEDULE 1A
 CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
 2. Committee Name CTE DAN BROWN

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>CTE TED WARDY</u> Address: <u>30117 Elm Grove St. Clair Shores MI 48082</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>GEBRAN ANTON</u> Address: <u>79 Macomb Place Mt. Clemens MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>JOSEPH KOSTESICH</u> Address: <u>51950 Van Dyke Shelby MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>MICHAEL CHIRCO</u> Address: <u>46600 Romeo Plank Macomb Twp 48049</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Developer</u> Employer <u>SELF</u> Business Address <u>46600 Romeo Plank Macomb MI 48049</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	200.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	350.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
2. Committee Name CTE Don Brown

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>WILLIAM COUCH</u> Address: <u>63750 Campground WASHINGTON MI 48095</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>ANTHONY LOMBARDO</u> Address: <u>6303 26 mile WASHINGTON MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SELF</u> Business Address <u>6303 26 MILE RD WASHINGTON MI 48094</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>CARL DALLO</u> Address: <u>41544 RED OAK STERLING HEIGHTS MI 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>NAZAR SAQIK</u> Address: <u>3106 MORC, STERLING Hgts. MI 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BABY ALAN PARTY STORE</u> Business Address <u>25611 VANDYKE WASHINGTON MI 48094</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	500.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	700.00	

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**ITEMIZED CONTRIBUTIONS
 SCHEDULE 1A
 CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
 2. Committee Name CTE Dan Brown

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>JOHN AXE</u> Address: <u>21 KERCHEVAL AVE, STE 360 GRASSY POINTE FARMS MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BOND CONSUL</u> Employer <u>SELF</u> Business Address <u>21 KERCHEVAL AVE, STE 360 GRASSY POINTE FARMS MI 48236</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	150.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>JOHN CATENACCI</u> Address: <u>21570 HALL MT. CLEMENS MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SELF</u> Business Address <u>21570 HALL RD. PAL MT. CLEMENS MI 48043</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>JOSEPH McMILLAN</u> Address: <u>1333 KENSINGTON RD BLOOMFIELD HILLS MI 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>THOMAS STOREY</u> Address: <u>12101 AUSTRIAN WAY OAK PARK MI 48237</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	300.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
2. Committee Name CIE DAN BROWN

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 from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>ALAN POLACK</u> Address: <u>45684 VILLAGE SHELBY TWP MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>CHERYL KUCHENMEISTER</u> Address: <u>70237 MOUNTAIN CREEK RIDGE MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>JOSEPH POTREK</u> Address: <u>39560 LEMBKE STERLING HIGHS MI 48313</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>CHARLOTTE MCINTYRE</u> Address: <u>2323 WHISPERING HILLS CT. WASHINGTON MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		225.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
2. Committee Name CTE Don Brown

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>D FRAN GILLET</u> Address: <u>SHELBY TWP MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>HANNA SOKANA</u> Address: <u>8938 INVERNESS DR WASHINGTON MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	180.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>WILLIAM WESTRICK</u> Address: <u>51301 SCHOMERT RD SHELBY MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>ROBERT SACCO</u> Address: <u>7039 RICKEPT DR. WASHINGTON MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	350.00	

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
2. Committee Name CTE DAN BROWN

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>PAT STRACHAN</u> Address: <u>3285 SPRING MEADOW DR. ROCHESTER MI 48306</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>JEFFREY FRITZ</u> Address: <u>64441 VANDYKE WASHINGTON MI 48095</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>FRITZ BUILDERS</u> Business Address <u>64441 VANDYKE WASHINGTON MI 48095</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>JAMES VANSTEGENKISTE</u> Address: <u>21541 25 MILE RD MACOMB TWP MI 48042</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>ANTHONY BREREN</u> Address: <u>11309 BAY BERRY DR. Romeo MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	250.00	

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MICHIGAN DEPARTMENT OF STATE
 Bureau of Elections

**ITEMIZED CONTRIBUTIONS
 SCHEDULE 1A
 CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
 2. Committee Name CTE DON BROWN

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>MICHAEL HOHAUSER</u> Address: <u>1270 LIVERNDIS ROCKSTER MI 48308</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>LOU CURTIS</u> Address: <u>64553 WICKLOW HILL WASHINGTON MI 48095</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>MICHAEL DEVAULT</u> Address: <u>7910 WALTERS, LAINGSBURG MI 48848</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>DEL BECKER</u> Address: <u>21035 BOLFOUR CLINTON TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	275.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
2. Committee Name CTE DON BROWN

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>CYNTHIA ZERKOWSKI</u> Address: <u>29324 W. 12 MILE FARMINGTON HILLS MI 48334</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>EDWARD GRAHAM</u> Address: <u>6716 RICKETT WASHINGTON MI 48099</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>JEFFERY KULPA</u> Address: <u>605 HIGH POINT CIRCLE ROCHESTER HILLS MI 48307</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>JOSEPH HUPFEL</u> Address: <u>66526 CAMPGROUND ROMCA MI 48095</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	200.00	

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598

2. Committee Name CTE DAN BROWN

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>RALPH MACCARONE</u> Address: <u>13921 BRISLECO CHASE SHARBY TWP MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>DON SWETS SWETS</u> Address: <u>6900 TIMBERCREST WASHINGTON MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>PAUL POLJON</u> Address: <u>6316 OLD COUNCIL WASHINGTON MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>ASSOCIATED BUILDERS AND CONTRACTORS</u> Address: <u>25009 DEQUINNE MADISON HTS MI 48071</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	325.00	

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
2. Committee Name CTE Dow Brown

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-4-04</u> Name: <u>ED KAREM</u> Address: <u>6500 29 MILE RD WASHINGTON MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u> Business Address <u>6500 29 MILE RD WASHINGTON MI 48094</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	<u>500.00</u>	<u>500.00</u>
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	<u>500.00</u> <u>7,350</u>	

Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 69598
2. Committee Name CTE DON BROWN

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>PILGRIM PRINTING</u> Address <u>64023 VAN DYKE WASHINGTON MI 48095</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>TICKETS/ENVELOPES</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-9-04</u>	<u>248.91</u>
Expenditure #2 Name <u>PILGRIM PRINTING</u> Address <u>64023 VAN DYKE WASHINGTON MI 48095</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STATIONERY</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-9-04</u>	<u>558.13</u>
Expenditure #3 Name <u>MACOMA County Republicans</u> Address <u>48129 VAN DYKE WASHINGTON MI 48095</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-15-04</u>	<u>100.00</u>
Expenditure #4 Name <u>MONEY CLUB</u> Address <u>675 MINOT ROMEO MI 48065</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-23-04</u>	<u>100.00</u>
Expenditure #5 Name <u>GLACIER CLUB</u> Address <u>8000 GLACIER CLUB DR. WASHINGTON MI 48094</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>RENTAL FEE</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-4-04</u>	<u>272.50</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1279.54

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page 1 of 3

Authority granted under P.A. 366 of 1976

CFR Rev 7/1999c-1b

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 69598
2. Committee Name CTE DON BROWN

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>POST MASTER</u> Address <u>52000 VANDYKE WASHINGTON MI 48094</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-3-04</u>	<u>156.00</u>
Expenditure #2 Name <u>STEPHAN BAKSIS</u> Address <u>7830 SUMMERS UTICA MI 48317</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Design/Layout</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-4-04</u>	<u>165.00</u>
Expenditure #3 Name <u>WASHINGTON LIONS CLUB</u> Address <u>52050 VANDYKE WASHINGTON MI 48094</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DUES</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-5-04</u>	<u>165.00</u>
Expenditure #4 Name <u>MACOMB COUNTY</u> Address <u>10 S. MAIN MT. CLEMENS MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TRAVEL EXPENSE</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-11-04</u>	<u>116.90</u>
Expenditure #5 Name <u>SELFRIDGE BASE COMMUNITY COUNCIL</u> Address <u>83 MACOMB PLACE MT. CLEMENS MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DUES</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-16-04</u>	<u>100.00</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

702.90

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 69598
2. Committee Name CTE DON BROWN

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>MICHIGAN FARMLAND ALLIANCE</u> Address <u>P.O. Box 30960</u> <u>LANSING MI 48909</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-16-04</u>	<u>100.00</u>
Expenditure #2 Name <u>VERIZON WIRELESS</u> Address <u>45111 PARK AVE</u> <u>STERLING HGT MI 48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CELL PHONE</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-8-04</u>	<u>374.58</u>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

<u>474.58</u>
<u>2457.02</u>

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 69598
2. Committee Name CTE DON BROWN

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>5 - 4 - 04</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>80</u>	5. Type of Fund Raising Activity <u>RECEPTION</u>	6. Address and Name (if any) of the place where the activity was held <u>GLACIER CLUB</u> <u>2000 CLUB BL</u> <u>WASHINGTON MI 48094</u> <input type="checkbox"/> Private Residence
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7. Total Contributions of \$20.00 or less 0

8. Total Contributions of \$20.01 or more 7350

9. SUBTOTAL (Add lines 7 and 8) 7350

10. Other Receipts 0

11. Gross Receipts (Add lines 9 and 10) 7350

12. Total Cost of Event* 677.41

*Includes In-Kind Contributions and All Expenditures Made For the Event

13. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.