



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1 of 2 (no cover)

**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.

|  |  |   |  |
|--|--|---|--|
| <b>1. Committee I.D. Number</b><br><b>69598</b>  |  | <b>3. This Statement covers:</b><br>from <b>12/31/13</b> to <b>07/20/14</b>   |  |
| <b>2. Committee Name</b><br><b>CTE Don Brown</b>   |  | <b>4. Candidate Last Name</b> <b>Brown</b> <b>First Name</b> <b>Don</b> <b>M.I.</b><br><b>4a. Office Sought Including District # or Community Served (If applicable)</b><br><b>County Commissioner, 7th District</b><br><b>4b. County of Residence</b> <b>MACOMB</b>  |  |
| <b>5. Committee's Mailing Address</b><br><b>6515 Old Coach Trail</b><br><b>Washington MI 48094</b><br><br>Area Code and Phone <b>(586) 419-2443</b><br>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.   |  | <b>6. Treasurer's Name &amp; Residential Address</b><br><b>Don Brown</b><br><b>6515 Old Coach Trail</b><br><b>Washington MI 48094</b><br><br>Area Code & Phone <b>(586) 419-2443</b>  |  |
| <b>7. Treasurer's Business Address</b><br><b>10 South Main</b><br><b>Mt. Clemens MI 48094</b><br><br>Area Code and Phone <b>(586) 469-5125</b>   |  | <b>8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)</b><br><b>N/A</b><br><br>Area Code and Phone _____  |  |
| <b>9. TYPE OF STATEMENT</b><br><b>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</b><br>Pre-Election or Post-Election Statement relates to:<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Convention<br><input type="checkbox"/> Special<br><input checked="" type="checkbox"/> School<br><input type="checkbox"/> Caucus<br><br>Date of Election, Convention or Caucus _____ |  | Required ONLY if candidate is not on the ballot for the current year:<br><input type="checkbox"/> July Quarterly<br><input type="checkbox"/> October Quarterly<br><b>9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year</b><br><b>9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</b>   |  |
|  |  | <b>9e. Dissolution of Candidate Committee</b><br><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.<br><br>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.<br><br>Effective date of dissolution _____<br><br>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. |  |
| <b>10. Verification:</b> 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 <b>Don Brown</b><br>Type or Print Name   |  | <b>Don Brown</b><br>Signature Date <b>8/18/14</b>   |  |
| Candidate <b>Don Brown</b><br>Type or Print Name   |  | <b>Don Brown</b><br>Signature Date <b>8/18/14</b>   |  |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598

2. Committee Name Committee To Elect 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 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>04/09/14</u> |   |
| Name & Address:<br>Bellanca LaBarge PC<br>20486 Vernier Rd<br>Harper Woods MI 48225  |   | \$ <u>50.00</u>                    | \$ <u>50.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser              |   | Click Here for Memo Itemization    |   |
| 3. Contribution #2   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____           |   |
| Name & Address:<br>_____<br>_____<br>_____   |   | \$ _____                           | \$ _____  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                         |   | Click Here for Memo Itemization    |   |
| 3. Contribution # 3  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____           |   |
| Name & Address:<br>_____<br>_____<br>_____   |   | \$ _____                           | \$ _____  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                         |   | Click Here for Memo Itemization    |   |
| 3. Contribution # 4  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____           |   |
| Name & Address:<br>_____<br>_____<br>_____   |   | \$ _____                           | \$ _____  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                         |   | Click Here for Memo Itemization    |   |

Page Subtotal

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

Enter this total on  
line 3a of Summary  
Page.