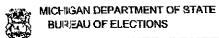
PAGE 01/02 / of 2 (NO COVC)

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE							
Report must be legible, typed or printed in ink an the treasurer (or designated record keeper) and o	d signed by candidate	3. This Statement covers:	rom 12/31/13	to 07/20/14			
1. Committee I.D. Number	" '	4. Candidate Lest Name		st Name	M.I.		
69598		Brown	Don				
		4a. Office Sought Including D	istrict# or Communi	ty Served (If applicat	ile)		
2. Committee Mame		County Commissioner, 7th District					
CTE Don Brown		4b. County of Residence MJ	ACOMB				
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address					
6515 Old Coach Trail		Don Brown 6515 Old Coach Trail					
Washington MI 48094		6515 Old Coach Trail					
		Washington MI 48094					
				<u> 7</u>	F 5		
Area Code and Phone (586) 419-2443	WAR THE STATE OF T						
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may		Area Code & Phone (586) 419-2443					
be sent to this address by the filing official.		Area Code & Phone (586) 4			<u>g⊸ co</u>		
7. Treasurer's Business Address		8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)					
10 South Main		N/A					
Mt. Clemens MI 48094							
Area Code and Phone (586) 469-5125		Area Code and Phone			·· <u> </u>		
9. TYPE OF STATEMENT			9e. Dissolution o	of Candidate Comm	ittee		
9a. X Pre-Election OR 9b. Post-Election	Required ON is not on the current year:		By checking to	his item I/We certify a to the candidate or his	any outstanding debt s or her spouse is here		
Pre-Election or Post-Election Statement relates to:			by discharged and	forgiven and no long ne committee has no	rer collectible from		
⊠Primary	July Quart	erly		or has any outstandi			
General	October Q	uarterly	Further, if the dissolution cannot be greated, that this be				
Convention			considered a reque	est for the Reporting	Waiver.		
Special	9c.	104-4					
⊠School	LIAnnua	l Statement () Coverage Year	Effective	dete of dissolution			
Caucus	gd, X Amen	dment to Campaign Statement	 	~~~			
(Comp		blete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposit	Note: The disposition of residual funds must be reported on			
	amend	· · · · · · · · · · · · · · · · · · ·	Schedule 1B and t	the Summary Page.	•		
Date of Election, Convention or Caucus			. (1)				
			-				
- A COMMAN							
10. Verification: IVVe certify that all reasonable dilig- mylour knowledge and belief the contents are true,	ence was used i accurate and co	ninhisete		hedules (if any) and t	o the best of		
Current Treasurer or Don Brown		In R.		O.	40144		
Designated Record Keeper Type or Print Name		1 XXIVI KOCOZAN		— Date	18/14		
) ype o: Fair iveine		aighaidre					
Candidate Doin Brown		, Signature , MM Blow	<u>~</u>	Bate8/	18/14		
Type or Print Name		Signeture					



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number ______98

Enter contributor's name middle initial. Check box Committee (PAC) Repor	c to indicate if cont	6, Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)			
Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date of R	eceip	04/09/14		
Bellanca LaBarge	PC					
20486 Vernier Ro					_s 50.00	ູ 50.00
Harper Woods MI 48225						<u> </u>
5. If over \$100.00 cumu	lative, please pro	Click Here for Memo Itemization				
Occupation	THE PROPERTY OF THE PARTY OF TH					
Business Address	- Pun					
Type of Contribution:	Direct	Loan from a person	✓	Fund Reiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of R	eceipi	t		
					\$	<u> </u>
5. If over \$100.00 cumu	lative, please pro	Click Here for Memo Itemization				
Occupation		Employer		<u> </u>		
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		41. 1. 4.
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of I	Receip	ot		
					\$	_ \$
					0	- Ir - 1*
5. If over \$100.00 cumu	lative, please pro		Click Here to	or Memo Itemization		
Occupation		Employer		A selection of the sele		
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4, Date of	Recei	ipt		
					\$	
5. If over \$1(k).00 cum	ılative, please pro	Click Here f	or Memo Itemization			
Occupation						
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
1119	****			Page Subtotal		
Grand Total of All Schedules 1A (Complete on last page of Schedule)					Enter this total on line 3a of Summa	ry
Pageof					Page.	-