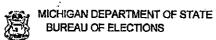


COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and	signed by	3. This Statement covers From:	12 10 112 114			
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.		./J/31./15_ to 7/30/19				
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.			
69598		لاري المحال الم				
2. Committee Name						
CTE DON Brown		COUNTY COMMISSICHT DISTRICT 7 4b. County of Residence MECOMB				
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address				
65/5 010 CONCH TA		_				
WASHINGTON ME 48094		- DON Brown				
		6515 010 CORDITE.				
COV-KIP - 1/1/1						
Area Code and Phone 526-119-2443 If the address in this box is different from the committee		WASHINGTON MI 48094				
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone 586-419-3443				
7. Treasurer's Business Address		Designated Record Keeper's Name and Address (If the committee has a				
		Designated Record Keeper)				
150. MA.H.	150 Mart		Nin			
150. MA. N. MI 48843						
MT.CCALENS 100 78073						
_						
Area Code and Phone 586-469-512	<u>s</u>	Area Code and Phone	<i> </i>			
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee			
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here			
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,			
Primary	Primary July Quart		owes no lates fees or has any oustanding debt.			
General	October C	Quarterly	Further, if the dissolution cannot be granted, that this be			
Convention			considered a request for the Reporting Walver.			
Special	9c, r 1.		,			
School	L 1-Annua	al Statement (<u>; </u>	Effective date of dissolution			
	l —	idment to Campaign Statement				
Caucus	(Com	plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of residual funds must be reported on			
·	amended.)		Schedule 1B and the Summary Page.			
Date of Election, Convention or Caucus						
8/2/14						
10. Verification: I/We certify that all reasonable dilig my/our knowledge and belief the contents are true,			ent and attached schedules (if any) and to the best of			
Current Treasurer or		A P				
Designated Record keeper Type or Print Name	<i>.</i>	1 Mon				
Type or Print Name		Signature	·			
Condidate Day Rossel		1 AM Beaux	2-12-22			
Candidate	•	Signature	Date			



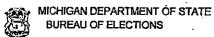
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

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? YES 4. Date of Receipt 04/11/14	_		
Harold Miller			
64100 Miller Rd.	400.00		
Washington, Ml. 48095	_{\$} 100.00	\$ 100.00	
5. If over \$100.00 cumulative, please provide:	Clieb Done 6	Click Here for Memo Itemization	
Occupation Employer	Click Here to	or Memo Itemization	
Business Address			
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/09/14 Name & Address	•		
Bellance tabarge Russ La Barge 20480 Vernier Rd.	_s 50.00	\$ 50.00	
Harper Woods, Ml. 48225			
5. If over \$100.00 cumulative, please provide:		r Memo Itemization	
Occupation PTO Employer BELLANCA LABORGE Business Address 30480 VERNIER, HAPPARWOODS MT 48025			
Business Address 30480 VERNIER, HALPERWOODS MT 48025	•		
Type of Contribution: Direct Loan from a person Fund Raiser			
Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/01/14 Name & Address:	_	· · · · · · · · · · · · · · · · · · ·	
Eric C. Foster	100.00	10.	
41700 Conger Bay Dr.	_{\$} 100.00	\$ 100.00	
Harrison Twp., Ml. 48045	Click Horo for	Memo Itemization	
5. If over \$100.00 cumulative, please provide:	Olick Here to	weno temzaton	
OccupationEmployer	٠		
Business Address		·	
Type of Contribution:	·,ee:	<u> </u>	
3: Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/31/14 Name & Address	-		
Roy C. Rose	400.00		
55620 Woodridge Dr	_s 100.00	\$ 100.00	
Shelby Twp., Ml. 48316	 ,	T	
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization	
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person V Fund Raiser			
Page Subto	tal \$350.00	<u> </u>	
. Grand Total of All Schedules 1	Α	_	
(Complete on last page of Schedul		j	
2 . 1	line 3a of Summary	•	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number __69598

CANDIDATE COMMITTEE

2. Committee Name Committee To Elect Don Brown

Enter contributor's name middle initial. Check box Committee (PAC) Report	to Indicate if contri	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)				
Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date of	of Receip	04/01/14			
Conrad C. Wilamo	wski						
6911 Timbercrest				we i	_s 150.00	150.00	
Washington, MI. 4	8094	•			\$ 130.00	\$ 7,50.00	
5. If over \$100.00 cumulative, please provide:					Click Here for Memo Itemization		
Occupation Insurance	Agent	Employer State Fa	ımıkeı	ured			
Business Address) <u></u>						
Type of Contribution:	Direct	Loan from a person	√	Fund Raiser	-		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date o	f Receip!	03/30/14			
Norman T. Valli					25.00	2600	
57867 Emerald Ct					_{\$} 25.00	, 25.00	
Washington, Ml. 4				•			
5. If over \$100.00 cumula	• •	ide:			Click Here for Memo Itemization		
Occupation		Employer		· · · · · · · · · · · · · · · · · · · 			
Business Address		<u> </u>					
Type of Contribution:	Direct	Loan from a person	✓	Fund Raiser			
3. Contribution #3 Name & Address:	PAC Receipt?	YES 4. Date	of Receip	ot 03/31/14			
John F. Butkovich		•			s 100.00	/ac ca	
6018 Oak Ridge D					\$ 100.00	\$ 100,00	
Washington, Twp.	•				Click Here for	r Memo Itemization	
5. If over \$100.00 cumula	itive, please prov						
Occupation		Employer	-	· · · · · · · · · · · · · · · · · · ·			
Business Address Type of Contribution:	Direct T	71 can from a names	<u> </u>				
		Loan from a person		Fund Raiser			
3. Contribution #4 Name & Address	PAC Receipt?		of Recei	pt <u>03/30/14</u>			
Robert Hut 19500 HALL RO	ch						
19500 HALL RD	10/ 37E 100	<i>7</i>			\$ 50.00	50.00	
CINTON TWP	ME 480	>38		•	\$ 500	\$	
5. If over \$100.00 cumulative, please provide:					Click Here for Memo Itemization		
Occupation	-	Employer	· -			·	
Business Address	<u> </u>			, 10°47			
Type of Contribution:	Direct	Loan from a person		Fund Raiser			
				Page Subtotal	325.		
	*			nd Total of All Schedules 1A		,	
_	•		(Comple	ete on last page of Schedule)	Enter this total on	-	
. Page 4 of //					line 3a of Summary Page.		