



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.

1. Committee I.D. Number 69598		3. This Statement covers: from 08/26/14 to 10/19/14	
2. Committee Name CTE Don Brown		4. Candidate Last Name Brown First Name Don M.I. 4a. Office Sought Including District # or Community Served (If applicable) County Commissioner, 7th District 4b. County of Residence MACOMB	
5. Committee's Mailing Address 6515 Old Coach Trail Washington, MI 48094 Area Code and Phone (586) 419-2443 <small>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.</small>		6. Treasurer's Name & Residential Address Don Brown 6515 Old Coach Trail Washington, MI 48094 Area Code & Phone (586) 419-2443	
7. Treasurer's Business Address 10 South Main Mt. Clemens, MI 48043 Area Code and Phone (586) 469-5125		8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) N/A Area Code and Phone	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 11/04/14		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 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. Dissolution of Candidate Committee <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. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
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> Type or Print Name		<u>Don Brown</u> Signature Date 10/24/14	
Candidate <u>Don Brown</u> Type or Print Name		<u>Don Brown</u> Signature Date 10/24/14	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 59598

2. Committee Name Committee To Elect 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>250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$250.00</u>	(18.) \$ <u>\$4,210.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$250.00</u>	(20.) \$ <u>\$4,210.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$370.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$370.00</u>	(23.) \$ <u>\$2,449.63</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$7,698.63</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$10,779.95</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$250.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$11,029.95</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$370.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$10,659.95</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598

2. Committee Name Committee To 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 09/15/14

Name & Address:

Macomb Leadership PAC

54647 WINSOR CT

SHELBY TWP MI 48315

\$ 200.00

\$ 200.00

5. If over \$100.00 cumulative, please provide:

Occupation _____

Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 10/07/14

Name & Address

Edmund Risch

313 Mae Ct.

Romeo MI 48065

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____

Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____

Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____

Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal \$250.00

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

\$250.00

Enter this total on
line 3a of Summary
Page.



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BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **69598**

2. Committee Name **Committee To Elect Don Bown**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Macomb County Republicans Address P.O. Box 380962 Clinton Township, MI 48038 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Dinner Tickets <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/23/14 Date	\$ 120.00 Click Here for Memo Itemization Type
Expenditure #2 Name Kathy Vosburg Address 47395 Sugarbush Chesterfield MI 48047 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Advertising <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/23/14 Date	\$ 25.00 Click Here for Memo Itemization Type
Expenditure #3 Name Adam Brown Address 6515 Old Coach Trail Washington MI 48094 <input type="checkbox"/> Fund Raiser	Purpose: Sign Program Labor <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/14 Date	\$ 175.00 Click Here for Memo Itemization Type
Expenditure #4 Name Bellanca LaBarge P.C. Address 20486 Vernier Rd Harperwoods MI 48225 <input type="checkbox"/> Fund Raiser	Purpose: Return of donation <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/14/14 Date	\$ 50.00 Click Here for Memo Itemization Type
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Subtotal this page			\$370.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$370.00

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
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DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 69598

2. Committee Name Committee To Elect Don Brown

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes Don Brown 6515 Old Coach Trail Washington MI 48094	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>08/24/10</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15,000.00</u>	\$ \$ \$ \$ \$	\$ <u>7,391.37</u>	\$ <u>7,698.63</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$7,698.63

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$7,698.63

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.