



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.

3. This Statement covers From: <u>10/21/15</u> to <u>07/17/16</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) <b>Macomb County Commissioner, 7th District</b>	
4b. County of Residence <b>MACOMB</b>	
6. Treasurer's Name & Residential Address <u>Don Brown</u> <u>6515 Old Coach Trail</u> <u>Washington MI 48094</u>	
Area Code & Phone <u>(586) 419-2443</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 _____	

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

2. Committee Name  
**Committee to Elect Don Brown**

5. Committee's Mailing Address  
**6515 Old Coach Trail**  
**Washington MI 48094**

Area Code and Phone (586) 419-2443  
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.

7. Treasurer's Business Address  
**10 South Main**  
**Mt. Clemens MI 48043**

Area Code and Phone (586) 469-5125

<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary</p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>08/02/16</u></p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement ( _____ ) Coverage Year</p> <p>9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	<p>9e. Dissolution of Candidate Committee</p> <p><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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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	<u>8/15/16</u>	Date
Candidate	<u>Don Brown</u>	Type or Print Name	<u>Don Brown</u>	Signature	<u>8/15/16</u>	Date



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>05/10/16</u>	
Name & Address: <b>Paul Mitchell</b> 4068 Hough Road Dryden, MI 48428		\$ <u>500.00</u>	\$ <u>500.00</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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/10/16</u>	
Name & Address: <b>James Binson</b> 26834 Lawrence Centerline, MI 48015		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self-employed</u> Employer <u>Binson Home Health Care</u> Business Address <u>26834 Lawrence, Centerline MI 48015</u> 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 # 3	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		Click Here for Memo Itemization	
3. Contribution # 4	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		Click Here for Memo Itemization	

Page Subtotal \$1,000.00

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

\$9,430.00

Enter this total on  
line 3a of Summary  
Page.



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**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598

2. Committee Name Committee to Elect Don Brown

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>05/10/16</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>110</u>	5. Type of Fund Raising Activity  <u>Reception</u>	6. Address and Name (If any) of the place where the activity was held.  Sapori Italian Restaurant 6067 26 Mile Road Washington MI 48094  <input type="checkbox"/> Private Residence
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7. Total Contributions \$9,430.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$9,430.00

10. Total Cost of Event \$1,657.99  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ 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 (1-1K), 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.