

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 69598

2. Committee Name Committee To Elect Don Brown

Enter contributor's nammiddle initial. Check be Committee (PAC) Repo	ox to indicate if conf	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)			
Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date	of Rec	eipt	-	
		. 1				
		NIA			\$	\$ <u>^</u>
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Hore	for Memo Itemization
Occupation		Employer			Click Here	or werro terrization
Business Address				_		
Type of Contribution:	Direct	Loan from a person		Fund Raiser		<u> </u>
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date	of Rece	eipt		
Name & Address						
		1110			\$	- P
		NA				三
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here f	or Memoritemization
Occupation		_ Employer				27 0
Business Address				-		
Type of Contribution:	Direct	Loan from a person	Ļ	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date	of Rec	eipt	_	
		1				
		W/A			\$. \$
5 1/ 5400 00	-latina alaasa muus	, , ,			Click Here fo	or Memo Itemization
5. If over \$100.00 cum		_				
		_ Employer				
Business Address Type of Contribution:	Direct	Loan from a person	, [Fund Raiser		
3. Contribution # 4	PAC Receipt?	YES 4. Date	e of Re	ceipt		•
Name & Address						
		. /	c 1.7	1	æ	•
		\sim] ¥	J		_ \$
5. If over \$100.00 cum	ulative, please pro	ovide:	-		Click Here for	or Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a persor	, [Fund Raiser		
				Page Subtota	\$0.00	
				Grand Total of All Schedules 1A applete on last page of Schedule		
Page 1 of 1			(CON	inpiete on last page of Scriebble	Enter this total on line 3a of Summar Page.	у



FILED

SCHEDILLE 18 AM 8: 59 mmittee I. D. Number 69598 **SCHEDULE 1B** ANDIDATE COMMITTEE: SABAUGH Committee Name Committee To Elect Don Brown

3. Name and address of person or vendor to whom paid II CHICAN	4 Purpose (Required Information)	5. Date	6. Amount	
3. Name and address of person or vendor to whom paid VIII C.A.	To apose (required sittermation)	0.550		
Expenditure #1		00/47/46		
Name St. Clair Flats Waterfowlers LLC		09/17/16	\$ 100	
Address	Purpose: Donation	Date		
7301 Cardinal		lere for Memo I	temization Type	
Algonac MI 48001			•	
_	Check box if this expenditure is payment of debt or obligation reported on previous			
Fund Raiser	statement			
Expenditure #2				
Name Philip Kraft for Macomb		09/28/16	s 100	
Address	Purpose: Donation	Date		
Address 31877 Breezeway			tomination Tues	
Chesterfield Twp MI 48047	Chek F	tere for Memo I	temization Type	
	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #3		-		
Name CCTE Linda Torp for Macomb County Commissioner		09/20/16	- 100	
·	Purpose: Donation	Date	\$ <u>100</u>	
Address 38870 Ryan Ct	Purpose: Dortation			
Harrison Twp, MII 48045	Click Here for Memo Itemization Type			
	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #4				
Name CTE Stan Grot		10/16/16	400	
012 01311 0101	Donation	Date	s <u>100</u>	
Address	Purpose: Donation			
11927 Hiawatha Shelby Twp, MI 48315	Click I	Here for Memo I	temization Type	
Shelby Twp, Mil 40010	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous			
	statement			
Expenditure #5 Name				
Home			\$	
Address	Purpose:	Date		
	Click	Here for Memo	Itemization Type	
	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
	Subto	otal this page	\$400.00	
	Grand Total of all	Schadules 1R		
	Complete on last nee		\$400.00	

Enter this total on line 8a of Summary Page