



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: 08/23/16 to 10/23/16

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.

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**

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

**1 South Main Street, 9th Floor
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. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ Special

☐ School

☐ Caucus

Date of Election, Convention or Caucus

11/08/16

Required ONLY if candidate is not on the ballot for the current year:

☐ July Quarterly

☐ October Quarterly

9c. ☐ Annual Statement (_____) Coverage Year

9d. ☒ Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ 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 Don Brown
Type or Print Name

Signature

Date 11/17/16

Candidate Don Brown
Type or Print Name

Signature

Date 11/17/16



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 69598

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee To Elect Don Brown

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$9,430.00</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>\$0.00</u>	(20.) \$ <u>\$9,430.00</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>\$400.00</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>\$400.00</u>	(23.) \$ <u>\$2,924.00</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></u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$17,565.94</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$17,565.94</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$400.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$17,165.94</u>	



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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **69598**
2. Committee Name **Committee To Elect Don Brown**

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
Expenditure #1 Name St. Clair Flats Waterfowlers LLC Address 7301 Cardinal Algonac MI 48001 <input type="checkbox"/> Fund Raiser	Purpose: Donation <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/17/16 Date	\$ 100
Expenditure #2 Name Philip Kraft for Macomb Address 31877 Breezeway Chesterfield Twp MI 48047 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Donation <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/28/16 Date	\$ 100
Expenditure #3 Name CCTE Linda Torp for Macomb County Commissioner Address 38870 Ryan Ct Harrison Twp, MI 48045 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Donation <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/16 Date	\$ 100
Expenditure #4 Name CTE Stan Grot Address 11927 Hiawatha Shelby Twp, MI 48315 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Donation <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/16 Date	\$ 100
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	\$ _____
Subtotal this page			\$400.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$400.00

Enter this total
on line 8a of
Summary Page