

COVER PAGE

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08 AUG 2022 AM 08:40

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

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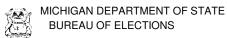
OOVERT AGE					
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and or	d signed by candidate.	3. This Statement covers From	o1/01/2022 to 0	7/17/2022	
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.	
69598		BROWN	DON		
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable) 01 COUNTY COMMISSIONER, MACOMB COUNTY			
OTE DON DECIMAL		UI COUNTY COMMISS	SIONER, MACOMB COL	JNIT	
CTE DON BROWN		4b. County of Residence MA	COMB COUNTY		
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address		
6515 OLD COACH TRAIL		DON BROWN			
WASHINGTON, MI 48094		6515 OLD COACH TRAIL			
Witer mitar en, in 40004		WASHINGTON, MI 48094			
		WASHINGTON, WIL	40094		
Area Code and Phone (586) 419-2443					
If the address in this box is different from the comn mailing address on the Statement of Organization,	nittee mail mav				
be sent to this address by the filing official.		Area Code & Phone (586)	586-7869		
7. Treasurer's Business Address		Designated Record keeper Designated Record keeper)	's Name and Mailing Address	(If the committee has a	
6515 OLD COACH TRAIL					
WASHINGTON, MI 48094					
W/\C/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Area Code and Phone (586) 586-7869		Area Code and Phone () -			
Alea oode and Filene T		Area Code and Priorie	9e. Dissolution of Candida	ate Committee	
9. TYPE OF STATEMENT	Required Of	NLY if candidate			
9a. X Pre-Election OR 9b. Post-Election	is not on the current year:	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	
Primary	July Quart	епу	owes no lates fees or has an	ee has no oustanding assets, ly oustanding debt.	
General	October C	uarterly	Further, if the dissolution can	not be granted, that this be	
Convention			considered a request for the		
Special	9c. Annua	al Statement (.)			
School		Coverage Year	Effective date of di	ssolution	
Caucus	9d. X Amen	dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to			
		e which Statement is being		dual funds must be reported on	
	amend	led.)	Schedule 1B and the Summa	ary Page.	
Date of Election, Convention or Caucus					
09/02/2022					
08/02/2022					
10. Varification: I/Wa partify that all research to diffe	rongo was was d	in the properation of this state as	ont and attached achedules ("	any) and to the heat of	
10. Verification: I/We certify that all reasonable dilig my/our knowledge and belief the contents are true,			ent and attached schedules (II	any) and to the best of	
Current Treasurer or			Submitted electronically, signature on file	U8/U8/2U22	
Designated Record keeper		/ Cignoture	Date	08/08/2022	
i ype or Print Name		Signature			
		,	Submitted electronically, signature on file	08/08/2022	
Candidate		1	Date		
Type or Print Name	е	Signature			

1. Committee I.D. Number 69598

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE DON BROWN

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 31,200.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 31,200.00	(18.) \$ 31,200.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 31,200.00	(20.) \$ 31,200.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 9,337.71	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 9,337.71	(23.) \$ 9,337.71
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(106.) \$	
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 9,037.31	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 31,200.00	
(Line 5, Total Contributions & Other Receipts)		
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$ <u>40,237.31</u>	
(Add lines 9 and 11)	(16.) - \$ 9,337.71	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 30,899.60 *	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

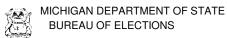
1. Committee I.D. Number

69598

CANDIDATE COMMITTEE

2. Committee Name CTE 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? VES 4. Date of Receipt 05/19/2022 Name & Address: GCSI 21ST CENTURY PAC 3711 BEECH TREE LN MERIDIAN TWP, MI 48864	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/19/2022 Name & Address RICHARD MORIAN 3884 PICKFORD SHELBY TWP, MI 48316	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address: MICHAEL CHIRCO 6166 WOODBRIDGE DR WASHINGTON, MI 48094 5. If over \$100.00 cumulative, please provide: Occupation REAL ESTATE DEVELOPER Employer MJC COMPANIES Business Address 46600 ROMEO PLANK RD, MACOMB, MI 48044 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 1,000.00	_{\$} 1,000.00
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/19/2022		
Name & Address HANK RIBERAS 4607 BARCROFT WAY STERLING HEIGHTS, MI 48310	_{\$} 1,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE DEVELOPER Employer RONCELLI INC.		
Business Address 6471 METRO PARKWAY, STERLING HEIGHTS, MI 48312		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,300.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 7 of 30	Page.	



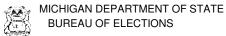
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

69598

2. Committee Name CTE DON BROWN

	x to indicate if conti	ribution is from a Political Con	al, enter last name, first name, nmittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: JEFFERY BROV 1314 MAYFIELD ROYAL OAK, M	DR	YES 4. Date of Re	05/19/2022	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cum	ılative, please pro	vide:			
Occupation		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	✓ Fund Raiser		
3. Contribution #2	PAC Receipt?	YES 4. Date of Re	ceipt 05/19/2022		
Name & Address MUELLER MAR 1250 S OXFORI GROSSE POIN	O RD	MI 48236		_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumu					
Occupation INSURA	NCE BROKEF	R _{Employer} TMR & AS	SOCIATES		
Business Address 60	ABBOTT S	ST, DETROIT, MI 4	8226		
Type of Contribution:	Direct	Loan from a person	✓ Fund Raiser		
3. Contribution # 3 Name & Address: REPUBLICANS 18090 TERESA MACOMB, MI 48	DR		05/19/2022	\$300.00	_{\$} 300.00
5. If over \$100.00 cumu	ılative, please pro	vide:			
Occupation		Employer			
Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of R	eceipt		
				\$	\$
5. If over \$100.00 cum	ılative, please pro	vide:		Click Hara for	Memo Itemization
Occupation		_ Employer		CIICK FIELE IOI	MEITIO REITIIZARION
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
		<u> </u>	Page Subtotal	900.00	
<u> </u>		(Co	Grand Total of All Schedules 1A amplete on last page of Schedule)	Enter this total on	
Page 23 of 30				line 3a of Summary Page.	



SCHEDULE 1A

1. Committee I.D. Number

69598

CANDIDATE COMMITTEE 2. Con

2. Committee Name CTE 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 05/19/2022 Name & Address: RONALD BROWN 7315 DORR ST TOLEDO, OH 43615	§ 500.00	¢ 500.00
5. If over \$100.00 cumulative, please provide: Occupation OPTOMOTRIST Employer SELF EMPLOYED Business Address 3000 REGENCY CT, TOLEDO, OH 43623 Type of Contribution: Direct Loan from a person Fund Raiser	5	•
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/19/2022 Name & Address ANN WILLIAMS 7205 STERLING PONDS CT STERLING HEIGHTS, MI 48312 5. If over \$100.00 cumulative, please provide:	\$ <u>100.00</u>	<u>\$ 100.00</u>
Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? VES 4. Date of Receipt 05/19/2022 Name & Address: CANDICE MILLER FOR MICHIGAN 12900 HALL RD STERLING HEIGHTS, MI 48313	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/19/2022 Name & Address JOSEPH ORAM P.O. BOX 262755 WEST BLOOMFIELD TOWNSHIP, MI 48323	_{\$} 500.00	_{\$} _500.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer 5 STAR OUTDOOR LLC Business Address P.O. BOX 262755, WEST BLOOMFIELD, MI 48325 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,200.00	-

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Enter this total on line 3a of Summary Page.