



FILED

08 AUG 2022 AM 08:43

MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number 69598</p> <p>2. Committee Name CTE DON BROWN</p> <p>5. Committee's Mailing Address 6515 OLD COACH TRAIL WASHINGTON, MI 48094</p> <p>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.</p>		<p>3. This Statement covers From: 01/01/2022 to 07/17/2022</p> <p>4. Candidate Last Name BROWN First Name DON M.I. 4a. Office Sought Including District # or Community Served (If applicable) 01 COUNTY COMMISSIONER, MACOMB COUNTY 4b. County of Residence MACOMB COUNTY</p> <p>6. Treasurer's Name & Residential Address DON BROWN 6515 OLD COACH TRAIL WASHINGTON, MI 48094</p> <p>Area Code & Phone (586) 586-7869</p>	
<p>7. Treasurer's Business Address 6515 OLD COACH TRAIL WASHINGTON, MI 48094</p> <p>Area Code and Phone (586) 586-7869</p>		<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone () -</p>	
<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 <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus 08/02/2022</p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <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 lates 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>		<p>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.</p>	
<p>Current Treasurer or Designated Record keeper _____ Type or Print Name Signature</p>		<p>Submitted electronically, signature on file Date 08/08/2022</p>	
<p>Candidate _____ Type or Print Name Signature</p>		<p>Submitted electronically, signature on file Date 08/08/2022</p>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598
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 <u>all</u> 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>05/19/2022</u>	
Name & Address: BRIAN RENER 255 BEVERLY AVE AUBURN HILLS, MI 48326		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>255 BEVERLY AVE, AUBURN HILLS, MI 48326</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/19/2022</u>	
Name & Address: 10TH DISTRICT REPUBLICAN COMMITTEE 48653 VAN DYKE AVE SHELBY TWP, MI 48317		\$ <u>500.00</u>	\$ <u>1,000.00</u>
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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/19/2022</u>	
Name & Address: DONALD ROCHON 4100 33 MILE RD MI 48065		\$ <u>100.00</u>	\$ <u>200.00</u>
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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/19/2022</u>	
Name & Address: ROBERT ROGERS 58610 VAN DYKE AVE WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER DEVELOPER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>58610 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,050.00**

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

Enter this total on
line 3a of Summary
Page.