

CANDIDATE COMMITTEE COVER PAGE

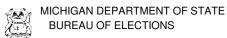
FILED

09 SEP 2022 PM 01:54

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

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: 01/01/2022 to 07/17/2022			
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			
CTE DON BROWN		OT COUNTY COMMISS	SIONER, MACOMB CO	JNII	
CIE 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			
,		WASHINGTON, MI 48094			
Area Code and Phone (586) 419-2443					
If the address in this box is different from the commailing address on the Statement of Organization	mittee . mail mav	(500)	440.0440		
be sent to this address by the filing official.	,	Area Code & Phone (586)	419-2443		
7. Treasurer's Business Address		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
6515 OLD COACH TRAIL					
WASHINGTON, MI 48094					
Area Code and Phone (586) 419-2443		Area Code and Phone () -			
9. TYPE OF STATEMENT			9e. Dissolution of Candida	ate Committee	
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the	_ · ·	Ve certify any outstanding debt	
Pre-Election or Post-Election Statement relates to:	: <u> </u>		by discharged and forgiven,	lidate or his or her spouse is here and no longer collectible from	
 X Primary	July Quar	terly	the committee. The committ owes no lates fees or has an	ee has no oustanding assets, ny oustanding debt.	
General	October 0	Quarterly	Further, if the dissolution can	not be granted, that this be	
Convention			considered a request for the		
Special	9c. Annu	al Statement ()			
School		Coverage Year	Effective date of dissolution		
Caucus	9d. XAmen	dment to Campaign Statement			
	indica	plete Item 9a, 9b , 9c or 9e to the which Statement is being		dual funds must be reported on	
	ameno	ded.)	Schedule 1B and the Summa	ary Page.	
Date of Election, Convention or Caucus					
08/02/2022					
10. Verification: I/We certify that all reasonable dili	dence was used	in the preparation of this statem	ent and attached schedules (it	any) and to the hest of	
my\our knowledge and belief the contents are true			on and allaoned schedules (II	any) and to the best of	
Current Treasurer or		1	Submitted electronically, signature on file	09/09/2022	
Designated Record keeper Type or Print Name)	/ Signature	Date	03/03/2022	
			Submitted electronically,	00/00/0000	
Candidate		1	signature on file Date	09/09/2022	
Type or Print Nam	ne	Signature			



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

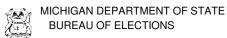
69598

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 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: CARL DALLO 12790 BLUE LAKE CIRCLE SHELBY TOWNSHIP, MI 48315	_{\$} 1,000.00	_{\$} 2,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE BROKER-DEVELOPER Employer SELF EMPLOYED		
Business Address 12790 BLUE LAKES CIR, SHELBY TWP, MI 48315		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/19/2022 Name & Address		
ERIC CASTIGILLA		
38602 ROUGEWOOD DR	_s 100.00	_{\$} 200.00
STERLING HEIGHTS, MI 48312	Ψ	ф <u> — с с г с с</u>
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 PAC Receipt? YES 4. Date of Receipt 05/19/2022 Name & Address: CHESTER ZOCHOWSKI 15355 32 MILE RD RAY, MI 48096	_{\$} 1,000.00	_{\$} 2,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE DEVELOPER Employer SELF EMPLOYED		
Business Address 69096 POWELL RD, ARMADA, MI 48005		
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 GREG CHILDS 30247 LUND AVE WARREN, MI 48093	_{\$} 50.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,150.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J

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line 3a of Summary Page.



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? YES 4. Date of Receipt 05/19/2022 RONALD BROWN 7315 DORR ST TOLEDO, OH 43615 5. If over \$100.00 cumulative, please provide:	_{\$} 500.00	_{\$} 1,000.00
Occupation OPTOMOTRIST Employer SELF EMPLOYED		
Business Address 3000 REGENCY CT, TOLEDO, OH 43623		
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 ANN WILLIAMS 7205 STERLING PONDS CT STERLING HEIGHTS, MI 48312	\$ 100.00	<u>\$ 200.00</u>
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 PAC Receipt? YES 4. Date of Receipt 05/19/2022 CANDICE MILLER FOR MICHIGAN P.O. BOX 7036 NOVI, MI 48376	§ 100.00	_{\$} 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 # 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	_{\$_} 1,000.00
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	1,200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	J

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line 3a of Summary Page.