



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

27 OCT 2022 AM 10:46

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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: 08/23/2022 to 10/23/2022

1. Committee I.D. Number 69598	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
2. Committee Name CTE DON BROWN	

5. Committee's Mailing Address 6515 OLD COACH TRAIL WASHINGTON, MI 48094 Area Code and Phone <u>(586) 419-2443</u> <small>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.</small>	6. Treasurer's Name & Residential Address DON BROWN 6515 OLD COACH TRAIL WASHINGTON, MI 48094 Area Code & Phone <u>(586) 419-2443</u>
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7. Treasurer's Business Address 6515 OLD COACH TRAIL WASHINGTON, MI 48094 Area Code and Phone <u>(586) 419-2443</u>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone <u>() -</u>
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9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11/08/2022</u>	Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	9e. Dissolution of Candidate Committee <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. 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.
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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 _____ Type or Print Name	Signature	Submitted electronically, signature on file Date <u>10/27/2022</u>	
Candidate _____ Type or Print Name	Signature	Submitted electronically, signature on file Date <u>10/27/2022</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 69598

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE DON BROWN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,200.00</u>	(18.) \$ <u>34,400.00</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>2,200.00</u>	(20.) \$ <u>34,400.00</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>479.66</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>479.66</u>	(23.) \$ <u>9,817.37</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>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>30,899.60</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>33,099.60</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>479.66</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>32,619.94</u>	*



**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>08/28/2022</u>	
Name & Address: SHELDON ALBRITTON 1607 STIRLING LAKE DR PONTIAC, MI 48340		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/15/2022</u>	
Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN09 24725 W 12 MILE RD SOUTHFIELD, MI 48034		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/30/2022</u>	
Name & Address: RED AND BLUE PAC 718 BERKSHIRE RD GROSSE POINTE PARK, MI 48230		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2022</u>	
Name & Address: SHANNON PRICE 6408 DURHAM DR CANTON, MI 48187		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>M & B CONSULTING LLC</u> Business Address <u>9613 TENNYSON DR, PLYMOUTH, MI 48170</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

2,200.00

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

2,200.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **69598**
2. Committee Name **CTE DON BROWN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE RECORD NEWSPAPER Address P.O. BOX 708 WASHINGTON, MI 48094 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/23/2022 Date	\$ 225.00
Expenditure #2 Name FAMILY FARM AND HOME Address 66030 VAN DYKE WASHINGTON, MI 48095 <input type="checkbox"/> Fund Raiser	Purpose: CABLE TIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/2022 Date	\$ 29.66
Expenditure #3 Name THE RECORD NEWSPAPER Address P.O. BOX 708 WASHINGTON, MI 48094 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/14/2022 Date	\$ 225.00
Expenditure #4 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 Click Here for Memo Itemization Type	_____ Date	\$ _____
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 Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **479.66**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **479.66**

Enter this total
on line 8a of
Summary Page