

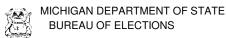
CANDIDATE COMMITTEE COVER PAGE

FILED 17 OCT 2022 PM 01:25

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

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3. This Statement covers From: 01/01/2022 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 07/17/2022 1. Committee I.D. Number M.I. 4. Candidate Last Name **BROWN** DON 69598 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name 01 COUNTY COMMISSIONER, MACOMB COUNTY CTE DON BROWN 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential 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 committee mailing address on the Statement of Organization, mail may Area Code & Phone (586) 419-2443 be sent to this address by the filing official. 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 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: 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 July Quarterly the committee. The committee has no oustanding assets, X Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School 9d. Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 08/02/2022 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. Submitted electronically. Current Treasurer or signature on file 10/17/2022 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 10/17/2022 signature on file Candidate Date Signature Type or Print Name



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee I.D. Number

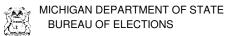
69598

CTE DON BROWN 2. Committee Name

CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) PAC Receipt? 3. Contribution # 1 YES 4. Date of Receipt 05/19/2022 Name & Address: JEFFERY BROWN 1314 MAYFIELD DR _e 100.00 ROYAL OAK, MI 48067 5. If over \$100.00 cumulative, please provide: Occupation _ Employer_ Business Address Type of Contribution: Direct **Fund Raiser** Loan from a person 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/19/2022 Name & Address MUELLER MARK \$500.00 \$1,000.00 1250 S OXFORD RD GROSSE POINTE WOODS, MI 48236 5. If over \$100.00 cumulative, please provide: Occupation INSURANCE BROKER_{Employer} TMR & ASSOCIATES Business Address 601 ABBOTT ST, DETROIT, MI 48226 Type of Contribution: Direct Loan from a person **Fund Raiser** 3. Contribution #3 PAC Receipt? 4. Date of Receipt 05/19/2022 Name & Address: REPUBLICANS UNITING MACOMB \$300.00 \$600.00 18090 TERESA DR MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide: Employer_ Occupation _ Business Address Direct Type of Contribution: Loan from a person **Fund Raiser** 3. Contribution # 4 PAC Receipt? 4. Date of Receipt Name & Address 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Employer _ Business Address Type of Contribution: Fund Raiser Direct Loan from a person Page Subtotal 900.00 Grand Total of All Schedules 1A (Complete on last page of Schedule)

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Enter this total on 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 Name & Address: RONALD BROWN 7315 DORR ST TOLEDO, OH 43615 5. If over \$100.00 cumulative, please provide: Occupation OPTOMOTRIST Employer SELF EMPLOYED Business Address 3000 REGENCY CT, TOLEDO, OH 43623	_{\$} 500.00	_{\$} 1,000.00
Type of Contribution: 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	_{\$} 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 #3 PAC Receipt? YES 4. Date of Receipt 05/19/2022 CANDICE MILLER FOR MACOMB 12900 HALL RD STERLING HEIGHTS, MI 48313	_{\$} 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
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 5. If over \$100.00 cumulative, please provide:	_{\$} 500.00	_{\$_} 1,000.00
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
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 5. If over \$100.00 cumulative, please provide:	§500.00	_{\$_} 1,000.00
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 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	\$500.00	_{\$_} 1,000.00
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 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	\$500.00 1,200.00	\$_1,000.00

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Enter this total on line 3a of Summary Page.