



FILED

01 AUG 2024 AM 10:10

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.

3. This Statement covers From: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

69598

2. Committee Name

CTE DON BROWN

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**

5. Committee's Mailing Address

**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 be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**DON BROWN
6515 OLD COACH TRAIL
WASHINGTON, MI 48094**

Area Code & Phone (586) 419-2443

7. Treasurer's Business Address

**6515 OLD COACH TRAIL
WASHINGTON, MI 48094**

Area Code and Phone (586) 419-2443

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☒ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/06/2024

9e. Dissolution of Candidate Committee

☐ 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 late 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.

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

08/01/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/01/2024



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>24,575.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>24,575.00</u>	(18.) \$ <u>24,575.00</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>24,575.00</u>	(20.) \$ <u>24,575.00</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>10,278.40</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>10,278.40</u>	(23.) \$ <u>16,261.84</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>26,636.50</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>24,575.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>51,211.50</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>10,278.40</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>40,933.10</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? ☐ YES	4. Date of Receipt <u>04/02/2024</u>	
Name & Address: CHESTER ZOCHOWSKI 15355 32 MILE RD RAY, MI 48096		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE DEVELOPER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>15355 32 MILE RD, RAY, MI 48096</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/02/2024</u>	
Name & Address: KENNETH DECOCK 80575 HOLMES RD ARMADA, MI 48005		\$ <u>100.00</u>	\$ <u>100.00</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 <u>04/03/2024</u>	
Name & Address: DETROIT REGIONAL CHAMBER POLITICAL ACTION COMMITTEE 777 WOODWARD AVE DETROIT, MI 48226		\$ <u>100.00</u>	\$ <u>100.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/04/2024</u>	
Name & Address: JONATHAN YAEK 32360 SCHOOL SECTION RD RICHMOND, MI 48062		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FARMER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>32360 SCHOOL SECTION RD, RICHMOND, MI 48062</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,400.00**

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

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 <u>04/29/2024</u> Name & Address: MICHELE CHIRCO 46600 ROMEO PLANK RD MACOMB, MI 48044		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE BROKER-DEVELOPER</u> Employer <u>MJC DEVELOPMENT</u> Business Address <u>46600 ROMEO PLANK RD, MACOMB, MI 48044</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: ROBERT LULGJURRAJ 1517 HAMMAN DR TROY, MI 48085		\$ <u>100.00</u>	\$ <u>100.00</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 <u>04/29/2024</u> Name & Address: CATHLEEN FRANCOIS 11826 METEOR DR STERLING HEIGHTS, MI 48313		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES AND MARKETING</u> Employer <u>HOUR MEDIA</u> Business Address <u>5750 NEW KING DR #100, TROY, MI 48098</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: PAUL BEMIS 54222 RIDGEVIEW DR SHELBY TWP, MI 48316		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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

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 <u>04/30/2024</u>	
Name & Address: RICHARD JOHNSON 7130 W LOST LAKE RANDOLPH, WI 53956		\$ <u>100.00</u>	\$ <u>100.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
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 <u>04/30/2024</u>	
Name & Address: JOHN OLDANI 3253 DORAL DR ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>100.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/30/2024</u>	
Name & Address: PATRICK MCCLOSKEY 9440 GRINNELL AVE DETROIT, MI 48213		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTRICAN</u> Employer <u>MOTOR CITY ELECTRIC</u> Business Address <u>9440 GRINNELL AVE, DETROIT, MI 48213</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,425.00**

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

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 <u>06/15/2024</u> Name & Address: NORTHVILLE LEADERSHIP FUND 1755 CHILSON RD HOWELL, MI 48843		\$ <u>100.00</u>	\$ <u>100.00</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 #2 PAC Receipt? ☒ YES 4. Date of Receipt <u>06/20/2024</u> Name & Address: MACOMB FAMILIES AND BUSINESS COALITION 13883 TIMBERVIEW DR SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</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 <u>06/24/2024</u> Name & Address: LAWRENCE DECOCK 49488 CARD RD MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</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 # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>06/25/2024</u> Name & Address: COMCAST CORP & NBCUNIVERSAL PAC-USA 1701 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19103		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **850.00**

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

24,575.00

Enter this total on
line 3a of Summary
Page.