

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 140488		3. This Statement covers From: <u>07/22/2024</u> To <u>08/26/24</u>				
2. Committee Name Better Macomb PAC		4. Committee's Mailing Address P.O. Box 171, Mt. Clemens, MI 48046 Area Code and Phone <u>586-419-2443</u> 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.				
5. Treasurer's Name and Residential Address Don Brown 6515 Old Coach Trail Washington, MI 48094 Area Code and Phone <u>586-419-2443</u>						
6. Treasurer's Business Address One South Main St, 9th Fl Mt. Clemens, MI 48043 Area Code and Phone <u>586-469-5125</u>		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone				
<table border="1"><tr><td>8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u> 8a. <u>QUARTERLY STATEMENTS</u> ☐ January 31 ☐ April 25 ☐ July 25 ☐ October 25 8b. ☐ SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT</td><td>APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u> 8c. ☐ ANNUAL STATEMENT (_____ Coverage Year) Local Candidates Exempted 8d. ☐ PRE-ELECTION OR 8e. ☒ POST-ELECTION Pre-Election or Post-Election Statement relates to: ☒ PRIMARY ☐ GENERAL ☐ CONVENTION ☐ SCHOOL ☐ SPECIAL ☐ CAUCUS Date of Election, Convention or Caucus: <u>August 6, 2024</u> ☐ July 25 Quarterly ☐ October 25 Quarterly</td><td>APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u> 8f. ☐ AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended) 8g. ☐ DISSOLUTION OF COMMITTEE Effective Date of Dissolution By checking this item, I/We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.</td></tr></table>				8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u> 8a. <u>QUARTERLY STATEMENTS</u> ☐ January 31 ☐ April 25 ☐ July 25 ☐ October 25 8b. ☐ SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u> 8c. ☐ ANNUAL STATEMENT (_____ Coverage Year) Local Candidates Exempted 8d. ☐ PRE-ELECTION OR 8e. ☒ POST-ELECTION Pre-Election or Post-Election Statement relates to: ☒ PRIMARY ☐ GENERAL ☐ CONVENTION ☐ SCHOOL ☐ SPECIAL ☐ CAUCUS Date of Election, Convention or Caucus: <u>August 6, 2024</u> ☐ July 25 Quarterly ☐ October 25 Quarterly	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u> 8f. ☐ AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended) 8g. ☐ DISSOLUTION OF COMMITTEE Effective Date of Dissolution By checking this item, I/We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.
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9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.						
Current Treasurer or Designated Record Keeper <u>Don Brown</u> Type or Print Name Signature <u>Don Brown</u> Date <u>9-4-24</u>						



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140488

2. Committee Name Better Macomb PAC

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$	<u>4000</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>4000</u>	(18.) \$ <u>6405</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$	<u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$	<u>4000</u>	(20.) \$ <u>6405</u>
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$	<u>00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	<u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	<u>00</u>	(21.) \$ <u>0</u>
EXPENDITURES			
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$	<u>2686.03</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$	<u>0</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$	<u>0</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$	<u>0</u>	
e. Subtotal of Expenditures	(8e.) \$	<u>2686.03</u>	(22.) \$ <u>3186.03</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$	<u>0.00</u>	(23.) \$ <u>2688.56</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	<u>2,686.03</u>	(24.) \$ <u>5874.59</u>
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$	<u>0</u>	(25.) \$ <u>0</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)	(12a.) \$	<u>4000</u>	
b. Owed to the Committee (Schedule 2E)	(12b.) \$	<u>0</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>115.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	<u>4000</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>4115</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) -	<u>2,686.03</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1,428.97</u>	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 140488

2. Committee Name Better Macomb PAC

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 07/29/24

Name & Address:

Donald Brown
6515 Old Coach Trail
Washington, MI 48094

\$ 4,000

\$ 5,000

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation Commissioner Employer Macomb County

Business Address 1 South Main Street, Mt. Clemens, MI 48043

Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

\$4,000.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

\$4,000.00

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 140488
2. Committee Name Peter Macomb PAC

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: CTE Peter J. Lucido for Prosecutor 6303 26 Mile Road Washington, MI 48094 4. Purpose: <u>Donation</u> ☐ Fund Raiser	5. <u>Peter J. Lucido</u> Name of Candidate <u>Prosecutor</u> Office Sought & District # or Jurisdiction <u>Macomb</u> County ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>07/29/24</u> Date	<u>\$ 250</u>	<u>\$ 250</u> Click Here for Memo Itemization Type
Expenditure #2 Name & Address: Lisa McClain for Congress PO Box 327 Romeo, MI 48065 4. Purpose: <u>Donation</u> ☐ Fund Raiser	5. <u>Lisa McClain</u> Name of Candidate <u>Congress, 9th District</u> Office Sought & District # or Jurisdiction <u>9th Congressional District</u> County ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>07/29/24</u> Date	<u>\$ 250</u>	<u>\$ 250</u> Click Here for Memo Itemization Type
Expenditure #3 Name & Address: Vistaprint 100 Hayden Avenue Lexington, MA 02421 4. Purpose: <u>Printing</u> ☐ Fund Raiser	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>08/01/24</u> Date	<u>\$ 451.03</u>	<u>\$ 451.03</u> Click Here for Memo Itemization Type
Expenditure #4 Name & Address: DMG Computer 38322 Pine Drive Clinton Twp, MI 48038 4. Purpose: <u>Website Development</u> ☐ Fund Raiser	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County ☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>08/01/24</u> Date	<u>\$ 735</u>	<u>\$ 735</u> Click Here for Memo Itemization Type

Subtotal this page **1686.03**

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

Enter this total
on line 8a of the
Summary Page



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 140488

2. Committee Name Better Macomb PAC

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: Memory Time LLC 2280 Cumberland Rochester Hills, MI 48307	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	08/15/24 Date	\$ 1000	\$ 1000
4. Purpose: Consulting				Click Here for Memo Itemization Type
☐ Fund Raiser	☐ Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	_____ Date	\$ _____	\$ _____
4. Purpose: _____				Click Here for Memo Itemization Type
☐ Fund Raiser	☐ Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	_____ Date	\$ _____	\$ _____
4. Purpose: _____				Click Here for Memo Itemization Type
☐ Fund Raiser	☐ Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #4 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	_____ Date	\$ _____	\$ _____
4. Purpose: _____				Click Here for Memo Itemization Type
☐ Fund Raiser	☐ Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			

Subtotal this page **\$1,000.00**

Grand Total of all Schedules 2B
(Complete on last page of Schedule) **\$2,686.03**

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 2E**

POLITICAL OR INDEPENDENT COMMITTEE

1. Committee I.D. Number 140488

2. Committee Name Better Macomb PAC

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Don Brown 6515 Old Coach Trail; Washington, MI 48094 Corp? ☐ Yes	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/29/24</u> 6. <u>Original Amount of Debt</u> \$ <u>4000</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>4000</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? ☐ Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? ☐ Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

4000

Grand Total of all Schedules 2E
(Complete on last page of Schedule showing amounts owed by or to the committee.)

4000

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page