



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

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

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MICHIGAN

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1. Committee I.D. Number <b>69598</b>		3. This Statement covers From: <u>07/20/08</u> to <u>08/25/08</u>	
2. Committee Name <b>CTE Don Brown</b>		4. Candidate Last Name <b>Brown</b> First Name <b>Don</b> M.I. 4a. Office Sought Including District # or Community Served (If applicable) <b>Macomb County Commissioner 13th District</b> 4b. County of Residence <b>Macomb</b>	
5. Committee's Mailing Address <b>6515 Old Coach Trail Washington MI 48094</b>  Area Code and Phone <u>(586) 786-9806</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 <b>Don Brown 6515 Old Coach Trail Washington MI 48094</b>  Area Code & Phone <u>(586) 786-9806</u>	
7. Treasurer's Business Address <b>10 South Main Street Mt. Clemens MI 48043</b>  Area Code and Phone <u>(586) 469-5125</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <b>N/A</b>  Area Code and Phone _____	
<b>9. TYPE OF STATEMENT</b>			
9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election		9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)	
Pre-Election or Post-Election Statement relates to:		9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		9e. <input type="checkbox"/> Dissolution of Candidate Committee	
<input type="checkbox"/> Convention <input type="checkbox"/> School		Effective Date of Dissolution _____	
<input type="checkbox"/> Special <input type="checkbox"/> Caucus		By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
Date of Election, Convention or Caucus <u>08/05/08</u>		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. <b>If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</b>			
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 <b>Don Brown</b> Type or Print Name		Signature <i>Don Brown</i> Date <b>12/08/08</b>	
Candidate <b>Don Brown</b> Type or Print Name		Signature <i>Don Brown</i> Date <b>12/08/08</b>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 69598

2. Committee Name CTE Don Brown

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2,985.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$2,985.00</u>	(18.) \$ <u>\$9,490.00</u>
<b>4. Other Receipts</b> (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>\$2,985.00</u>	(20.) \$ <u>\$9,490.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions</b> (Schedule 1-IK, Column 7)	(6.) \$	<u>\$400.00</u>	(21.) \$ <u>\$535.00</u>
<b>7. In-Kind Expenditures</b> (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$1,790.91</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>\$45.00</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$1,835.91</u>	(23.) \$ <u>\$7,498.15</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$1,931.98</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$2,985.00</u>	
	(15.) = \$	<u>\$4,916.58</u>	
<b>15. SUBTOTAL</b> Add lines 13 and 14			
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>\$1,835.91</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>\$3,080.67</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)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u> Name & Address: Daniel O'leary 60592 Miriam Dr. Washington MI 48094 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>100.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u> Name & Address: John Ratti 60211 Trailwood Washington MI 48094 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u> Name & Address: James Kulpa 4812 Rivers Edge Dr. Troy MI 48098 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>100.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u> Name & Address: John Axe 21 Kercheval Ave, Ste 360 Grosse Pointe Farms MI 48236 5. If over \$100.00 cumulative, please provide: Occupation <u>Bond Consul</u> Employer <u>John Axe and Associates</u> Business Address <u>21 Kercheval Ave. Ste 360, Grosse Pointe Farms MI 48236</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>100.00</u>	\$ <u>200.00</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$250.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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 <input checked="" type="checkbox"/> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u></p> <p>Name &amp; Address: <b>Dominic Abbate</b> 2500 Royal View Dr. Oakland MI 48363</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Architect</u> Employer <u>Wakely Associates</u> Business Address <u>30500 Van Dyke, Warren MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	\$ <u>150.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u></p> <p>Name &amp; Address: <b>William Bellaire</b> 2161 Willow Circle Shelby MI 48316</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>25.00</u>	\$ <u>75.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u></p> <p>Name &amp; Address: <b>Committee for Responsible Government</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>200.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u></p> <p>Name &amp; Address: <b>Gebran Anton</b> 79 Macomb Place Mt. Clemens MI 48043</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>25.00</u>	\$ <u>75.00</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$200.00**

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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 Name & Address: <b>Christopher Theodoroff</b> <b>61656 Spring Circle Trail</b> <b>Washington MI 48094</b>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u>	<u>\$ 25.00</u>	<u>\$ 25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <b>James Jacobs</b> <b>14500 12 Mile Road</b> <b>Warren MI 48088</b>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u>	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <b>J.H. Gordon</b> <b>7 WEST SQUARE LAKE</b> <b>BLOOMFIELD MI 48302</b>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u>	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <b>Thomas Guastello</b> <b>300 Park Street, Ste 410</b> <b>Birmingham, MI 48009</b>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u>	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

**\$275.00**

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

**\$2,985.00**

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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 (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/25/08</u></p> <p>Name &amp; Address: <u>Lorente, Robert G.</u> <u>143 Cady Centre # 306</u> <u>Northville, MI. 48167</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>143 CADY CENTRE #306 NORTHVILLE MI 48167</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ <u>200.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u></p> <p>Name &amp; Address: <u>Mueller, Mark J.</u> <u>29350 Jefferson Ave.</u> <u>Saint Clair Shores, MI. 48081</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>INDEPENDENT AGENT</u> Business Address <u>29350 JEFFERSON ST. CLAIR SHORES MI 48081</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ <u>200.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u></p> <p>Name &amp; Address: <u>Winn, Lyle E.</u> <u>67263 Hidden Oak Ln.</u> <u>Washington Township, MI. 48095</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	\$ <u>50.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u></p> <p>Name &amp; Address: <u>Tarr, Gregory S.</u> <u>167 South Main Street</u> <u>Romeo, MI. 48065</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u> <del>\$ 100.00</del>	\$ <u>100.00</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$695.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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
<b>Expenditure #1</b> Name <b>Western American Mailers</b> Address <b>5510 -33rd SE</b> <b>Grand Rapids MI 49512</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>Printing and Postage</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/21/08</b> Date	<b>\$ 181.02</b> Click Here for Memo Itemization Type
<b>Expenditure #2</b> Name <b>Print Masters</b> Address <b>26039 Dequindre</b> <b>Madison Heights MI 48071</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>Printing</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/22/08</b> Date	<b>\$ 418.70</b> Click Here for Memo Itemization Type
<b>Expenditure #3</b> Name <b>J &amp; J Importers</b> Address <b>1307 E. Maple Rd, Ste B</b> <b>Troy MI 48083</b> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>Beverages</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/24/08</b> Date	<b>\$ 119.88</b> Click Here for Memo Itemization Type
<b>Expenditure #4</b> Name <b>Pamela Catering</b> Address <b>221 North Bailey</b> <b>Romeo MI 48065</b> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>Food &amp; Service</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>08/24/08</b> <del>08/20/08</del> Date	<b>\$ 736.00</b> Click Here for Memo Itemization Type
<b>Expenditure #5</b> Name <b>Office Max</b> Address <b>45320 Utica Park Blvd</b> <b>Utica MI 48315</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>Office Supplies</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>08/11/08</b> Date	<b>\$ 28.61</b> Click Here for Memo Itemization Type
Subtotal this page			<b>\$1,484.21</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total  
on line 8a of  
Summary Page