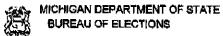
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 12/31/09 20 07/18/10			
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.			
69598	Brown Don			
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)			
_	Macomb County Commissioner District 7			
CTE Don Brown	1			
5. Committee's Mailing Address	4b. County of Residence Macomb 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) 786-9806				
If the address in this box is different from the committee malling address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (586) 786-9806			
7. Treasurer's Business Address	81			
10 South Main	8. Designated Record keeper's Name and Mailing Address (In the committee has a Designated Record keeper)			
Mt. Clemens MI 48043	I N/A			
	AM AM			
Area Code and Phone (586) 469-5125	Area Code and Phone			
9. TYPE OF STATEMENT	Alea Code and Phone			
	Election 9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c			
Pre-Election or Post-Election Statement relates to:	or 9e to indicate which Statement is being amended)			
√ Primary Gen	eral 9e. Dissolution of Candidate Committee			
Convention	poi Effective Date of Dissolution			
Special	aus ————————————————————————————————————			
Date of Election, Convention or Caucus 08/03/10	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filling fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Walver, Note: The disposition of residual funds must be reported on Schedule			
A committee that does not have a Bonarius Malutana	118 and the Summary Page.			
amendment to the Statement of Organization should accompany the before the filing deadline of a required campaign statement, the	ruired Campaign Statementa. The Campaign Statements must include all applicable ditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold, id since the information was shown on the committee's Statement of Organization, an is Campaign Statement. If a request for a Reporting Waiver is not received on or at campaign statement cannot be waived.			
Verification: I\We certify that all reasonable diligence was used in nylour knowledge and belief the contents are true, accurate and contents.	the preparation of this statement and attached schedules (if any) and to the best of inplete.			
Current Treasurer or Don Brown Designated Record keeper	Men Grown 08/20/10			
Type or Print Name	Signature			
Candidate Don Brown	by Rom			
Type or Print Name Authority granted under P.A. 388 of 1976	Signature			



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number	
2 Carerittas Naus	

		- 1	2. 50////			
Enter contributor's nam middle initial. Check b Committee (PAC) Repo	ex to indicate if con	trib	ribution is from an individual, enter last nam ation is from a Political Committee or an Ind ardless of amount.	e, first name, ependent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?		YES 4, Date of Receipt 06/08/1	0		
Miller Herold (Amended co 64300 Miller Road	ntribution #3 on pg 27	7)				
Washington MI 48095					_s 180.00	_s 280.00
5. If over \$100.00 cum	ulative, please pro	vic	e:		Of all Hara for	
Occupation Retired Employer				Click Here for Memo Itemization		
Business Address			41	· · · · · · · · · · · · · · · · · · ·		
Type of Contribution:	Direct		Loan from a person 🗸 Fund Raise	r	V-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
3. Contribution #2 Name & Address	PAC Receipt?	Ĺ	YES 4. Date of Receipt <u>06/08/10</u>	# YOU		
Stec, Ronald (amende	ed contribution #1	on	pg 3 9)		400.00	400.00
11448 30 Mile Road Washington MI 48095					<u>\$ 120.00</u>	_{\$} 120.00
5. If over \$100.00 com	ulative, please pro	vid	a;		Click Here fo	r Memo Itemization
Occupation Tax Prep	arer	E	mployer_HR Block	···		
Business Address 647	40 Van Dyke R	_	Washington 48095	MINISTER AND ADDRESS OF THE PARTY OF THE PAR		
Type of Contribution:	Direct		Loan from a person	er		
3. Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of Receipt 06/08/10)	0 10	· · · · · · · · · · · · · · · · · · ·
John Vasos (am	ended contrit	si rf	ion #3 on na 46)	_	***	
64600 Norwich	CITACO COLIGIA	, CI (on no on pg no)		_{\$} 20.00	_{\$} 100.00
Washington MI 4					Click Here for	· Memo Itemization
6. If over \$100.00 cum						WOITE TESTINE CONTRACTOR
Occupation Electricia		-	mployer Ford Motor Company	·		
Business Address 701 Type of Contribution:	East St. Clair, Ro		Loan from a person / Fund Rais			
3. Contribution # 4	PAC Receipt?	F	YES 4. Date of Receipt	· · · · · · · · · · · · · · · · · · · 		
Name & Address	1 110 (ctatibal	L	125 4, Date of Neocipi	·		
					\$	\$
5. If over \$100.00 cum	ılative, piease pro	vid	:		Clieb Liese for	140 16
Occupation Employer			Circk Here jor	Memo Itemization		
Business Address						
Type of Contribution:	Direct		Loan from a person Fund Raise	r ·		İ
				Page Subtotal		
			Grand Total of Al			
_ 1			(Complete on last pa	ge of Schedule) (Enter this total on	J
Pageof					line 3a of Summary Page.	