



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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.

1. Committee I.D. Number <b>69598</b>	3. This Statement covers From: <b>12/31/09</b> to <b>07/18/10</b>
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 District 7</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 <b>(586) 786-9806</b> 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 <b>Don Brown 6515 Old Coach Trail Washington MI 48094</b>  Area Code & Phone <b>(586) 786-9806</b>
7. Treasurer's Business Address <b>10 South Main Mt. Clemens MI 48043</b>  Area Code and Phone <b>(586) 469-5125</b>	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 _____

FILED  
10 AUG 23 AM 10:15  
CASSIUS A. SABAUGH  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus  
**08/03/10**

9c. ☐ Annual Statement (\_\_\_\_\_ Coverage Year)

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

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution  
\_\_\_\_\_

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.

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. 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.

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 **Don Brown**  
Type or Print Name

Signature

Date

**08/20/10**

Candidate **Don Brown**  
Type or Print Name

Signature

Date

**08/20/10**



## 1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

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.		5. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/08/10</u>	
Name & Address: Miller Harold (amended contribution #3 on pg 27) 64300 Miller Road Washington MI 48095		\$ <u>180.00</u>	\$ <u>280.00</u>
5. If over \$100.00 cumulative, please provide:		<a href="#">Click Here for Memo Itemization</a>	
Occupation <u>Retired</u> Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/08/10</u>	
Name & Address: Stec, Ronald (amended contribution #1 on pg 39) 11448 30 Mile Road Washington MI 48095		\$ <u>120.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide:		<a href="#">Click Here for Memo Itemization</a>	
Occupation <u>Tax Preparer</u> Employer <u>HR Block</u>			
Business Address <u>64740 Van Dyke Rd · Washington 48095</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/08/10</u>	
Name & Address: John Vasos (amended contribution #3 on pg 46) 64600 Norwich Washington MI 48095		\$ <u>20.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide:		<a href="#">Click Here for Memo Itemization</a>	
Occupation <u>Electrician</u> Employer <u>Ford Motor Company</u>			
Business Address <u>701 East St. Clair, Romao MI 48065</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:		<a href="#">Click Here for Memo Itemization</a>	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

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

Enter this total on  
line 3a of Summary  
Page.