

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.	3. This Statement covers From: 07/18/10 • 08/23/10				
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.				
69598	Brown Don				
	4a. Office Sought Including District # or Community Served (If applicable)				
2. Committee Name	Macomb County Commissioner 7th District				
CTE Don Brown	Maderile County Continues in the District				
	4b. County of Residence Macomb				
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address				
6515 Old Coach Trail	6515 Old Coach Trail				
Washington MI 48094	Washington IVI 46084				
·	The state of the s				
Area Code and Phone (586) 786-9806	mor - F				
If the address in this box is different from the committee	Substitution of the substi				
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	8. Designated Record keeper's Name and Mailing Address (If the committee has a				
10 South Main	Designated Record keeper)				
Mt. Clemens MI 48043	N/A				
Area Code and Phone (586) 469-5125	Area Code and Phone				
9. TYPE OF STATEMENT					
9a. Pre-Flection OR 9b 7 Rest Starting 9c. Annual Statement (Coverage Year)					
9a. Pre-Election OR 9b. ✓ Post	St-Election 9c. Annual Statement (Coverage Year)				
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to Indicate which Statement is being amended)				
Gen	neral 9e, Dissolution of Candidate Committee				
Primary Gen					
Convention Sch	hool Effective Date of Dissolution				
Special Cau	By checking this item, I/We certify that the committee has no assets or				
Date of Election, Convention or Caucus	outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for				
08/03/10	the Reporting Waiver.				
	Note: The disposition of realdual funds must be reported on Schedule 1B and the Summary Page.				
A committee that does not have a Reporting Waiver must file all re	equired Campaign Statements. The Campaign Statements must include all applicable enditures, and outstanding debts count against the \$1,000 Reporting Walver threshold.				
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change	Inditures, and outstanding debts count against the \$1,000 Reporting Walver threshold.				
before the filing deadline of a required campaign statement, in	ged since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or that campaign statement cannot be waived.				
	in the preparation of this statement and attached schedules (if any) and to the best of omplete.				
Current Treasurer or Designated Record keeper	1 Dr. Rom - 09/07/10				
Type or Print Name	Signature Date				
Dec Berry	λ				
Candidate Don Brown	/ My Prony Date 09/07/10				
Type or Print Name	Signature				

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

1. Committee I.D. Number 69598

SUMMARY PAGE

2. Committee Name CTE Don Brown

CANDIDATE COMMITTEE	2. Committee Name OTE DOIT BIOWIT		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle	
3. Contributions	· · · · · · · · · · · · · · · · · · ·		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>950.00</u>		
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE		
c. Subtotal of "Contributions"	(3c.) \$_\$950.00	(18.) \$ \$28,045.00	
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$28,045.00	
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00	
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00	
EXPENDITURES			
8. Expenditures			
a, Itemized (Schedule 1B, Column 6)	(8a.) \$ \$2,857.36	-	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00		
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$ \$50.00		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$2,907.36	(23.) \$ \$18,889.97	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Iternized (Schedule 10, Column 6)	(10a.)\$ \$0.00	_	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00	
DEBTS AND OBLIGATIONS 12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$14,500.00	_	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	_ 1	
	BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ \$14,193.08	_	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$950.00	<u> </u>	
15. SUBTOTAL Add fines 13 and 14	(15.) = \$_\$15,143.08		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$2,907.36		
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$\frac{\$12,235.72}{}	 •	



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number __69598

Page.

CANDIDA LE COMMITTEE 2. Committee Name	CLE DOU BLOMU	
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.	ne, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/27/10		edd of Fabelyti
Assistant Prosecutors Association Committee		
P.O. Box 634	250.00	
Mt. Clemens MI 48043	_{\$} 250.00	\$
5. If over \$100.00 cumulative, please provide:	O!- -	and a second
Occupation Employer	— Click Here t	or Memo Itemization
Business Address	_	
Type of Contribution: Direct Loan from a person V Fund Raiser	•	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/10 Name & Address		
Dennis Buchholtz		
23803 Winifred Warren MI 48091	_{\$} 50.00	. \$
5. If over \$100.00 cumulative, please provide:	6 8.1.1)	
	Click Here to	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person ✓ Fund Raleer		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/27/10		
Justin Sutherland	25.00	
78 Lake Odessa Drive	_{\$} 25.00	5
Richmond MI 48062	Oliais I I 5	. 4.4
5. If over \$100.00 cumulative, please provide:	Click Here to	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/10		·
Richard Stathakis		
52700 Van Dyke	, 25.00	
Shelby MI 48316	\$	\$
5. If over \$100.00 cumulative, please provide:	filiak Hasa 4	Memo Itemization
Occupation Employer	— Alloy Liete IÖL	Methic irechizatiou
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Page Subr	total	
Grand Total of All Schedules (Complete on last page of Sched	tule) Enter this total on	
Page	line 3a of Summary Page.	



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

CANDIDATE COMMITTEE 2.0	COMMittee Name CIE Don	Brown		
This Schedule itemizes:		·		
a Debts and obligations owedby or forgiven the con- (Che	nmittee OR b. Deb	ts and obligations owed <u>to</u> o urpose checked.)	r forgiven <u>by</u> the co	mmittee.
3. Name and Malling 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 endorsers 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 Corp? Yes Owed to or by:	4. Type: Loan	07/25/10 _{\$} 500.00		
Don Brown 6515 Old Coach Trail Washington MI 48094	5. <u>Date Debt Was Incurred</u> : 06/24/10 6. <u>Original Amount of Debt</u> : \$ 15,000		\$ 500.00	\$_14,500
If bank loan, name of endorser or guarantor:		\$		
Debt#2 Corp? Yes	4.20		ount Endorsed: \$	
Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt:	<u> </u>	ác.	\$
	\$		Ψ	
Khank Isaa				FORGIVEN
If bank loan, name of endorser or guarantor: Debt #3 Com? I Ves		Am	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4, Type:	\$		
	5. Date Debt Was Incurred:	\$		
		s		
	6. <u>Original Amount of Debt</u> :	<u> </u>	\$	\$ <u>-</u>
	\$			FORGIVEN
16h 1 1 1 1 1 1 1 1 1		<u> </u>		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
		Page Subtotal (Outstanding debt)	\$14,500.00
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				
A debt or obligation must be shown on this Scheduk this Campaign Statement or it was forgiven during th	e if there was an outstanding am	ount owed on it at the clo	sing date of	Enter this total on line 12a "owed by"" or line 12b "owed to" of the

Summary Page

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