



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

69598

2. Committee Name

Committee to Elect Don Brown

5. Committee's Mailing Address

3515 Old Coach Trail  
Washington MI 48094

Area Code and Phone (586) 419-2443

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.

7. Treasurer's Business Address

10 South Main Street  
Mt. Clemens MI 48043

Area Code and Phone (586) 469-5125

3. This Statement covers From:

12/31/12

to 07/22/12

4. Candidate Last Name

Brown

First Name

Don

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

County Commissioner 7th District

4b. County of Residence Macomb

6. Treasurer's Name & Residential Address

6515 Old Coach Trail  
Washington MI 48094

Area Code & Phone (586) 419-2443

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

N/A

Area Code and Phone

**9. TYPE OF STATEMENT**

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ Convention

☐ Special

☐ General

☐ School

☐ Caucus

Date of Election, Convention or Caucus

08/07/12

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

9/6/12

Candidate Don Brown

Type or Print Name

Signature

Date

9/6/12



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69598  
2. Committee Name Committee to Elect 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)
3. Contribution # 1 Name & Address: <b>Ben Delecke</b> <b>73160 S. Fulton</b> <b>Armada MI 48005</b>		\$ <u>120.00</u>	\$ <u>120.00</u>
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/24/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Welder</u> Employer <u>Owner</u> Business Address <u>73160 FULTON ST, Armada MI 48005</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 Name & Address:		\$ _____	\$ _____
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ 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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3 Name & Address: <b>Jack Murphy</b> <b>67156 Rachael Ln</b> <b>Washington MI 48095</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/24/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Fire Fighter</u> Employer <u>Washington Twp</u> Business Address <u>11300 27 Mile Rd, Washington Township, MI 48094</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4 Name & Address:		\$ _____	\$ _____
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ 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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 05/24/12

Name & Address:

Michael Chirco  
46600 Romeo Plank  
Macomb MI 48044

\$ 120.00

\$ 120.00

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

Occupation Builder Employer MJC Companies

Business Address 46600 Romeo Plank, Macomb MI 48044

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_

Name & Address

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_

Name & Address:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_

Name & Address

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_

Name & Address:

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_

Name & Address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 07/19/12

Name & Address:

Dr. Barbara Horn  
8703 26 Mile Road  
Washington MI 48094

\$ 50.00 \$ 50.00

[Click Here for Memo Itemization](#)

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 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_

Name & Address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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September 5, 2012

CTE Jeff Farrington  
8830 Summers Ct.  
Utica, MI 48317

Dear Representative Farrington,

My committee had written a \$150.00 check pay for a ticket for your July 8<sup>th</sup> fundraiser held in Washington Township. Unfortunately that amount exceeded my campaign finance guidelines by \$50.00 dollars. If you would refund the CTE Don Brown \$50.00, I will write you a personal check for the same amount to your committee. My committee address is; 6515 Old Coach Trail, Washington MI 48094.

I apologize for mistake and any inconvenience this may cause you. I look forward to continuing working together with you, as we move our county forward.

Sincerely,



Don Brown

Don Brown  
15 Old Coach Trail  
Washington MI 48094

CTE Jeff Farrington  
8830 Summers Ct.  
Utica, MI 48317