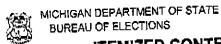


CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

COVER PAGE	
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: 12/31/12 to 07/22/12
1. Committee I.D. Number	4. Candidate Last Name M.I.
69598	Brown Don
	4a. Office Sought Including District # or Community Served (If applicable)
2. Committee Name	County Commissioner 7th District &
Committee to Elect Don Brown	4b, County of Residence Macomb
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
3515 Old Coach Trail Washington MI 48094	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.	Area Code & Phone (586) 419-2443
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
10 South Main Street Mt. Clemens MI 48043	N/A
Area Code and Phone (586) 469-5125	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Po	ost-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)
	9e. Dissolution of Candidate Committee
✓ Primary	Effective Date of Dissolution
Convention	
L	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
Date of Election, Convention or Caucus 08/07/12	the Reporting Walver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
If any of the information listed in terms 2, 4, 5, 5, 7, 10 accompar amendment to the Statement of Organization should accompan	all required Campaign Statements. The Campaign Statements must include all applicable expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. It is a shown on the committee's Statement of Organization, an any this Campaign Statement. If a request for a Reporting Waiver is not received on or ant, that campaign statement cannot be waived.
 Verification: I\We certify that all reasonable diligence was us ny\our knowledge and belief the contents are true, accurate and 	eed in the preparation of this statement and stretched someones (in any) and to the tree and complete. Y
Current Treasurer or Don Brown Designated Record keeper	1 Am Brown Date
Type or Print Name	Signature Date
Candidate Don Brown	
Type or Print Name	Signature



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

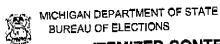
CANDIDATE COMMITTEE

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,	6. Amount	7. Cumulative for Election Cycle for Each
Enter contributor's name and address. If contribution is from a Political Committee or an Independent middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/24/12 Jame & Address:		
Ben Delecke		
73160 S. Fulton	_{\$} 120.00	<u>,</u> 120.00
Armada MI 48005	\$	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo itemization
	Quore 17010	101 (1141112 11411111111111111111111111111
Occupation Welder Employer Owner Business Address 73160 FULTON ST, Armada MI 48005		
Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
. Contribution #2 PAC Receipt? YES 4. Date of Receipt		
lame & Address		
	\$	<u> </u>
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 Reiser	····	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/24/12 Name & Address;	_	
	_s 250.00	, 250.00
Jack Murphy 67156 Rachael Ln	<u>\$ 200.00</u>	\$ 200.00
	an till o	t
Washington MI 48095	Click Here	for Memo Itemization
5. If over \$100,00 cumulative, please provide: Washington TWD		
Occupation Fire Fighter Employer Washington Twp		
Business Address 11300 27 Mile Rd, Washington Township, MI 48094		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Ralser		
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	_	
- Coupaido		
Business Address		
Type of Contribution: Direct Loan from a person Fund Ralser		
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0 00	line 3a of Sumn	
Page 2_of 29_	Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

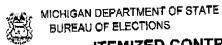
CANDIDATE COMMITTEE

69598 1, Committee I.D. Number _

J. Cottillittee ro. Ma	
2. Committee Name	Committee to Elect Don Brow
2. Committee Hamo	

7. Cumulative for

inter contributor ⁱ s name niddle Initial, Check box Committee (PAC) Report			ion is from an individual, Is from a Political Comm ass of amount.	enter ittee c	last name, first name, or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
	PAC Receipt?			ipt ()	5/24/12		
3. Contribution # 1 ame & Address:	L HO I (cogipti		•••				
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6600 Romeo Pla	ank					_s 120.00	<u> 120.00</u>
acomb MI 4804							
lf over \$100.00 cumu	lative, please pro	vide:	ployer MJC Compar	ies		Click Here	or Memo Itemization
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usiness Address 4660	00 Romeo Plar	ık, Ma	acomb MI 48044	-1			
ype of Contribution:	Direct		oan from a person	F	and Ralser		<u> </u>
Contribution #2	PAC Receipt?	YE	S 4, Date of Rece	aipt_			
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Contribution # 3 ame & Address:	PAC Receipt?		YES 4, Date of Rei	ceipt ,		\$	\$for Memo Itemization
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Business Address		_	·				
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Contribution # 4	PAC Receipt?	, []	YES 4. Date of Re	eceipt	**		
lame & Address						-	
						\$	\$
5. If over \$100.00 cum	nulative, please p	rovide	?			Click Here	for Memo Itemization
Occupation			Employer			•	
Business Address				<u></u>	. <u></u>		
Type of Contribution:	Direct		Loan from a person		Fund Raiser	··	· · · · · · · · · · · · · · · · · · ·
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Page 5 of 29						Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 69598

2. Committee Name Committee to Elect Don Brown

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Same & Address: S. If over \$100.00 cumulative, please provide: Occupation Employer	\$ Click Here fo	\$
OccupationEmployer	\$Click Here for	5
OccupationEmployer	Click Here for	
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Business Address Fund Raiser		
Type of Contribution: Direct Coart from a parson	· · · · · · · · · · · · · · · · · · ·	N. A.
Contribution #2 PAC Recelpt? YES 4. Date of Receipt ame & Address	-	
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	<u></u>	
3. Contribution # 3 PAC Receipt? Tyes 4. Date of Receipt 07/19/12 Name & Address:	·	
Dr. Barbara Horn	_{\$} 50.00	_s 50.00
8703 26 Mile Road		
Washington MI 48094	Click Here f	or Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
Typo of the same o	· · · · · · · · · · · · · · · · · · ·	е
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
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5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer	_	
Business Address		
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Page 23_of 29_	Page.	v

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 8th 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

E Don Brown 15 Old Coach Trail ashington MI 48094