



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: 08/27/12 to 10/21/12

1. Committee I.D. Number

69598

4. Candidate Last Name

Brown

First Name

Don

M.I.

2. Committee Name

Committee to Elect Don Brown

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

Macomb County Commissioner, 7th District

4b. County of Residence **Macomb**

5. Committee's Mailing Address

**6515 Old Coach Trail
Washington MI 48094**

6. Treasurer's Name & Residential Address

**Don Brown
6515 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.

Area Code & Phone **(586) 419-2443**

7. Treasurer's Business Address

**10 South Main Street
Mt. Clemens MI 48043**

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

N/A

Area Code and Phone **(586) 469-5125**

Area Code and Phone

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

11/06/12

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 **Don Brown**

Designated Record keeper

Type or Print Name

Signature

Date

10/24/12

Candidate **Don Brown**

Type or Print Name

Signature

Date

10/24/12



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 69598

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Don Brown

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1,750.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$1,750.00</u>	(18.) \$ <u>\$9,945.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)			
	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)			
	(5.) \$	<u>\$1,750.00</u>	(20.) \$ <u>\$9,945.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)			
	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)			
	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$4,065.76</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)			
	(9.) \$	<u>\$4,065.76</u>	(23.) \$ <u>\$12,193.94</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)			
	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$7,698.63</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)			
	(13.) \$	<u>\$11,215.32</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)			
	(14.) + \$	<u>\$1,750.00</u>	
15. SUBTOTAL Add lines 13 and 14			
	(15.) = \$	<u>\$12,965.32</u>	
16. Amount expended during reporting period (Add lines 9 and 11)			
	(16.) - \$	<u>\$4,065.76</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)			
	(17.) \$	<u>\$8,899.56</u>	*



**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: <u>James Kulpa</u> <u>4612 RIVERS EDGE</u> <u>TROY, MI 48098</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/24/12</u>	\$ <u>50.00</u> \$ <u>90.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Salvatore Palombo</u> <u>28120 Van Dyke Drive</u> <u>Warren MI 48015-1218</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/01/12</u>	\$ <u>250.00</u> \$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>28120 Van Dyke Drive, Warren MI 48015</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Roy Rose</u> <u>55620 Woodbridge</u> <u>Shelby Twp MI 48318</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/10/12</u>	\$ <u>250.00</u> \$ <u>290.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>ANDERSON ECKSTEIN AND WESTRICK</u> Business Address <u>51301 Schoenherr Rd, Shelby Township MI 48315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Clark Hill PAC</u> <u>500 Woodward Avenue, Ste 3500</u> <u>Detroit MI 48226</u>	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/10/12</u>	\$ <u>250.00</u> \$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$800.00**

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

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 all contributions regardless of amount.

6. Amount

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

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 09/10/12

Name & Address:

Thomas Guastello
34120 Woodward
Birmingham MI 48009

\$ 100.00

\$ 200.00

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

Occupation Developer

Employer Self

[Click Here for Memo Itemization](#)

Business Address 34120 Woodward, Birmingham MI 48009

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 09/10/12

Name & Address:

John Kashinsky
41531 Belvidere
Harrison Twp MI 48045

\$ 100.00

\$ 100.00

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 09/10/12

Name & Address:

Susan Luch
347 Pine Grove
Bloomfield Hills MI 48304

\$ 100.00

\$ 100.00

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 09/10/12

Name & Address:

Roanne Swaneck
923 N. Brys Drive
Grosse Pointe Woods MI 48236

\$ 100.00

\$ 100.00

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](#)

Page Subtotal \$400.00

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

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 all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: Ronald Estes 1204 Edgewood Birmingham MI 48009	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/10/12</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: CTE Jeff Farrington 8830 Summers Ct. Utica MI 48317	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/19/12</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Memo Itemization Below	
3. Contribution #3 Name & Address: Randall Russ 30849 Dayton Richmond MI 48062	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/04/12</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: Barbara Rossman 54311 Queensborough Dr. Shelby Twp MI 48315	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____	\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Henry Ford Hospital</u> Business Address <u>15855 19 Mile Road, Clinton Township, MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$550.00

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

\$1,750.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **69598**
2. Committee Name **Committee to Elect Don Brown**

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
Expenditure #1 Name Pilgrim Printing Address 66810 Van Dyke Washington MI 48094 <input type="checkbox"/> Fund Raiser	Purpose: Stationary <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/04/12 Date	\$ 145.50
Expenditure #2 Name Print Masters Address 26039 Dequindre Madison Heights MI 48071 <input type="checkbox"/> Fund Raiser	Purpose: Printing <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/07/12 Date	\$ 556.50
Expenditure #3 Name Print Masters Address 26039 Dequindre Madison Heights MI 48071 <input type="checkbox"/> Fund Raiser	Purpose: Printing <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/12 Date	\$ 1,012.30
Expenditure #4 Name LaserCom L.L.C. Address 2230 Elliot Troy MI 48083 <input type="checkbox"/> Fund Raiser	Purpose: Mail Services <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/12 Date	\$ 2351.46
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$4,065.76**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$4,065.76**

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 69598
2. Committee Name Committee to Elect Don Brown

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing 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? <input type="checkbox"/> Yes Owed to or by: Don Brown 6515 Old Coach Trail Washington MI 48094	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>08/24/10</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15,000</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 7301.37</u>	<u>\$ 7698.63</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ <u>\$</u> _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ <u>\$</u> _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$7,698.63

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$7,698.63

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.