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: 10/21/12 to 11/26/12				
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				
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	Don Brown				
Washington MI 48094	6515 Old Coach Trail				
	Washington MI 48094				
(700) 440 0440					
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.	Aron Code & Bhone (586) 419-2443				
7. Treasurer's Business Address					
	8. Designated Record keeper's Name and Mailing Address (# the committee has a Designated Record keeper)				
10 South Main Mt. Clemens MI 48043	NA ARK 40				
Wit. Clemens wii 40043					
(500) 400 5405					
Area Code and Phone (586) 469-5125	Area Code and Phone				
9. TYPE OF STATEMENT					
9a. Pre-Election OR 9b. Post	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)				
Primary Gen	eral 9e. Dissolution of Candidate Committee				
Convention	pol Effective Date of Dissolution				
Special					
Special Cauc	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				
11/06/12	the Reporting Walver. 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 re	quired Campaign Statements. The Campaign Statements must include all applicable iditures, 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 chang amendment to the Statement of Organization should accompany to before the filing deadline of a required campaign statement, the	ed since the information was shown on the committee's Statement of Organization, an ols Campaign Statement. If a request for a Reporting Waiver is not received on or olat campaign statement cannot be waived.				
10. Verification: I\We certify that all reasonable diligence was used ny\our knowledge and belief the contents are true, accurate and contents.	n the preparation of this statement and attached schedules (if any) and to the best of mplete.				
Current Treasurer or Don Brown	Man Rosson 12-4-12				
Designated Record keeper Type or Print Name	Signature Date				
Don Prous	λ . O				
Candidate Don Brown	/ MM 6 Low Date 12-4-2				
Type or Print Name	Signature				

1. Committee I.D. Number 69598

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Don Brown

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Camalative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 1,750.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$0.00	(18.) \$ \$9,945.00
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.) \$ \$9,945.00
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.) \$ _\$0.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
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.) \$ \$0.00	(23.) \$ \$12,193.94
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	
b. Unitemized (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.) \$ _\$7,698.63	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	!
13. Ending Balance of last report filed	(13.) \$ \$8,899.58	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$8,899.58	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$0.00	_
(Add lines 9 and 11)	Φ9 900 E9	- •
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$\frac{100,099.50}{100,099.50}	-



DEBTS AND OBLIGATIONS SCHEDIII E 1E

1. Committee I.D. Number

69598	6	9	5	9	8
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SCHED	OLL IL	
CANDIDATE	COMMITTE	Ε

2. Committee Name Committee to Elect Don Brown

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a ✓ Debts and obligations owed <u>by</u> or forgiven the com (Che	mittee OR b. Debteck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the con	nmittee.
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? Yes Owed to or by:	4. Type: Loan	\$		
Don Brown 6515 Old Coach Trail	5. Date Debt Was Incurred: 08/24/10	\$		
Washington MI 48094	6. Original Amount of Debt	\$	\$ <u>7391.37</u>	\$_7698.63 FORGIVEN
If bank loan, name of endorser or guarantor:	5	\$ Amo	unt Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type;	\$		
,	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$_	
Debt #3 Corp? Yes	4. Type:	\$		
Owed to or by:	5. Date Debt Was Incurred:	\$		
	6. <u>Original Amount of Debt</u> :	\$		t
	\$	\$	l \$	FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	\$7,698.63
(C	complete on last page of Schedule s	Grand Total showing amounts owed by c	of all Schedules 1E or to the committee)	\$7,698.63
				Enter this total on line 12a "owed

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.

by"" or line 12b

"owed to" of the Summary Page

Page _____ of ____