



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 <b>69598</b>		3. This Statement covers From: <b>11/24/14</b> to <b>07/2015</b>	
2. Committee Name <b>CTE Don Brown</b>		4. Candidate Last Name <b>Brown</b> First Name <b>Don</b> M.I. <b></b> 4a. Office Sought Including District # or Community Served (If applicable) <b>County Commissioner, 7th District</b> 4b. County of Residence <b>MACOMB</b>	
5. Committee's Mailing Address <b>6515 Old Coach Trail Washington MI 48094</b>  Area Code and Phone <b>(586) 419-2443</b> 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.		6. Treasurer's Name & Residential Address <b>Don Brown 6515 Old Coach Trail Washington MI 48094</b>  Area Code & Phone <b>(586) 419-2443</b>	
7. Treasurer's Business Address <b>10 South Main Mt. Clemens MI 48043</b>  Area Code and Phone <b>(586) 469-5125</b>		8. Designated Record keeper's Name and Mailing Address (If Designated Record keeper) <b>N/A</b>  Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt of the committee or his or her spouse is hereby discharged and forgiven, and the committee owes no late fees or has any other outstanding assets. Further, if the dissolution cannot be granted, that this be considered a request for the Filing Waiver.  Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
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 <b>Don Brown</b> Type or Print Name		Signature <i>Don Brown</i> Date <b>7/27/15</b>	
Candidate <b>Don Brown</b> Type or Print Name		Signature <i>Don Brown</i> Date <b>7/27/15</b>	

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MT. CLEMENS, MICHIGAN



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

~~12345678~~

695 8

2. Committee Name

Committee To Elect

Do  
Brown  
Smith

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	0.00	(18.) \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	0.00	(19.) \$0.00
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	0.00	(20.) \$0.00
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
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
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
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.) \$	0.00	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	0.00	(23.) \$0.00
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	0.00	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	0.00	(24.) \$0.00
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	7,698.63 ✓	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	0.00	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	10,659.95 ✓	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	0.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	10,659.95	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	0.00	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	10,659.95 ✓	