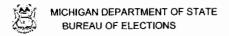


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

| Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c | i signed by andidate. | 3. This Statement covers From | 1: 11/28/16 _{to} 0 | 7/20/17 | | |
|---|---|---|--|--|----------|-------------------|
| 1. Committee I.D. Number | | 4. Candidate Last Name | First Name | | M.i. | |
| 69598 | | Brown | Don | | | |
| | | 4a. Office Sought Including Dis | strict # or Community Served (| If applicable) | | _ |
| 2. Committee Name | | County Commissioner, 7th District | | | | |
| CTE Don Brown | | 4b. County of Residence MA | сомв | | | |
| 5. Committee's Mailing Address 6515 Old Coach Trail Washington MI 48094 | | 6. Treasurer's Name & Reside Don Brown 6515 Old Coach Tra Washington MI 4809 | il | | 17 JUL 2 | ~.}^ |
| Area Code and Phone (586) 419-2443 If the address in this box is different from the comm mailing address on the Statement of Organization, be sent to this address by the filing official. | | Area Code & Phone (586) 4 | 19-2443 | 4 | 25 P | SE SE |
| 7. Treasurer's Business Address 1 South Main Mt. Clemens MI 48043 | | | 's Name and Mailing Address (| (If the committee I | | |
| Area Code and Phone (586) 469-5125 | | Area Code and Phone | | | | |
| 9. TYPE OF STATEMENT | | Area code and mone | 9e. Dissolution of Candida | te Committee | | |
| 9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Primary | Required ON is not on the current year: | | By checking this item I/We certify any outstate by the committee to the candidate or his or her so by discharged and forgiven, and no longer collect the committee. The committee has no oustanding owes no lates fees or has any oustanding debt. | | | e is here from |
| General Convention | October Q | uarterly | Further, if the dissolution can considered a request for the f | not be granted, th Reporting Waiver | at this | be |
| Special School | | Coverage Year | Effective date of dis | ssolution | | |
| Caucus | (Comp | dment to Campaign Statement olete Item 9a, 9b, 9c or 9e to te which Statement is being ded.) | Note: The disposition of resid Schedule 1B and the Summa | | e repor | ted on |
| Date of Election, Convention or Caucus | | | | | | |
| 11/08/16 | | | | | | |
| 10. Verification: I/We certify that all reasonable dilig | | | L ent and attached schedules (if | any) and to the b | est of | |
| my\our knowledge and belief the contents are true, Current Treasurer or Designated Record keeper Type or Print Name | accurate dilu (C | 1 Am Ban Signature | Date | 7/25/1 | 7 | _ |
| Candidate Don Brown Type or Print Name | | , Am Asmi Signature | Date | 7/25/1 | 7 | ranchame |



1. Committee I.D. Number 69598

SUMMARY PAGE

2. Committee Name Committee to Elect Don Brown

| CANDIDATE COMMITTEE | 2. Committee Name | | |
|--|--|--|--|
| RECEIPTS | Column I This Period | Column II Cumulative this election cycle | |
| 3. Contributions | | | |
| 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.) \$ \$9,430.00 | |
| 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.) \$ \$9,430.00 | |
| 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.) \$ \$8,068.63 | _ | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ \$0.00 | _ | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ \$0.00 | | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ \$8,068.63 | (23.) \$ \$10,992.63 | |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | | |
| Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.)\$ \$0.00 | | |
| b. Uniternized (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.) \$ \$0.00 | _ | |
| b. Owed to the Committee (Schedule 1E) | (12b.)\$ \$0.00 | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) | ### BALANCE STATEMENT (13.) \$ \$9,097.31 (14.) + \$ \$0.00 (15.) = \$ \$9,097.31 (16.) - \$ \$0.00 (17.) \$ \$9,097.31 | * | |