



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.

1. Committee I.D. Number

69598

2. Committee Name

CTE Don Brown

5. Committee's Mailing Address

515 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 office.

7. Treasurer's Business Address

10 South Main, 9th Fl
Wt. Clemens, MI 48043

Area Code and Phone (586) 469-5125

3. This Statement covers From:

11/27/18 to 07/20/19

4. Candidate Last Name

Brown

First Name

Don

M.I.

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

County Commissioner, 7th District

4b. County of Residence **MACOMB**

6. Treasurer's Name & Residential Address

Don Brown
6515 Old Coach Trail
Washington MI 48094

Area Code & Phone (586) 419-2443

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

N/A

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
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

☒ July Quarterly

☐ October Quarterly

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

☐ By checking this item I/we certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting 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

Don Brown

Type or Print Name

Signature

Date

10/25/19

Candidate

Don Brown

Type or Print Name

Signature

Date

10/25/19