



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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MACOMB COUNTY CLERK

CANDIDATE COMMITTEE
COVER PAGE

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Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number 69598</p> <p>2. Committee Name CTE DON BROWN</p> <p>5. Committee's Mailing Address 6515 OLD CORNH TR WASHINGTON MI 48093 Area Code and Phone 586-419-2443 <small>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.</small></p> <p>7. Treasurer's Business Address 150. MARL MT. CLEMENS MI 48043 Area Code and Phone 586-469-5125</p>		<p>3. This Statement covers From: 10-21-19 to 12/31/19</p> <p>4. Candidate Last Name Brown First Name DON M.I. 4a. Office Sought Including District # or Community Served (If applicable) COUNTY COMMISSIONER DISTRICT 7 4b. County of Residence MACOMB</p> <p>6. Treasurer's Name & Residential Address DON BROWN 6515 OLD CORNH TR. WASHINGTON MI 48093 Area Code & Phone 586-419-2443</p> <p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) N/A Area Code and Phone N/A</p>	
<p>9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input 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 _____</p>		<p>Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input checked="" type="checkbox"/> Annual Statement (2019) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	
<p>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.</p> <p>Current Treasurer or Designated Record keeper Don Brown Type or Print Name Am Brown Signature Date 2-22-22</p> <p>Candidate Don Brown Type or Print Name Am Brown Signature Date 2-22-22</p>		<p>9e. Dissolution of Candidate Committee <input type="checkbox"/> 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.</p>	