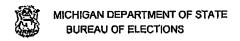


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE						
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidale.	9. This Statement covers From	^{n:} 10/21/19	to 07/19/	20	
1. Committee I.D. Number		4. Candidate Last Name	Fir	st Name	M.I.	
69598		Brown	Don			
		4a. Office Sought Including District # or Community Served (If applicable)				
2. Committee Name		County Commissioner 7th District				
CTE Don Brown		4b. County of Residence MACOMB				
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address				
6515 Old Coach Trail		Don Brown				
Washington MI 48094		6515 Old Coach Trail				
		Washington MI 480	94	## # (*) # (*)		
		_		5. F	20 JUL	
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.		Washington MI 48094 20 JUL 21 Area Code & Phone (586) 419-2443				
						
7. Treasurer's Business Address		8. Designaled Record Keeper's Name and Address (If the committee has Designaled Record Keeper)				
10 South Main, 9th Fl		Designaled Record Keeper)				
Mt. Clemens, MII 48043					× 0	
				a ⁿ		
				•		
Area Code and Phone		Area Code and Phone			· · · · · · · · · · · · · · · · · · ·	
9. TYPE OF STATEMENT			9e. Dissolution	of Candidate C	ommittee	
98. X Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the current year:		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here			
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,			
⊠ Primary	July Quarterly		owea no lates fees or has any oustanding debt.			
General	Cotober Quarterly		Further, if the dissolution cannot be granted, that this be			
Conventian			considered a requ	uest for the Repo	rting Waiver.) C
Special	9c. Annual Statement () Coverage Year		Effective date of dissolution			
School						
Caucus	9d. Amendment to Campaign Statement (Complete Itam 9a, 9b, 9c or 9e to			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>		
	Indica	te which Statement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
	amend	ded.)	Schedule 18 and	the Summary Pa	age.	
Date of Election, Convention or Caucus						
08/04/20						
			<u> </u>			
10. Verification: I/We certify that all reasonable dilige my/our knowledge and belief the contents are true,	ence was used accurate and co	in the preparation of this staten proplete. 	nent and altached a	chedules (if any)	and to the best of	
Current Treasurer or Designated Record keeper Don Brown		, Am Bon a		D :	07/24/20	
Type or Print Name		Signature		— Date —		_
Candidate Don Brown		An Brown	1	Data	07/24/20	
Type or Print Name		Signature		Dale		_



1. Committee I.D. Number 69598

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Don Brown

RECEIPTS CANDIDATE COMMITTEE	Column I	Column II
3. Contributions	This Perlod	Cumulative this election cycle
a. Itamizad (Schedule 1A - Column 8)	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(Sc.) \$ \$0.00	(18.) \$ \$0.00
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.) \$ \$0.00
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. Ilemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	
b. Itemized Gel-Out-the-Vole (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.) \$ \$0.00	(23.) \$ \$0.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Diabursements 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) 	### ##################################	