



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.

3. This Statement covers From: 01/01/20 to 07/19/20

<p>1. Committee I.D. Number <b>69598</b></p> <p>2. Committee Name <b>CTE Don Brown</b></p>	<p>4. Candidate Last Name <b>Brown</b> First Name <b>Don</b> M.I. <b></b></p> <p>4a. Office Sought Including District # or Community Served (if applicable) <b>County Commissioner, District 7</b></p> <p>4b. County of Residence <b>MACOMB</b></p>
<p>5. Committee's Mailing Address <b>6515 Old Coach Trail Washington MI 48094</b></p> <p>Area Code and Phone <b>(586) 419-2443</b></p> <p>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.</p>	<p>6. Treasurer's Name &amp; Residential Address <b>Don Brown 6515 Old Coach Trail Washington MI 48094</b></p> <p>Area Code &amp; Phone <b>(586) 419-2443</b></p>
<p>7. Treasurer's Business Address <b>10 South Main, 9th Fl Mt. Clemens, MI 48094</b></p> <p>Area Code and Phone <b>(586) 469-5125</b></p>	<p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <b>N/A</b></p> <p>Area Code and Phone _____</p>

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<p><b>9. TYPE OF STATEMENT</b></p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>08/04/20</u></p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	<p><b>9e. Dissolution of Candidate Committee</b></p> <p><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 hereby 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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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	<u>Don Brown</u>	Signature	<u>[Signature]</u>	Date	<u>09/03/2020</u>
	Type or Print Name		Signature		
Candidate	<u>Don Brown</u>	Signature	<u>[Signature]</u>	Date	<u>09/03/2020</u>
	Type or Print Name		Signature		