



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

1. Committee I.D. Number  
**69598**

2. Committee Name  
**CTE Don Brown**

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**

5. Committee's Mailing Address  
**6515 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 official.

6. Treasurer's Name & Residential Address  
**Don Brown  
6515 Old Coach Trail  
Washington MI 48094**

Area Code & Phone (586) 419-2443

7. Treasurer's Business Address  
**10 South Main, 9th Fl  
Mt. Clemens, MI 48094**

Area Code and Phone (586) 469-5125

8. Designated Record Keeper's Name and Address (If the committee has Designated Record Keeper)  
**N/A**

Area Code and Phone \_\_\_\_\_

FILED  
20 SEP -4 AM 9:31  
MICHIGAN DEPARTMENT OF STATE  
MT. CLEMENS, MICHIGAN

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  
08/04/20

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 sales 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 Signature *Don Brown* Date 09/03/2020  
Type or Print Name Signature Date

Candidate Don Brown Signature *Don Brown* Date 09/03/2020  
Type or Print Name Signature Date