



**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: 11/24/20 to 07/20/21

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, 7th District

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
**1 South Main, 9th Fl
Mt. Clemens MI 48046**

Area Code and Phone **(586) 469-5125**

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

Area Code and Phone _____

FILED
 21 JUL 26 AM 8:03
 MACOMB COUNTY CLERK
 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

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 Signature *Don Brown* Date 07/23/21
 Type or Print Name Signature Date

Candidate Don Brown Signature *Don Brown* Date 07/23/21
 Type or Print Name Signature Date