## FILED 2021 OCT 28 PM2:42 MACOMB COUNTY CLERK

## CANDIDATE COMMITTEE COVER PAGE

## FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	l signed by andidate.	3. This Sta	tement covers F	From: 07/2	1/2021	<sub>to</sub> 10	/25/2021		
1. Committee I.D. Number			late Last Name			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 6515 Old Coach Trail			er's Name & Res	sidential Ad	dress				
Washington, MI 48094		Don Br		Fee!I					
Tuesting ion in accord		6515 Old Coach Trail Washington MI 48094							
, ,		VVGSIIII	gion ivii <del>1</del> 0	<del>,</del>				•	
Area Code and Phone (586) 419-2443									
If the address in this box is different from the comm	ittee								
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone (586) 419-2443							
7. Treasurer's Business Address		8. Designated Record Keeper's Name and Address (If the committee has a							
1 South Main, 9th Fl		Designate N/A	Designated Record Keeper)						
Mt. Clemens MI 48043		18/7							
					•				
Area Code and Phone (586) 469-5125	·	Aron Code	and Phone						
9. TYPE OF STATEMENT	<del></del>	Alea Code	and Filone	9e. D	issolution o	f Candidat	e Committee		
9a. Pre-Election OR 9b. Post-Election	is not on the			ДВ	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 oustanding assets,				
Pre-Election or Post-Election Statement relates to:	current year:			lbv disc					
Primary	July Quart	епу					oustanding debi		
General	X October Q	uarterly		Further	r. if the dissol	lution canno	ot be granted, th	nat this be	
Convention				consid	ered a reque	st for the R	eporting Waiver	-	
Special Special	9c. Annua	il Statement	<i>(</i> )						
☐School		Coverage Year			Effective date of dissolution				
Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to			ent		<del></del> -			
indical		te which Stat	ement is being	Note:	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.				
	amend	led.)		Scren	me ip aud n	ie Summar	y Page.		
Date of Election, Convention or Caucus									
	•	_							
10. Verification: I/We certify that all reasonable dilige my/our knowledge and belief the contents are true, a	ence was used accurate and co	in the prepar emplete.	ation of this stat	tement and	attached sch	edules (if a	iny) and to the b	est of	
Current Treasurer or Don Brown		,	Bre	/4 <b>8</b> .0-			10-25-2	21	
Designated Record keeper Type or Print Name		Sign	nature	<u> </u>		— Date			
Don Proum		4	nature				46.05	0.4	
Candidate Don Brown		· /yon	-1000	<b>N</b>		_ Date _	10-25-	21	
Type or Print Name		Sig	nature						

1. Committee I.D. Number 69598

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Don Brown

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	0.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	-
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	_
c. Subtotal of "Contributions"	(3c.) \$ \$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. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	_
b. Itemized Get-Out-the-Vote (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)		
Disbursements     a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(106.)\$	-
(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.)\$	•
	BALANCE STATEMENT	<u> </u>
13. Ending Balance of last report filed	(13.) \$ \$9,097.31	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period  (Line 5. Total Contributions 8. Other Reservets)	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$9,097.31</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$0.00	·
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$.\$9,097.31	 •