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**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 69598		3. This Statement covers From: <u>10/21/2023</u> to <u>12/31/2023</u>	
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) 01 COUNTY COMMISSIONER, MACOMB COUNTY 4b. County of Residence MACOMB COUNTY	
5. Committee's Mailing Address 6515 OLD COACH TRAIL WASHINGTON, MI 48094 Area Code and Phone <u>(586) 419-2443</u> <small>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.</small>		6. Treasurer's Name & Residential Address DON BROWN 6515 OLD COACH TRAIL WASHINGTON, MI 48094 Area Code & Phone <u>(586) 419-2443</u>	
7. Treasurer's Business Address 6515 OLD COACH TRAIL WASHINGTON, MI 48094 Area Code and Phone <u>(586) 419-2443</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone <u>() -</u>	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input checked="" type="checkbox"/> Annual Statement (<u>2023</u>) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <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 here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates 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 _____ Type or Print Name		Submitted electronically, signature on file _____ Date <u>01/28/2024</u>	
Candidate _____ Type or Print Name		Submitted electronically, signature on file _____ Date <u>01/28/2024</u>	
Signature _____		Signature _____	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>0.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>655.46</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>655.46</u>	(23.) \$ <u>5,983.44</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>27,291.96</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>27,291.96</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>655.46</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>26,636.50</u> *	



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **69598**
2. Committee Name **CTE DON BROWN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CONSTANT CONTACT Address 1601 TRAPELO RD WALTHAM, MA 02451 <input type="checkbox"/> Fund Raiser	Purpose: COMMUNICATIONS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/18/2023 Date	\$ 45.00
Expenditure #2 Name ROMEO WASHINGTON CHAMBER OF COMMERCE Address 228 N MAIN ST ROMEO, MI 48065 <input type="checkbox"/> Fund Raiser	Purpose: MEMBERSHIP DUES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/13/2023 Date	\$ 105.00
Expenditure #3 Name TWISTED ROOSTER Address 45225 MARKETPLACE BLVD NEW BALTIMORE, MI 48051 <input type="checkbox"/> Fund Raiser	Purpose: LUNCHEON <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/15/2023 Date	\$ 460.46
Expenditure #4 Name CONSTANT CONTACT Address 1601 TRAPELO RD WALTHAM, MA 02451 <input type="checkbox"/> Fund Raiser	Purpose: COMMUNICATIONS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/18/2023 Date	\$ 45.00
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **655.46**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **655.46**

Enter this total
on line 8a of
Summary Page