

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE

FILED PH 4:51

H 4:51

COVER PAGE	CI C.	A LEGAL			
Report must be legible, typed or printed in link and signed by the treasurer (or designated record keeper) and candidate.	TO HELL SOUTH TO	MeAPom: 8-39-06 to 10-32-06			
1. Committee I.D. Number 69599		st Name First Name M.I.			
2. Committee Name CTE DON Brown	1	Including District # or Community Served (If applicable)			
~	4b. County of Res	idence			
5. Committee's Mailing Address 6 5 1 5 0 / D COMS / Tos / /	6. Treasurer's Na	me & Residential Address			
Washington Mr 48094		Same Re 5			
Area Code and Phone \$\sigma 6 - 786 \cdot 98.36\$ 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 filling official.					
	Area Code & Pho				
7. Treasurer's Business Address 10 5. PARIN	8. Designated Re Designated Reco	cord keeper's Name and Malling Address (If the committee has a rd keeper)			
MICHAEUS ME 48043		W/p			
Area Code and Phone	Area Code and P	none			
9. TYPE OF STATEMENT					
9a. X Pre-Election OR 9b. Post-	-Election	9c. Annual Statement (Coverage Year)			
Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)			
Primary	eral	9e. Dissolution of Candidate Committee			
Convention	ool	Effective Date of Dissolution			
Special	s				
Date of Election, Convention or Caucus		By checking this item, fWe certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for			
		the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver Is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.					
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		201			
Designated Record keeper		Date			
Type or Print Name	Signature				
Candidate DON Brown	1 plan	Petrion Date 10-37-06			
Type or Print Name	Signature				

RECEIPTS 3. Contributions



a. Itemized (Schedule 1A - Column 6)

1. Committee I.D. Number	69598	

SUMMA	ARY PAGE
CANDIDATE	COMMITTEE

2. Committee Name Column I This Period Column II
Cumulative this election cycle (3a.) \$ _

b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$ <u>/ \(\text{\D} \) / \(\text{\D} \)</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) S
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) S	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) s 17, 355.46
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Uniterrized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	<u> </u>	
a, Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 1, 295 50	
14. Amount received during reporting period	(14.) + \$	_
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ 77770 4 6	- -
15. SUBTOTAL Add lines 13 and 14	~	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	•
17. ENDING BALANCE	(17.) \$ /5.52	_ *
(Subtract line 16 from line 15)		



BUREAU OF ELECTIONS				,
DEBTS AND OBLIGATIONS 1.0	Committee I.D. Number	69598		
SCHEDULE 1E	4	TE DAN BASUN		
CANDIDATE COMMITTEE 2.0	Committee Name	THE CONTRACTOR		
This Schedule itemizes:		· · · · · · · · · · · · · · · · · · ·		
a. Debts and obligations owed by or forgiven the cor (Che	mmittee OR b. eck either a or b. Use only fo	Debts and obligations owed <u>to</u> or the purpose checked.)	r forgiven <u>by</u> the con	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you m assign an expenditure of 5. Indicate date debt was incurred 6. Indicate original amou of debt	de)	B. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: DON Brown 6515 010 COASH Trail WASH 1950 ME 18579 If bank loan, name of endorser or guarantor:	4. Type: LONA 5. Date Debt Was Incurre 6. Original Amount of D \$ 2006	ssss	\$O	\$ ⊇,000> ☐ FORGIVEN
Debt #2 Corp? Yes Owed to or by:	4. Type:	s		

5. <u>Date Debt Was Incurred</u>:6. <u>Original Amount of Debt</u>:

5. <u>Date Debt Was Incurred</u>:6. <u>Original Amount of Debt</u>:

\$ S | S | FORGIVEN

If bank loan, name of endorser or guarantor:

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "awed by"" or line 12b "owed to" of the Summary Page

_ FORGIVEN

Amount Endorsed: \$

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

4. Type: _

Page _____ of ____

If bank loan, name of endorser or guarantor:

Corp? Yes

Debt #3

Owed to or by: