



**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: 1-1-08 to 7-20-08

1. Committee I.D. Number  
  
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)  
MARSHALL COUNTY COMMISSIONER 13TH DISTRICT  
4b. County of Residence

5. Committee's Mailing Address  
6515 010 COMCH TR.  
WASHINGTON MI 48094  
Area Code and Phone (586) 786-9806  
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 010 COMCH TRAIL  
WASHINGTON MI 48094  
Area Code & Phone 586-786-9806

7. Treasurer's Business Address  
10 S. MAIN  
MT. CLARENCE MI 48243  
Area Code and Phone 586-469-5125

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  
N/A  
Area Code and Phone \_\_\_\_\_

9. TYPE OF STATEMENT  
9a.  Pre-Election OR 9b.  Post-Election  
Pre-Election or Post-Election Statement relates to:  
 Primary  General  
 Convention  School  
 Special  Caucus  
Date of Election, Convention or Caucus \_\_\_\_\_

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  
Effective Date of Dissolution \_\_\_\_\_  
By checking this item, I/We 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 Designated Record keeper DON BROWN | [Signature] Date 1-15-08  
Type or Print Name | Signature | Date  
Candidate DON BROWN | [Signature] Date 1-15-08  
Type or Print Name | Signature | Date

FILED  
JAN 15 AM 11:21  
MICHIGAN BUREAU OF ELECTIONS  
TREASURER



**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 69598

2. Committee Name CTE Don Brown

3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>NAZIR SADIK</u> <u>63160 VAN DYKE Washington MI 48095</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>beverages &amp; ice</u> 5. Date Of Receipt: <u>04/24/08</u> 6. Vendor Name & Address: <u>Baby Alan's L.L.C.</u> <u>63160 VAN DYKE</u> <u>Washington MI 48095</u>	\$ <u>135.00</u>	\$ <u>135.00</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____

Click Here for Memo Itemization

Click Here for Memo Itemization

Click Here for Memo Itemization

Page Subtotal **\$135.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **\$135.00**

Enter this total  
on line 8 of Summary  
Page