

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FO	ORM FOR CANDIDATE COMMITTEES
1. Committee ID #: 2. Type of Filing: Original	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.
Amendment to Items: 4 E Eff. Date: 3-3(70) 3. Full Name of Committee (must include Candidate's first and last name): CTE DON Brown	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
4a. Candidate Full Name (Last, First, M.I.):	a. Official Depository
	70° 3
Brown, Don 4b. Political Party (if applicable):	MAR 26
REPUBLICAN	h Secondary Denository
4c. County of Residence:	
MACOMB	b. Secondary Depository
4d. Office Sought (Check one):	10 A C T C T C T C T C T C T C T C T C T C
Governor Lt. Governor State Senator	
State Rep. Sec. of State Attorney Gen.	22
State Bd. of Ed. UofM Reg. MSU Trustee	12. This item applies only to Gubernatorial Candidate
WSU Gov. Supreme Court Appeals Court	Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.
Circuit Court District Court Probate Court	, , ,
Local or other please specify: OSTOCT 77	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not
Local or other please specify. OISTACT 7	apply to Ballot Question Committees that file with the County Clerk's
4e. District/Circuit # or Jurisdiction:	office.
5. Date Committee was Formed:	The Campaign Finance Act requires any committee that files with the
6a. Committee Phone #: <u>586-419-2443</u>	Secretary of State and spends or receives \$20,000 in the preceding calendar
	year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to
6b. Committee Fax #: N/D	you free of charge to assist you in meeting this requirement.
6c. Committee E-mail Address: Donc Brown Name IL	Committee spent or received or expects to spend or receive in
6d. Committee Website Address: _N/>	excess of \$20,000 and is required to file electronically.
72. Complete Comm. Mailing Address (May be PO Box):	** OR **
6515 010 CONCH TORIL WASHINGTON MI 48094	Committee did not spend or receive or does not expect to spend
6313 OIL MT 48094	or receive in excess of \$20,000 and would like to file electronically
)	voluntarily.
7b. Complete Comm. Street Address (May not be PO Box):	14. Verification: I/We certify that all reasonable diligence was used
6515 OID COACH TOOIL	in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or
WASHINGTON MI 48094	belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and
8. Treasurer Name and Complete Address:	completeness of each statement filed electronically by the committee. If the certify that all reasonable diligence will be used in the
DON BROWN	preparation of each statement electronically filed by this committee
6515 010 COACHTONL	and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name
	and Date)
WASHINGTON MI 48894 Phone #: 586-786-9806	
E-mail Address: DONCBrown@ Notmail. Com	Am Bonn 3240
9. Designated Record Keeper Name and Complete Address:	Candidate
a. Designated Mecora Meshel Maine and Complete Muness.	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
N/P	An Bon 3-21-10
/ * *	Culton Heasure
Phone #:	Designated Record Keeper (Required only if filing electronically)
E-mail Address: CFR101 CAN SO.doc REV 10/07: Authority granted under Act 388 of 1976, as	
CENTRAL COM OCHORITES TOTAL TORRIORS BEARING BIRDS TOTAL OF TOTAL	