



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE

FILED

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FOR OFFICIAL USE ONLY

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: 08/24/10 to 10/17/10	
2. Committee Name CTE Don Brown		Last Name: Brown First Name: Don M.I.: 	
5. Committee's Mailing Address 6515 Old Coach Trail Washington MI 48094		4a. Office Sought Including District # or Community Served (if applicable) Macomb County Commissioner 7th District	
Area Code and Phone (586) 786-9806 <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>		4b. County of Residence Macomb	
7. Treasurer's Business Address 10 South Main Mt. Clemens MI 48043		6. Treasurer's Name & Residential Address Don Brown 6515 Old Coach Trail Washington MI 48094	
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 (586) 469-5125		Area Code and Phone 	
9. TYPE OF STATEMENT			
9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election		9c. <input type="checkbox"/> Annual Statement (Coverage Year)	
Pre-Election or Post-Election Statement relates to:		9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		9e. <input type="checkbox"/> Dissolution of Candidate Committee	
<input type="checkbox"/> Convention <input type="checkbox"/> School		Effective Date of Dissolution	
<input type="checkbox"/> Special <input type="checkbox"/> Caucus			
Date of Election, Convention or Caucus 11/02/10		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.	
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. 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.			
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 our knowledge and belief the contents are true, accurate and complete.			
Treasurer or Designated Record keeper Don Brown Type or Print Name		Signature <i>Don Brown</i> Date 10-18-10	
Candidate Don Brown Type or Print Name		Signature <i>Don Brown</i> Date 10-18-10	
Authority granted under P.A. 388 of 1976			



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>\$28,045.00</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>\$28,045.00</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>\$1,000.00</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>\$1,000.00</u>	(23.) \$ <u>\$1,000.00</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>\$13,500.00</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>\$14,193.08</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>\$14,193.08</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$1,000.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$13,193.08</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 <u>Don Brown</u> Address <u>6515 Old Coach Trail</u> <u>Washington MI 48094</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>loan repayment</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/10</u> Date	<u>\$ 500.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Don Brown</u> Address <u>6515 Old Coach Trail</u> <u>Washington MI 48094</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>loan repayment</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/10</u> Date	<u>\$ 500.00</u> Click Here for Memo Itemization Type
Expenditure #3 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	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
Subtotal this page			\$1,000.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$1,000.00

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 69598
2. Committee Name CTE Don Brown

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

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 (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Don Brown 6515 Old Coach Trail Washington MI 48094	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/24/10</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15,000</u>	08/25/10 \$ 500.00 09/25/10 \$ 500.00 \$ \$ \$	\$ 1,500	\$ 13,500.00 <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$13,500.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$13,500.00

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

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.