



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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.

1. Committee I.D. Number 69598		3. This Statement covers From: <u>11/23/10</u> to <u>12/31/11</u>	
2. Committee Name Committee to Elect Don Brown		4. Candidate Last Name <u>Brown</u> First Name <u>Don</u> M.I. _____ 4a. Office Sought Including District # or Community Served (If applicable) Macomb County Commissioner, 7th District 4b. County of Residence <u>Macomb</u>	
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 10 South Main Mt. Clemens MI 48043 Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) N/A Area Code and Phone _____	

FILED
 12 FEB -6 AM 8:00
 CLERK
 MACOMB COUNTY, MICHIGAN

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: <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Convention <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> General <input type="checkbox"/> School <input type="checkbox"/> Caucus </div> </div> Date of Election, Convention or Caucus _____		9c. <input checked="" type="checkbox"/> Annual Statement (<u>2011</u> Coverage Year) 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> 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.
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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	<u>Don Brown</u>	<u>Don Brown</u>	Date	<u>2-5-12</u>
	Type or Print Name	Signature		
Candidate	<u>Don Brown</u>	<u>Don Brown</u>	Date	<u>2-2-12</u>
	Type or Print Name	Signature		