



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

139948

2. Committee Name

Friends of Lisa Damon Brown

5. Committee's Mailing Address

3515 Old Coach Trail
Washington, MI 48094

Area Code and Phone (586) 770-1587

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.

7. Treasurer's Business Address

3515 Old Coach Trail
Washington, MI 48094

Area Code and Phone (586) 770-1587

3. This Statement covers From: 04/22/02 to 07/19/20

4. Candidate Last Name First Name M.I.

Damon Brown Lisa

4a. Office Sought Including District # or Community Served (If applicable)

Washington Township Clerk

4b. County of Residence MACOMB

6. Treasurer's Name & Residential Address

Lisa Damon Brown
6515 Old Coach Trail
Washington, MI 48094

Area Code & Phone (586) 770-1587

8. Designated Record Keeper's Name and 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
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/04/20

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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

Lisa Damon Brown

Type or Print Name

Signature

Date

07/23/2020

Candidate

Lisa Damon Brown

Type or Print Name

Signature

Date

07/23/2020



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139948

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Friends of Lisa Damon Brown

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>14,175.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$14,175.00</u>	(18.) \$ <u>\$14,175.00</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>\$14,175.00</u>	(20.) \$ <u>\$14,175.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$100.00</u>	(21.) \$ <u>\$100.00</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>\$12,080.97</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>\$12,080.97</u>	(23.) \$ <u>\$12,080.97</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>\$13,000.00</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>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$14,175.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$14,175.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$12,080.97</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$2,094.03</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139948

2. Committee Name Friends of Lisa Damon Brown

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/20</u>	
Name & Address: David Glaeser 38322 Pine Drive Clinton Twp, MI 48038		\$ <u>25.00</u>	\$ <u>25.00</u>
6. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/20</u>	
Name & Address: Cindy Clissold 49542 Maurice Chesterfield Twp, MI 48047		\$ <u>35.00</u>	\$ <u>35.00</u>
6. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/20</u>	
Name & Address: Gary Robb 6560 30 Mile Washington, MI 48095		\$ <u>100.00</u>	\$ <u>100.00</u>
6. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/20</u>	
Name & Address: Kathleen Bowers 23378 Eureka Warren, MI 48091		\$ <u>25.00</u>	\$ <u>25.00</u>
6. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$185.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE1. Committee I.D. Number 1399482. Committee Name Friends of Lisa Damon Brown

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/20</u>	
Name & Address: Donald M Brown 1022 Eagle Nest Court Rochester, MI 48306		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/20</u>	
Name & Address: Judy Stec 11448 30 Mile Washington, MI 48095		\$ <u>120.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/02/20</u>	
Name & Address: Maria Stella 45534 Birchcrest Utica MI 48318		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/20</u>	
Name & Address: Sebastian Previti 8903 INVERNESS DR Washington, MI 48095		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$240.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139948
2. Committee Name Friends of Lisa Damon Brown

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/20</u>	
Name & Address: Pam Jar 63300 W. CHARLESTON WASHINGTON, MI 48095		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/20</u>	
Name & Address: RON CLISSOLD 49542 MAURICE DR. CHESTERFIELD, MI 48047		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/02/20</u>	
Name & Address: DAVID JAYE 8303 WASCHELL DR WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/20</u>	
Name & Address: ADAM BROWN 44440 BAYVIEW CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$170.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139948

2. Committee Name Friends of Lisa Damon Brown

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/20</u>	
Name & Address: 10th Congressional District GOP Committee 48653 Van Dyke Shebly, MI 48317		\$ <u>200.00</u>	\$ <u>200.00</u>
6. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/20</u>	
Name & Address: Lisa Damon Brown 6515 Old Coacy Trail Washington MI 48094		\$ <u>13,000</u>	\$ <u>13,000</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/02/20</u>	
Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/20</u>	
Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$13,200.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$14,175.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139948

CANDIDATE COMMITTEE

2. Committee Name Friends of Lisa Damon 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 <u>all</u> 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? ☐ Yes Name & Address: ERIC CASTILIGIA 38602 ROUGEWOOD DRIVE STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>ICE CREAM</u> 5. Date Of Receipt: <u>07/02/20</u> 6. Vendor Name & Address: 2716 AMERICAN DRIVE TROY, MI 48083	\$ <u>100.00</u>	\$ <u>100.00</u>
☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____	\$ _____	\$ _____
☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____	\$ _____	\$ _____
☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ 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

\$100.00

\$100.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

\$100.00

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139948
2. Committee Name Friends of Lisa Damon Brown

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name The Record Newspaper Address P.O. BOX 708 WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>Advertising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/20</u> Date	<u>\$ 1100.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name DMG Computers Address 38322 PINE DRIVE CLINTON TWP., MI 48038 ☐ Fund Raiser	Purpose: <u>Website</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/20</u> Date	<u>\$ 625.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name YOUNIQUE CARDS Address 42816 WILLSHARON DR STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>Printing / Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/20</u> Date	<u>\$ 2,585.38</u> Click Here for Memo Itemization Type
Expenditure #4 Name AMOUR YOUR BODY Address 44444 MOUND SUITE 4B STERLING HEIGHTS, MI 48314 ☒ Fund Raiser	Purpose: <u>Party Favors</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/20</u> Date	<u>\$ 150.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name YOUNIQUE CARDS Address 42816 WILLSHARON DR STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>PRINTING / POSTAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/20</u> Date	<u>\$ 6,850.12</u> Click Here for Memo Itemization Type

Subtotal this page

\$11,310.50

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139948
2. Committee Name Friends of Lisa Damon Brown

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name RIGHT STRATEGIES LLC Address 2153 WEALTHY STREET SE SUITE 166, EAST GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: <u>Marketing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/20</u> Date	\$ <u>770.47</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

\$770.47

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$12,080.97

Enter this total
on line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 139948

2. Committee Name Friends of Lisa Damon 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 endorser 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 8 minus Item 8) ☐ FORGIVEN
Debt #1 Corp? ☐ Yes Owed to or by: Lisa Damon Brown 6515 Old Coach Trail Washington MI 48094	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>06/08/20</u> 6. Original Amount of Debt: <u>\$ 13,000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 13,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ <u>\$</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ <u>\$</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$13,000.00

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

\$13,000.00

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139948
2. Committee Name Friends of Lisa Damon Brown

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>07/02/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>30</u>	5. Type of Fund Raising Activity <u>Ice Cream Social</u>	6. Address and Name (If any) of the place where the activity was held. <u>6515 Old Coach Trail</u> <u>Washington MI 48094</u> ☒ Private Residence
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7. Total Contributions \$1,075.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$1,075.00
10. Total Cost of Event \$150.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.