



FILED

26 JUL 2024 PM 12:33

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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: 03/07/2024 to 07/21/2024

1. Committee I.D. Number

140354

4. Candidate Last Name First Name M.I.

BROWN AUDREY A

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

CLERK, WASHINGTON TWP

4b. County of Residence **MACOMB COUNTY**

2. Committee Name

CTE AUDREY BROWN

5. Committee's Mailing Address

**7009 BOULDER POINTE DRIVE
WASHINGTON, MI 48094**

Area Code and Phone (586) 419-1672
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

**AUDREY A BROWN
7009 BOULDER POINTE DRIVE
WASHINGTON, MI 48094**

Area Code & Phone (586) 419-1672

7. Treasurer's Business Address

**7009 BOULDER POINTE DRIVE
WASHINGTON, MI 48094**

Area Code and Phone (586) 419-1672

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

**AUDREY A BROWN
7009 BOULDER POINTE DRIVE
WASHINGTON, MI 48094**

Area Code and Phone (586) 419-1672

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

08/06/2024

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 here by 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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/26/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/26/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140354

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE AUDREY BROWN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>10,230.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>10,230.00</u>	(18.) \$ <u>10,230.00</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>10,230.00</u>	(20.) \$ <u>10,230.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>853.36</u>	(21.) \$ <u>853.36</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>5,408.81</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>5,408.81</u>	(23.) \$ <u>5,408.81</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>0.00</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>10,230.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>10,230.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5,408.81</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4,821.19</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140354
2. Committee Name CTE AUDREY 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>04/17/2024</u> Name & Address: DOROTHEA WILAMOWSKI 57274 CYPRESS ST WASHINGTON, MI 48094 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>57274 CYPRESS ST, WASHINGTON TOWNSHIP, MI 48094</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>300.00</u>	\$ <u>300.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/26/2024</u> Name & Address: CONRAD BROWN 21625 ENGLEHARDT ST ST CLAIR SHORES, MI 48080 5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>STATE FARM INSURANCE</u> Business Address <u>19637 MACK AVE, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2024</u> Name & Address: CONRAD BROWN 21625 ENGLEHARDT ST ST CLAIR SHORES, MI 48080 5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>STATE FARM INSURANCE</u> Business Address <u>19637 MACK AVE, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>1,000.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2024</u> Name & Address: JANINE A BROWN 6765 BOULDER POINTE DRIVE WASHINGTON, MI 48094 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal **1,350.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140354
2. Committee Name CTE AUDREY 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>05/02/2024</u> Name & Address: DOROTHEA WILAMOWSKI 57274 CYPRESS ST WASHINGTON, MI 48094		\$ <u>400.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>57274 CYPRESS ST, Washington, MI 48094</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/02/2024</u> Name & Address: CONRAD BROWN 21625 ENGLEHARDT ST ST CLAIR SHORES, MI 48080		\$ <u>50.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/04/2024</u> Name & Address: DENNIS STEVENSON 59837 GLACIER SPRING N 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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/06/2024</u> Name & Address: JENNY M CASHEN 6910 VALLEYGREEN WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>N/A</u> Business Address <u>6910 VALLEYGREEN, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 750.00

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140354
2. Committee Name CTE AUDREY 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>05/06/2024</u> Name & Address: CAROLYN HESSELL 6935 VENTURI DR WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: DARLINE K EDWARDS 65440 CAMPGROUND RD WASHINGTON, MI 48095		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>65440 CAMPGROUND RD, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: CATHERINE PRYLOW 58955 VALLEY VIEW 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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/08/2024</u> Name & Address: KATHLEEN BOHDE 48509 LACOTA CT SHELBY TWP, MI 48315		\$ <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			

Page Subtotal 300.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2024</u>	
Name & Address: KAREN MANTO 7847 RUBY ST UTICA, MI 48317		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HAIR STYLIST--OWNER</u> Employer <u>BEAUTY AND BARBER ASSOCIATES, LLC</u> Business Address <u>7847 RUBY ST, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: VICTORIA MIGLIO 58864 VALLEY VIEW 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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2024</u>	
Name & Address: MICHAEL WILSON 7063 RICKETT WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>IT MANAGER</u> Business Address <u>7063 RICKETT, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: DIANA L MAGNOLI 6402 BAYPOINT DRIVE WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>UNEMPLOYED</u> Business Address <u>6402 BAYPOINT, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: MICHELE M PRZYBYLSKI 6930 RAWLING DR WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: GREGORY A SALINGER 6983 VENTURI 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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: JULIE A LANDA 7981 GLACIER CLUB DR WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>ADMIN ASST</u> Business Address <u>7981 GLACIER CLUB DR, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: CAROL M CHABOT 863 GARNET CT 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			

Page Subtotal 400.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: DAVID ELYA 59011 PALMER DR WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: SEBASTIANO S PREVITI 61614 COTSWOLD 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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: LINDA MOUSSIAUX 7124 MIDDLECOFF DR WASHINGTON, MI 48094		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/28/2024</u>	
Name & Address: DOROTHEA WILAMOWSKI 57274 CYPRESS ST WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>57274 CYPRESS ST, Washington, MI 48094</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 675.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/05/2024</u>	
Name & Address: GINAMARIE A BILSKY 7217 RIDGEVIEW LN WASHINGTON, MI 48095		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMIN DIR</u> Employer <u>SPOUSE'S BUILDING COMPANY</u> Business Address <u>7217 RIDGEVIEW LN, WASHINGTON, MI 48095</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/2024</u>	
Name & Address: KATHLEEN BOSHEERS 7111 LINDRATH AVE WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2024</u>	
Name & Address: ANTHONY JACOBS 61619 MIRIAM DR WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>ATTORNEY</u> Business Address <u>61619 MIRIAM DR, WASHINGTON, MI 48094</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/24/2024</u>	
Name & Address: AUDREY A BROWN 7009 BOULDER POINTE DRIVE UNIT 78 WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>1,750.38</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT--LOAN TO CTE AUDREY BROWN</u> Employer <u>AFLAC</u> Business Address <u>7009 BOULDER POINTE DR, UNIT 78, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			

Page Subtotal

1,400.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 140354
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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>06/28/2024</u> Name & Address: ALAN HANBURY 4401 RIVERVIEW BLVD BRADENTON, FL 34209		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT/OWNER</u> Employer <u>MILLENNIUM INSURANCE</u> Business Address <u>4308 75TH ST W, BRADENTON, FL 34209</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2024</u> Name & Address: JOHN REINHARD 68526 MEADOWOOD DR WASHINGTON, MI 48095		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BAND DIRECTOR--ROMEO COMMUNITY SCHOOLS</u> Employer <u>RETIRED</u> Business Address <u>68526 MEADOWOOD DR, WASHINGTON, MI 48095</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2024</u> Name & Address: AUDREY A BROWN 7009 BOULDER POINTE DRIVE UNIT 78 WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>2,750.38</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT--LOAN TO CTE AUDREY BROWN</u> Employer <u>AFLAC</u> Business Address <u>7009 BOULDER POINTE DR, UNIT 78, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/05/2024</u> Name & Address: DONALD C BROWN 6515 OLD COACH TRAIL WASHINGTON, MI 48094		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN OF COUNTY BOARD OF COMMISSIONERS</u> Employer <u>MACOMB COUNTY BD OF COMM</u> Business Address <u>1 S MAIN ST, 9TH FLOOR, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,755.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140354
2. Committee Name CTE AUDREY 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>07/06/2024</u>	
Name & Address: AUDREY A BROWN 7009 BOULDER POINTE DRIVE UNIT 78 WASHINGTON, MI 48094		\$ <u>2,000.00</u>	\$ <u>4,750.38</u>
5. If over \$100.00 cumulative, please provide:			
Occupation INSURANCE AGENT--LOAN TO CTE AUDREY BROWN Employer <u>AFLAC</u>			
Business Address <u>7009 BOULDER POINTE DR, UNIT 78, WASHINGTON, MI 48094</u>			
Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt	
Name & Address			
		\$	\$
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation Employer			
Business Address			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt	
Name & Address:			
		\$	\$
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation Employer			
Business Address			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt	
Name & Address			
		\$	\$
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation Employer			
Business Address			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **2,000.00**

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

10,230.00

Enter this total on
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Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **140354**
2. Committee Name **CTE AUDREY 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: AUDREY A BROWN 7009 BOULDER POINTE DRIVE UNIT 78 WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: INSURANCE AGENT Employer Name & Business Address: AFLAC 625 E BIG BEAVER RD, TROY, MI 48083 ☐ 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 DOMAINS 5. Date Of Receipt: 03/07/2024 6. Vendor Name & Address: DOMAINS.COM 5335 GATE PKWY, JACKSONVILLE, FL 32256	\$ 83.92	\$ 83.92
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: AUDREY A BROWN 7009 BOULDER POINTE DRIVE UNIT 78 WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: INSURANCE AGENT Employer Name & Address: AFLAC 625 E BIG BEAVER RD, TROY, MI 48083 ☐ 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 FILING FEE 5. Date Of Receipt: 03/07/2024 6. Vendor Name & Address: WASHINGTON CHARTER TOWNSHIP 57900 VAN DYKE AVE, WASHINGTON, MI 48094	\$ 100.00	\$ 183.92
Contribution #3 PAC Receipt? ☐ Yes Name & Address: AUDREY A BROWN 7009 BOULDER POINTE DRIVE UNIT 78 WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: INSURANCE AGENT Employer Name & Address: AFLAC 625 E BIG BEAVER RD, TROY, MI 48083 ☐ 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 WASH TWP PRECINCT MAP 5. Date Of Receipt: 04/05/2024 6. Vendor Name & Address: WASHINGTON CHARTER TOWNSHIP 57900 VAN DYKE AVE, WASHINGTON, MI 48094	\$ 10.00	\$ 193.92

Page Subtotal **193.92** **0.00**

Grand Total of all Schedules 1-IK
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **140354**
2. Committee Name **CTE AUDREY 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: AUDREY A BROWN 7009 BOULDER POINTE DRIVE UNIT 78 WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: INSURANCE AGENT Employer Name & Business Address: AFLAC 625 E BIG BEAVER RD, TROY, MI 48083 ☐ 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 <u>MARKERS HIGHLIGHTERS FOR DOOR KNOCKING</u> 5. Date Of Receipt: <u>04/07/2024</u> 6. Vendor Name & Address: MEIJER 8401 26 MILE RD, WASHINGTON, MI 48094	\$ 40.00	\$ 233.92
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: AUDREY A BROWN 7009 BOULDER POINTE DRIVE UNIT 78 WASHINGTON TOWNSHIP, MI 48094 If over \$100.00 cumulative, please provide: Occupation: INSURANCE AGENT Employer Name & Address: AFLAC 625 E BIG BEAVER RD, TROY, MI 48083 ☐ 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 <u>POSTAGE SIGNS ETC FOR FUNDRAISER</u> 5. Date Of Receipt: <u>04/18/2024</u> 6. Vendor Name & Address: USPS 58757 VAN DYKE AVE, WASHINGTON, MI 48094	\$ 102.98	\$ 102.98
Contribution #3 PAC Receipt? ☐ Yes Name & Address: AUDREY A BROWN 7009 BOULDER POINTE DRIVE UNIT 78 WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: INSURANCE AGENT Employer Name & Address: AFLAC 625 E BIG BEAVER RD, TROY, MI 48083 ☐ 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 <u>CLIPBOARDS SHARPIES ETC FOR DOOR KNOCKING</u> 5. Date Of Receipt: <u>04/18/2024</u> 6. Vendor Name & Address: AMAZON.COM 53950 VAN DYKE, SHELBY TOWNSHIP, MI 48316	\$ 41.75	\$ 275.67

Page Subtotal **184.73** **102.98**

Grand Total of all Schedules 1-IK
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140354
2. Committee Name CTE AUDREY 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: AUDREY A BROWN 7009 BOULDER POINTE DRIVE UNIT 78 WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: INSURANCE AGENT Employer Name & Business Address: AFLAC 625 E BIG BEAVER RD, TROY, MI 48083 ☐ 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 <u>CAMPAIGN ATTIRE</u> 5. Date Of Receipt: <u>05/10/2024</u> 6. Vendor Name & Address: AMAZON 53950 VAN DYKE, SHELBY TOWNSHIP, MI 48316	\$ <u>58.78</u>	\$ <u>334.45</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: AUDREY A BROWN 7009 BOULDER POINTE DRIVE UNIT 78 WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: INSURANCE AGENT Employer Name & Address: AFLAC 625 E BIG BEAVER RD, Troy, MI 48083 ☐ 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 <u>MONEYBOX FOR FUNDRAISER</u> 5. Date Of Receipt: <u>05/16/2024</u> 6. Vendor Name & Address: AMAZON.COM 53950 VAN DYKE, SHELBY TOWNSHIP, MI 48316	\$ <u>17.56</u>	\$ <u>352.01</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: AUDREY A BROWN 7009 BOULDER POINTE DRIVE UNIT 78 WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: INSURANCE AGENT Employer Name & Address: AFLAC 625 E BIG BEAVER RD, Troy, MI 48083 ☐ 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 <u>FOOD FOR FUNDRAISER</u> 5. Date Of Receipt: <u>05/22/2024</u> 6. Vendor Name & Address: VINCE AND JOES 55178 VAN DYKE AVE, SHELBY TWP, MI 48316	\$ <u>254.37</u>	\$ <u>606.38</u>
Page Subtotal		330.71	0.00
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)			

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **140354**

2. Committee Name **CTE AUDREY 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: AUDREY A BROWN 7009 BOULDER POINTE DRIVE UNIT 78 WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: INSURANCE AGENT Employer Name & Business Address: AFLAC 625 E BIG BEAVER RD, Troy, MI 48083 ☐ 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 CTE DONATION METHOD 5. Date Of Receipt: 06/22/2024 6. Vendor Name & Address: SQUARESPACE 8 CLARKSON ST, NEW YORK, NY 10014	\$ 144.00	\$ 750.38
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer 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:	\$ \$	
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer 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:	\$ \$	

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Page Subtotal

144.00

750.38

Grand Total of all Schedules 1-IK
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853.36

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140354
2. Committee Name CTE AUDREY BROWN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ADVANCED CAMPAIGN TECHNOLOGIES Address 6280 TIMPSON AVE SE ALTO, MI 49302 ☐ Fund Raiser	Purpose: <u>VOTER DATA</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/04/2024</u> Date	\$ <u>200.00</u>
Expenditure #2 Name PRINTMASTERS Address 26039 DEQUINDRE RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>6000 MAILERS 1000 BUS CARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/05/2024</u> Date	\$ <u>826.80</u>
Expenditure #3 Name PRINTMASTERS Address 26039 DEQUINDRE RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>LETTERHEAD AND ENVELOPES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/17/2024</u> Date	\$ <u>249.10</u>
Expenditure #4 Name PRINTMASTERS Address 26039 DEQUINDRE RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>100 POSTCARDS FOR FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/03/2024</u> Date	\$ <u>90.10</u>
Expenditure #5 Name ADVANCED CAMPAIGN TECHNOLOGIES Address 6280 TIMPSON AVE SE ALTO, MI 49302 ☐ Fund Raiser	Purpose: <u>TEXT MESSAGING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/27/2024</u> Date	\$ <u>451.95</u>

Subtotal this page **1,817.95**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140354
2. Committee Name CTE AUDREY BROWN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name LASERCOM LLC Address 2230 ELLIOTT AVE TROY, MI 48083 ☐ Fund Raiser	Purpose: <u>DATA PREP INKJET POSTAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/30/2024</u> Date	\$ <u>584.33</u>
Expenditure #2 Name PRINTMASTERS Address 26039 DEQUINDRE RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>3 POSTCARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/05/2024</u> Date	\$ <u>752.60</u>
Expenditure #3 Name ADAM D BROWN Address 44440 BAYVIEW AVE CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>POSTS CUTTER TIES GAS ETC FOR SIGNS-REIMBURSED HIM</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/2024</u> Date	\$ <u>404.19</u>
Expenditure #4 Name ADAM D BROWN Address 44440 BAYVIEW AVE CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>TRUCK RENTAL FOR SIGNS--REIMBURSED HIM</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/2024</u> Date	\$ <u>322.01</u>
Expenditure #5 Name LASERCOM LLC Address 2230 ELLIOTT AVE TROY, MI 48083 ☐ Fund Raiser	Purpose: <u>DATA PREP INKJET CARDS POSTAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/2024</u> Date	\$ <u>584.33</u>

Subtotal this page **2,647.46**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140354
2. Committee Name CTE AUDREY BROWN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name YOUNIQUECARDS.COM INC Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>100 COLOR YARD SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2024</u> Date	\$ <u>604.20</u>
Expenditure #2 Name YOUNIQUECARDS.COM INC Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>50 COLOR YARD SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/2024</u> Date	\$ <u>339.20</u>
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 **943.40**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **5,408.81**

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on line 8a of
Summary Page