



FILED

21 OCT 2024 PM 12:09

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: 08/27/2024 to 10/20/2024

1. Committee I.D. Number

**140354**

4. Candidate Last Name

**BROWN**

First Name

**AUDREY**

M.I.

**A**

2. Committee Name

**CTE AUDREY BROWN**

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

**CLERK, WASHINGTON TWP**

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

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

11/05/2024

**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

10/21/2024

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

10/21/2024



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<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>6,950.00</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>6,950.00</u>       | (18.) \$ <u>20,345.00</u>                   |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>6,950.00</u>        | (20.) \$ <u>20,345.00</u>                   |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>1,287.68</u>        | (21.) \$ <u>2,325.71</u>                    |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>0.00</u>            | (22.) \$ <u>0.00</u>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>4,757.17</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>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>4,757.17</u>        | (23.) \$ <u>18,031.97</u>                   |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>3,783.66</u>      |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>120.20</u>         |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>6,950.00</u>     |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>7,070.20</u>     |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>4,757.17</u>     |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>2,313.03</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) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|---------------------------------------------------------------------------------|
| <p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/31/2024</u></p> <p>Name &amp; Address:<br/><b>AUDREY A BROWN</b><br/><b>7009 BOULDER POINTE DRIVE</b><br/><b>WASHINGTON, MI 48094</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>INSURANCE AGENT</u>      Employer <u>AFLAC</u><br/>Business Address <u>625 E BIG BEAVER RD, Troy, MI 48083</u><br/>Type of Contribution: <input type="checkbox"/> Direct      <input checked="" type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>                                                                             |  | \$ <u>1,400.00</u> | \$ <u>1,400.00</u>                                                              |
| <p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/03/2024</u></p> <p>Name &amp; Address:<br/><b>WALTER AND LISA BURZYNSKI</b><br/><b>59724 BEECHWOOD DR</b><br/><b>WASHINGTON, MI 48094</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>FINANCIAL ADVISOR--RETIRED</u>      Employer <u>BURZYNSKI GROUP</u><br/>Business Address <u>WBURZYNSKI@INSURANCEALLIANCE.COM, 5455 CORPORATE DRIVE, SUITE 117, Washington, MI 48094</u><br/>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p> |  | \$ <u>200.00</u>   | \$ <u>200.00</u>                                                                |
| <p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/03/2024</u></p> <p>Name &amp; Address:<br/><b>STEPHEN SAPH JR</b><br/><b>44 MACOMB PL</b><br/><b>POBOX 46907</b><br/><b>MOUNT CLEMENS, MI 48046</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>ATTORNEY</u>      Employer <u>STEPHEN R SAPH JR</u><br/>Business Address <u>44 MACOMB PL, Mount Clemens, MI 48046</u><br/>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>                                                        |  | \$ <u>250.00</u>   | \$ <u>250.00</u>                                                                |
| <p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/03/2024</u></p> <p>Name &amp; Address:<br/><b>RONALD D &amp; JUDITH A STEC</b><br/><b>11448 30 MILE RD</b><br/><b>WASHINGTON, MI 48095</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>ENGINEER-RETIRED</u>      Employer <u>AUTOMOTIVE</u><br/>Business Address <u>STERLING HEIGHTS, MI 48314</u><br/>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>                                                                           |  | \$ <u>150.00</u>   | \$ <u>150.00</u>                                                                |

Page Subtotal 2,000.00

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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br>TONY J GALLO<br>6303 26 MILE RD<br>2ND FLOOR<br>WASHINGTON, MI 48094                                                                                                                                                                                                                                                                       |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>BUILDER DEVELOPER</u> Employer <u>GALLO COMPANIES</u><br>Business Address <u>6303 26 MILE RD, 2ND FLOOR, WASHINGTON, MI 48094</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser       |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br>CHRISTENE AND JOE BREWER<br>8849 HEATHERWOOD CT<br>WASHINGTON, MI 48095                                                                                                                                                                                                                                                                    |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ELECTRICAL CONTRACTOR</u> Employer <u>METRO ELECTRIC</u><br>Business Address <u>110 E POND DR, ROMEO, MI 48065</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                      |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br>MARION AND MARVIN TESKE<br>42631 FLIS DR<br>STERLING HEIGHTS, MI 48314                                                                                                                                                                                                                                                                     |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                    |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br>DENNIS STEVENSON<br>59837 GLACIER SPRING N<br>WASHINGTON, MI 48094                                                                                                                                                                                                                                                                         |                                           | \$ <u>100.00</u>                     | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>WASHINGTON TOWNSHIP TRUSTEE</u> Employer <u>WASHINGTON TOWNSHIP</u><br>Business Address <u>57900 VAN DYKE AVE, WASHINGTON, MI 48094</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal 1,150.00

Grand Total of All Schedules 1A  
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**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? <input type="checkbox"/> YES      4. Date of Receipt <u>10/03/2024</u><br>Name & Address:<br><b>GORDON AND KATHY WILSON</b><br><b>49572 COMPASS POINT DR</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                        |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                           |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/03/2024</u><br>Name & Address:<br><b>JASON AND RACHEL ARLOW</b><br><b>5709 ARNOLD RD</b><br><b>MARINE CITY, MI 48039</b>                                                                                                    |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                           |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/03/2024</u><br>Name & Address:<br><b>STEPHEN AND LAURA PANGORI</b><br><b>8106 ROSEBUD LN</b><br><b>CLARKSTON VLG, MI 48348</b>                                                                                             |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ENGINEER</u> Employer <u>AEW</u><br>Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/03/2024</u><br>Name & Address:<br><b>MICHAEL K ARCY</b><br><b>6959 HILLVIEW POINTE</b><br><b>WASHINGTON, MI 48094</b>                                                                                                      |  | \$ <u>75.00</u>  | \$ <u>75.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                           |  |                  |                                                                                 |

Page Subtotal 475.00

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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br><b>GINAMARIE A BILSKY</b><br><b>7217 RIDGEVIEW LN</b><br><b>WASHINGTON, MI 48095</b>                                                                                                                                                                                                                                          |                                           | \$ <u>150.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ADMIN DIR</u> Employer <u>SPOUSE'S BUILDING COMPANY</u><br>Business Address <u>7217 RIDGEVIEW LN, WASHINGTON, MI 48095</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br><b>DIANA L MAGNOLI</b><br><b>6402 BAYPOINT DRIVE</b><br><b>WASHINGTON, MI 48094</b>                                                                                                                                                                                                                                           |                                           | \$ <u>250.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REALTOR</u> Employer <u>UNEMPLOYED</u><br>Business Address <u>6402 BAYPOINT, WASHINGTON, MI 48094</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                      |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br><b>ROBERT T SACCO</b><br><b>6022 ADMIRAL CT</b><br><b>WASHINGTON, MI 48094</b>                                                                                                                                                                                                                                                |                                           | \$ <u>75.00</u>                      | \$ <u>75.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                      |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br><b>KATHRYN BAUSS</b><br><b>42475 SCHOENHERR RD</b><br><b>STERLING HEIGHTS, MI 48313</b>                                                                                                                                                                                                                                       |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                |                                           |                                      |                                                                                 |

Page Subtotal 525.00

Grand Total of All Schedules 1A  
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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) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|---------------------------------------------------------------------------------|
| <p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/03/2024</u></p> <p>Name &amp; Address:<br/><b>THEODORE AND CHRIS HURD</b><br/><b>67895 CAMPGROUND RD</b><br/><b>WASHINGTON, MI 48095</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>RETIRED ADMINISTRATIVE ASSISTANT</u>      Employer _____<br/>Business Address <u>Macomb County, MI, USA, Mount Clemens, MI 48043</u><br/>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p> |  | \$ <u>150.00</u> | \$ <u>150.00</u>                                                                |
| <p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/03/2024</u></p> <p>Name &amp; Address:<br/><b>MARIA CARL</b><br/><b>46860 BRECKENRIDGE DR</b><br/><b>MACOMB, MI 48044</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>RETIRED</u>      Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>                                                                                           |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| <p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/03/2024</u></p> <p>Name &amp; Address:<br/><b>DAVID JAYE</b><br/><b>25810 HICKORY BLVD</b><br/><b>BONITA SPRINGS, FL 34134</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>RETIRED</u>      Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>                                                                                     |  | \$ <u>75.00</u>  | \$ <u>75.00</u>                                                                 |
| <p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/03/2024</u></p> <p>Name &amp; Address:<br/><b>MICHAEL K TORRES</b><br/><b>5865 JACKELYN CT</b><br/><b>WASHINGTON, MI 48094</b></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>BUILDER DEVELOPER--MEDICAL</u>      Employer <u>TORRES</u><br/>Business Address <u>5865 JACKELYN CT, WASHINGTON, MI 48094</u><br/>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>                  |  | \$ <u>150.00</u> | \$ <u>150.00</u>                                                                |

Page Subtotal 475.00

Grand Total of All Schedules 1A  
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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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br><b>JAMES AND LORI A CHO</b><br><b>565 LONG LAKE PINE COURT,</b><br><b>BLOOMFIELD TWP, MI 48302</b>                                                                                                                                                                                                                           |                                           | \$ <u>150.00</u>                     | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ENGINEER ENTREPRENEUR</u> Employer <u>AEW</u><br>Business Address <u>FARMINGTON HILLS, MI</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                             |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br><b>ROBERT HUTH</b><br><b>19500 HALL RD</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                                                                                                                                                   |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>CENTRE COURT PROPERTIES LLC</u><br>Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br><b>ROBERT KIRK</b><br><b>19500 HALL RD</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                                                                                                                                                   |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>CENTRE COURT PROPERTIES LLC</u><br>Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br><b>JOE ORAM</b><br><b>PO BOX 252755</b><br><b>WEST BLOOMFIELD, MI 48325</b>                                                                                                                                                                                                                                                  |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>REAL ESTATE AGENT</u> Employer <u>VIP REAL ESTATE</u><br>Business Address <u>PO BOX 252755, West Bloomfield, MI 48325</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal **1,650.00**

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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br><b>STANLEY T AND SYLWIA GROT</b><br><b>11927 HIAWATHA DR</b><br><b>SHELBY TWP, MI 48315</b>                                                                                                                                                                                                                                                |                                           | \$ <u>150.00</u>                     | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>TOWNSHIP CLERK</u> Employer <u>SHELBY TOWNSHIP</u><br>Business Address <u>52700 VAN DYKE AVE, SHELBY TWP, MI 48316</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                  |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br><b>KARIE BOYLAN</b><br><b>PO BOX 81307</b><br><b>ROCHESTER, MI 48308</b>                                                                                                                                                                                                                                                                   |                                           | \$ <u>150.00</u>                     | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>LITTLE &amp; BOYLAN, PLLC</u><br>Business Address <u>2546 S ROCHESTER ROAD, SUITE 360, Rochester, MI 48307</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br><b>OLIVIA BROWN</b><br><b>2011 SINCLAIR AVE NE</b><br><b>GRAND RAPIDS, MI 49505</b>                                                                                                                                                                                                                                                        |                                           | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                             |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/03/2024</u> |                                                                                 |
| Name & Address:<br><b>LOU WELCH</b><br><b>59097 MARY LN</b><br><b>WASHINGTON, MI 48094</b>                                                                                                                                                                                                                                                                    |                                           | \$ <u>75.00</u>                      | \$ <u>75.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ACCOUNT EXECUTIVE</u> Employer <u>GM FINANCIAL</u><br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                            |                                           |                                      |                                                                                 |

Page Subtotal 425.00

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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/14/2024</u> |                                                                                 |
| Name & Address:<br><b>P EUGENE DAGOSTINI</b><br>38700 VAN DYKE AVE<br>SUITE 200<br>STERLING HEIGHTS, MI 48312                                                                                                                                                                         |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation <u>BUILDER DEVELOPER---PLAZAS</u> Employer <u>P EUGENE DAGOSTINI</u>                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Business Address <u>38700 VAN DYKE AVE, SUITE 200, STERLING HEIGHTS, MI 48312</u>                                                                                                                                                                                                     |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                                                                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                  |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation _____ Employer _____                                                                                                                                                                                                                                                       |                                           | Click Here for Memo Itemization      |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                  |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation _____ Employer _____                                                                                                                                                                                                                                                       |                                           | Click Here for Memo Itemization      |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                                |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                  |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:                                                                                                                                                                                                                                       |                                           |                                      |                                                                                 |
| Occupation _____ Employer _____                                                                                                                                                                                                                                                       |                                           | Click Here for Memo Itemization      |                                                                                 |
| Business Address _____                                                                                                                                                                                                                                                                |                                           |                                      |                                                                                 |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                                                                |                                           |                                      |                                                                                 |

Page Subtotal 250.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) 6,950.00

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line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

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

## CANDIDATE COMMITTEE

2. Committee Name **CTE AUDREY BROWN**

| 3. Name and Address from whom received<br>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).<br>Report <u>all</u> in-kind contributions.                                                                                                                                                              | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>WASHINGTON, MI 48094</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>INSURANCE AGENT</b><br>Employer Name & Business Address:<br><b>AFLAC</b><br><b>625 E BIG BEAVER RD,</b><br><b>Troy, MI 48083</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>STAMPS FOR FUNDRAISER INVITES</b><br>5. Date Of Receipt: <b>09/05/2024</b><br>6. Vendor Name & Address:<br><b>USPS</b><br><b>58757 VAN DYKE AVE,</b><br><b>WASHINGTON, MI 48094</b>                                              | \$ <b>146.00</b>               | \$ <b>146.00</b>                                          |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>OLIVIA MULDER</b><br><b>2011 SINCLAIR AVE NE</b><br><b>GRAND RAPIDS, MI 49505</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>RECRUITER-HR</b><br>Employer Name & Address:<br><b>TWISTHINK</b><br><b>109 MICHIGAN ST NW,</b><br><b>GRAND RAPIDS, MI 49503</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution      | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>CHARCUTERIE BOARD INGREDIENTS AND LABOR</b><br>5. Date Of Receipt: <b>10/03/2024</b><br>6. Vendor Name & Address:<br><b>ALDI</b><br><b>47342 VAN DYKE AVE,</b><br><b>SHELBY TWP, MI 48317</b>                                    | \$ <b>121.15</b>               | \$ <b>121.15</b>                                          |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>WASHINGTON, MI 48094</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>INSURANCE AGENT</b><br>Employer Name & Address:<br><b>AFLAC</b><br><b>625 E BIG BEAVER RD,</b><br><b>Troy, MI 48083</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>WESTVIEW ORCHARDS WINERY ROOM RENTAL, PIE, SERVERS</b><br>5. Date Of Receipt: <b>10/03/2024</b><br>6. Vendor Name & Address:<br><b>WESTVIEW ORCHARDS AND WINERY</b><br><b>65075 VAN DYKE AVE,</b><br><b>WASHINGTON, MI 48095</b> | \$ <b>542.24</b>               | \$ <b>542.24</b>                                          |

Page Subtotal **809.39** **809.39**

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

Enter this total  
on line 6 of Summary  
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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<br>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).<br>Report <u>all</u> in-kind contributions.                                                                                                                                                              | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>WASHINGTON, MI 48094</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>INSURANCE AGENT</b><br>Employer Name & Business Address:<br><b>AFLAC</b><br><b>625 E BIG BEAVER RD,</b><br><b>Troy, MI 48083</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>MISC FOR CHARCUTERIE</b><br>5. Date Of Receipt: <b>10/03/2024</b><br>6. Vendor Name & Address:<br><b>MEIJER</b><br><b>8401 26 MILE RD,</b><br><b>WASHINGTON, MI 48094</b>                                                | \$ <b>25.60</b>                | \$ <b>25.60</b>                                           |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>WASHINGTON, MI 48094</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>INSURANCE AGENT</b><br>Employer Name & Address:<br><b>AFLAC</b><br><b>625 E BIG BEAVER RD,</b><br><b>Troy, MI 48083</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>VINCE AND JOES MEATBALLS FOR FUNDRAISER</b><br>5. Date Of Receipt: <b>10/03/2024</b><br>6. Vendor Name & Address:<br><b>VINCE AND JOE'S GOURMET MARKET</b><br><b>53950 VAN DYKE,</b><br><b>SHELBY TOWNSHIP, MI 48316</b> | \$ <b>254.37</b>               | \$ <b>254.37</b>                                          |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>WASHINGTON, MI 48094</b><br>If over \$100.00 cumulative, please provide:<br>Occupation: <b>INSURANCE AGENT</b><br>Employer Name & Address:<br><b>AFLAC</b><br><b>625 E BIG BEAVER RD,</b><br><b>Troy, MI 48083</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>STAMPS FOR TUS</b><br>5. Date Of Receipt: <b>10/09/2024</b><br>6. Vendor Name & Address:<br><b>USPS</b><br><b>58757 VAN DYKE AVE,</b><br><b>WASHINGTON, MI 48094</b>                                                     | \$ <b>73.00</b>                | \$ <b>73.00</b>                                           |

Page Subtotal **352.97** **352.97**

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

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

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

## CANDIDATE COMMITTEE

2. Committee Name **CTE AUDREY BROWN**

| 3. Name and Address from whom received<br>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)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>WASHINGTON, MI 48094</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>INSURANCE AGENT</b><br>Employer Name & Business Address:<br><b>AFLAC</b><br><b>625 E BIG BEAVER RD,</b><br><b>Troy, MI 48083</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>PICTURES TO INCLUDE IN TU NOTES</b><br>5. Date Of Receipt: <b>10/09/2024</b><br>6. Vendor Name & Address:<br><b>WALGREENS</b><br><b>56805 VAN DYKE AVE,</b><br><b>SHELBY TWP, MI 48316</b>                   | \$ <b>29.92</b>                | \$ <b>29.92</b>                                           |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>WASHINGTON, MI 48094</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>INSURANCE AGENT</b><br>Employer Name & Address:<br><b>AFLAC</b><br><b>625 E BIG BEAVER RD,</b><br><b>Troy, MI 48083</b><br><input type="checkbox"/> Fund Raiser Contribution                     | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>LOAN ON 1-IK ENVELOPES FOR TUS--CAND PAID</b><br>5. Date Of Receipt: <b>10/18/2024</b><br>6. Vendor Name & Address:<br><b>PRINTMASTERS</b><br><b>26039 DEQUINDRE RD,</b><br><b>MADISON HEIGHTS, MI 48071</b> | \$ <b>95.40</b>                | \$ <b>95.40</b>                                           |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br>Employer Name & Address:                                                                                                                                                                                                                                                                  | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description<br>5. Date Of Receipt:<br>6. Vendor Name & Address:                                                                                                                                                                        | \$                      \$     |                                                           |

[Click Here for Memo Itemization](#)

Page Subtotal

**125.32**

**125.32**

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

**1,287.68**

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on line 6 of Summary  
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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<br>Name <b>PRINTMASTERS</b><br><br>Address<br>26039 DEQUINDRE RD<br>MADISON HEIGHTS, MI 48071<br><br><input type="checkbox"/> Fund Raiser     | Purpose: <u>ENVELOPES AND FUNDRAISER INVITES</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement              | <u>09/11/2024</u><br>Date | \$ <u>201.40</u>   |
| Expenditure #2<br>Name <b>SQUARESPACE</b><br><br>Address<br>8 CLARKSON ST<br>NEW YORK, NY 10014<br><br><input type="checkbox"/> Fund Raiser                  | Purpose: <u>DATA</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                          | <u>09/22/2024</u><br>Date | \$ <u>33.00</u>    |
| Expenditure #3<br>Name <b>SQUARESPACE</b><br><br>Address<br>8 CLARKSON ST<br>NEW YORK, NY 10014<br><br><input type="checkbox"/> Fund Raiser                  | Purpose: <u>DATA</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                          | <u>09/22/2024</u><br>Date | \$ <u>33.00</u>    |
| Expenditure #4<br>Name <b>PRINTMASTERS</b><br><br>Address<br>26039 DEQUINDRE RD<br>MADISON HEIGHTS, MI 48071<br><br><input type="checkbox"/> Fund Raiser     | Purpose: <u>104 ENVELOPES FOR TU NOTES</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                    | <u>10/14/2024</u><br>Date | \$ <u>95.40</u>    |
| Expenditure #5<br>Name <b>AUDREY A BROWN</b><br><br>Address<br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>REPAYMENT OF LOAN TO CTE 6-30-2024</u><br><br><input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/16/2024</u><br>Date | \$ <u>1,000.00</u> |

Subtotal this page

**1,362.80**

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

Enter this total  
on line 8a of  
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<br>Name <b>AUDREY A BROWN</b><br><br>Address<br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094<br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>REPAYMENT OF LOAN TO CTE 8-8-24</u><br><br><input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                 | <u>10/16/2024</u><br>Date | \$ <u>2,700.00</u> |
| Expenditure #2<br>Name <b>AUDREY A BROWN</b><br><br>Address<br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094<br><br><input type="checkbox"/> Fund Raiser            | Purpose: <u>REPAYMENT OF LOAN TO CTE AUDREY BROWN</u><br><br><input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement           | <u>10/16/2024</u><br>Date | \$ <u>440.00</u>   |
| Expenditure #3<br>Name <b>AUDREY A BROWN</b><br><br>Address<br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094<br><br><input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>REPAYMENT OF LOAN ON 1IK</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                   | <u>10/20/2024</u><br>Date | \$ <u>254.37</u>   |
| Expenditure #4<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                                   | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement<br><br><a href="#">Click Here for Memo Itemization Type</a> | _____<br>Date             | \$ _____           |
| Expenditure #5<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                                   | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement<br><br><a href="#">Click Here for Memo Itemization Type</a> | _____<br>Date             | \$ _____           |

Subtotal this page **3,394.37**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **4,757.17**

Enter this total  
on line 8a of  
Summary Page



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 140354  
2. Committee Name CTE AUDREY 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.<br><br>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)<br>5. Indicate date debt was incurred<br>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 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094                                                                                                                                   | 4. Type: <u>LOAN ON 1-IK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>03/07/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>83.92</u>  | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>83.92</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094                                                                                                                                   | 4. Type: <u>LOAN ON 1-IK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>03/07/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>100.00</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>100.00</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                                  |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>UNIT 78<br>WASHINGTON, MI 48094                                                                                                                        | 4. Type: <u>LOAN ON 1-IK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>04/05/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>10.00</u>  | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>10.00</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                                  |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**193.92**

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

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.



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 140354  
2. Committee Name CTE AUDREY 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.<br><br>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)<br>5. Indicate date debt was incurred<br>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 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>UNIT 78</b><br><b>WASHINGTON, MI 48094</b>                                                                                                   | 4. Type: <u>LOAN ON 1-IK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>04/07/2024</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 40.00</u> | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | <u>\$ 0.00</u>                        | <u>\$ 40.00</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                 |                                                               |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>UNIT 78</b><br><b>WASHINGTON, MI 48094</b>                                                                                                   | 4. Type: <u>LOAN ON 1-IK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>04/18/2024</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 68.00</u> | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | <u>\$ 0.00</u>                        | <u>\$ 68.00</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                 |                                                               |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>WASHINGTON, MI 48094</b>                                                                                                                     | 4. Type: <u>LOAN ON 1-IK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>04/18/2024</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 11.97</u> | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | <u>\$ 0.00</u>                        | <u>\$ 11.97</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                 |                                                               |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**119.97**

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

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.

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



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 140354  
2. Committee Name CTE AUDREY 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.<br><br>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)<br>5. Indicate date debt was incurred<br>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 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>WASHINGTON, MI 48094</b>                                                                                                                     | 4. Type: <u>LOAN ON 1-IK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>04/19/2024</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 41.75</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>41.75</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                                 |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>WASHINGTON, MI 48094</b>                                                                                                                     | 4. Type: <u>LOAN ON 1-IK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>05/10/2024</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 58.78</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>58.78</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                                 |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>WASHINGTON, MI 48094</b>                                                                                                                     | 4. Type: <u>LOAN ON 1-IK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>05/16/2024</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 17.56</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>17.56</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                 |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**118.09**

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

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.



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 140354  
2. Committee Name CTE AUDREY 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.<br><br>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)<br>5. Indicate date debt was incurred<br>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 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094                                                                                                                                   | 4. Type: <u>LOAN ON 1-IK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>05/17/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>23.01</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>23.01</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                 |                                    |                                       |                                                                      |

|                                                                                                                                            |                                                                                                                                                  |                                                   |                  |                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------|----------------------------------------------------------------|
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094 | 4. Type: <u>LOAN ON 1-IK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>05/22/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>254.37</u> | 10/20/24 \$ <u>254.37</u><br>\$<br>\$<br>\$<br>\$ | \$ <u>254.37</u> | \$ <u>0.00</u><br><input checked="" type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                            |                                                                                                                                                  |                                                   |                  |                                                                |

|                                                                                                                                            |                                                                                                                                                  |                            |                |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|-------------------------------------------------------|
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094 | 4. Type: <u>LOAN ON 1-IK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/22/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>144.00</u> | \$<br>\$<br>\$<br>\$<br>\$ | \$ <u>0.00</u> | \$ <u>144.00</u><br><input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                            |                                                                                                                                                  |                            |                |                                                       |

Page Subtotal (Outstanding debt)

**167.01**

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

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.



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 140354  
2. Committee Name CTE AUDREY 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.<br><br>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)<br>5. Indicate date debt was incurred<br>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 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>WASHINGTON, MI 48094</b>                                                                                                                      | 4. Type: <u>LOAN ON 1-A</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/24/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>1,000.00</u> | \$<br>\$<br>\$<br>\$<br>\$                   | \$ <u>0.00</u>                        | \$ <u>1,000.00</u><br><input type="checkbox"/> FORGIVEN              |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                               |                                                                                                                                                   |                                              |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>WASHINGTON, MI 48094</b>                                                                                                                      | 4. Type: <u>LOAN ON 1-A</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/30/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>1,000.00</u> | 10/16/24 \$ 1,000.00<br>\$<br>\$<br>\$<br>\$ | \$ <u>1,000.00</u>                    | \$ <u>0.00</u><br><input checked="" type="checkbox"/> FORGIVEN       |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                               |                                                                                                                                                   |                                              |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br><b>7009 BOULDER POINTE DRIVE</b><br><b>WASHINGTON, MI 48094</b>                                                                                                                      | 4. Type: <u>LOAN ON 1-A</u><br>5. <u>Date Debt Was Incurred:</u><br><u>07/06/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>2,000.00</u> | \$<br>\$<br>\$<br>\$<br>\$                   | \$ <u>0.00</u>                        | \$ <u>2,000.00</u><br><input type="checkbox"/> FORGIVEN              |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                               |                                                                                                                                                   |                                              |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**3,000.00**

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

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

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**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

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

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------|----------------------------------------------------------------------|
| Debt #1 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094                                                                                                                                   | 4. Type: <u>LOAN ON 1-IK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>07/22/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>33.00</u>                  | \$<br>\$<br>\$<br>\$<br>\$                          | \$ <u>0.00</u>                        | \$ <u>33.00</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                                                  |                                                     |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094                                                                                                                                   | 4. Type: <u>LOAN ON 1-IK MEIJER-POLLWORK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>08/04/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>118.67</u> | \$<br>\$<br>\$<br>\$<br>\$                          | \$ <u>0.00</u>                        | \$ <u>118.67</u><br><input type="checkbox"/> FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                                                  |                                                     |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094                                                                                                                                   | 4. Type: <u>LOAN ON 1A</u><br>5. <u>Date Debt Was Incurred:</u><br><u>08/08/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>2,700.00</u>                 | 10/16/24 \$ <u>2,700.00</u><br>\$<br>\$<br>\$<br>\$ | \$ <u>2,700.00</u>                    | \$ <u>0.00</u><br><input checked="" type="checkbox"/> FORGIVEN       |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                                                  |                                                     |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**151.67**

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

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.



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 140354  
2. Committee Name CTE AUDREY 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.<br><br>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)<br>5. Indicate date debt was incurred<br>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 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094                                                                                                                                   | 4. Type: <u>LOAN ON 1-IK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>08/22/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>33.00</u>                    | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u>                 | \$ <u>0.00</u>                        | \$ <u>33.00</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                                                    |                                                                               |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094                                                                                                                                   | 4. Type: <u>LOAN ON 1-A</u><br>5. <u>Date Debt Was Incurred:</u><br><u>08/24/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>440.00</u>                    | <u>10/16/24 \$ 440.00</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | \$ <u>440.00</u>                      | \$ <u>0.00</u><br><input checked="" type="checkbox"/> FORGIVEN       |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                                                    |                                                                               |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094                                                                                                                                   | 4. Type: <u>LOAN ON 1-IK STAMP INVITES--US</u><br>5. <u>Date Debt Was Incurred:</u><br><u>09/05/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>146.00</u> | <u>09/05/24 \$ 146.00</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | \$ <u>146.00</u>                      | \$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN                  |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                                    |                                                                               |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**33.00**

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

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.



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 140354  
2. Committee Name CTE AUDREY 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.<br><br>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)<br>5. Indicate date debt was incurred<br>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 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094                                                                                                                                   | 4. Type: <u>LOAN ON 1-IK</u><br>5. <u>Date Debt Was Incurred:</u><br><u>09/22/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>33.00</u>                    | 09/22/24 \$ <u>33.00</u><br>\$<br>\$<br>\$<br>\$  | \$ <u>33.00</u>                       | \$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN                  |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                                    |                                                   |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094                                                                                                                                   | 4. Type: <u>LOAN ON 1-IK WESTVIEW FUNDRA</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/03/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>542.24</u>   | 10/03/24 \$ <u>542.24</u><br>\$<br>\$<br>\$<br>\$ | \$ <u>542.24</u>                      | \$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN                  |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                                    |                                                   |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094                                                                                                                                   | 4. Type: <u>LOAN ON 1-IK VINCE AND JOE'S F</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/03/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>254.37</u> | 10/03/24 \$ <u>254.37</u><br>\$<br>\$<br>\$<br>\$ | \$ <u>254.37</u>                      | \$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN                  |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                                    |                                                   |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**0.00**

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

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.

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



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 140354  
2. Committee Name CTE AUDREY 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.<br><br>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)<br>5. Indicate date debt was incurred<br>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 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094                                                                                                                                   | 4. Type: <small>LOAN ON 1-1K MEIJER-FOOD FOR</small><br>5. <u>Date Debt Was Incurred:</u><br><u>10/03/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>25.60</u> | 10/03/24 \$ <u>25.60</u><br>\$<br>\$<br>\$<br>\$ | \$ <u>25.60</u>                       | \$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN                  |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                                         |                                                  |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094                                                                                                                                   | 4. Type: <small>LOAN ON 1-1K STAMPS TUS</small><br>5. <u>Date Debt Was Incurred:</u><br><u>10/09/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>73.00</u>      | 10/09/24 \$ <u>73.00</u><br>\$<br>\$<br>\$<br>\$ | \$ <u>73.00</u>                       | \$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN                  |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                                         |                                                  |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>AUDREY A BROWN</b><br>7009 BOULDER POINTE DRIVE<br>WASHINGTON, MI 48094                                                                                                                                   | 4. Type: <small>LOAN ON 1-1K WALGREEN'S PICS</small><br>5. <u>Date Debt Was Incurred:</u><br><u>10/09/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>29.92</u> | 10/09/24 \$ <u>29.92</u><br>\$<br>\$<br>\$<br>\$ | \$ <u>29.92</u>                       | \$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN                  |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                                         |                                                  |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**0.00**

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

**3,783.66**

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

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