



FILED

25 SEP 2024 AM 08:56

MACOMB COUNTY CLERK
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**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: 07/22/2024 to 08/26/2024

1. Committee I.D. Number

140354

4. Candidate Last Name First Name M.I.

BROWN AUDREY A

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

CLERK, WASHINGTON TWP

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

2. Committee Name

CTE AUDREY BROWN

5. Committee's Mailing Address

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

Area Code and Phone (586) 419-1672
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

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

Area Code & Phone (586) 419-1672

7. Treasurer's Business Address

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

Area Code and Phone (586) 419-1672

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

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

Area Code and Phone (586) 419-1672

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

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

Date of Election, Convention or Caucus

08/06/2024

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

09/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

09/25/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140354

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE AUDREY BROWN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,165.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,165.00</u>	(18.) \$ <u>13,395.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3,165.00</u>	(20.) \$ <u>13,395.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>184.67</u>	(21.) \$ <u>1,038.03</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>7,865.99</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>7,865.99</u>	(23.) \$ <u>13,274.80</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>8,178.03</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>4,821.19</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3,165.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>7,986.19</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>7,865.99</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>120.20</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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/29/2024
Name & Address:
CHRISTOPHER A OAKLEY
2715 FOX WOODS LN
ROCHESTER HILLS, MI 48307

\$ 25.00

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/08/2024
Name & Address:
AUDREY A BROWN
7009 BOULDER POINTE DRIVE
WASHINGTON, MI 48094

\$ 2,700.00

\$ 2,700.00

5. If over \$100.00 cumulative, please provide:

Occupation INSURANCE AGENT Employer AFLAC

Business Address 625 E BIG BEAVER RD, Troy, MI 48083

Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 08/24/2024
Name & Address:
AUDREY A BROWN
7009 BOULDER POINTE DRIVE
WASHINGTON, MI 48094

\$ 440.00

\$ 440.00

5. If over \$100.00 cumulative, please provide:

Occupation INSURANCE AGENT Employer AFLAC

Business Address 625 E BIG BEAVER RD, TROY, MI 48094

Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____
Name & Address _____

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

3,165.00

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

3,165.00

Enter this total on
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 If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: AUDREY A BROWN 7009 BOULDER POINTE DRIVE WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: INSURANCE AGENT Employer Name & Business Address: AFLAC 625 E BIG BEAVER RD, TROY, MI 48083 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description CTE DONATION METHOD 5. Date Of Receipt: 07/22/2024 6. Vendor Name & Address: SQUARESPACE 8 CLARKSON ST, NEW YORK, NY 10014	\$ 33.00	\$ 33.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: AUDREY A BROWN 7009 BOULDER POINTE DRIVE WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: INSURANCE AGENT Employer Name & Address: AFLAC 625 E BIG BEAVER RD, Troy, MI 48083 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description MEIJER--POLLWORKER SUPPLIES 5. Date Of Receipt: 08/04/2024 6. Vendor Name & Address: MEIJER 8401 26 MILE RD, WASHINGTON, MI 48094	\$ 118.67	\$ 118.67
Contribution #3 PAC Receipt? ☐ Yes Name & Address: AUDREY A BROWN 7009 BOULDER POINTE DRIVE WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: INSURANCE AGENT Employer Name & Address: AFLAC 625 E BIG BEAVER RD, TROY, MI 48083 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description CTE DONATION METHOD 5. Date Of Receipt: 08/22/2024 6. Vendor Name & Address: SQUARESPACE 8 CLARKSON ST, NEW YORK, NY 10014	\$ 33.00	\$ 33.00

Page Subtotal **184.67** **184.67**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **184.67**

Enter this total
on line 6 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 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #2 Name ADAM D BROWN Address 44440 BAYVIEW AVE CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: <u>RENTAL TRUCK, POST-PULLER, GAS FOR SIGN TAKE-DOWN</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/07/2024</u> Date	\$ <u>194.75</u>
Expenditure #3 Name HERTZ RENTAL Address 20650 HALL RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>RENTAL TRUCK-TAKE SIGNS DOWN</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/07/2024</u> Date	\$ <u>(103.73)</u>
Expenditure #4 Name SPEEDWAY GAS Address 44989 N GROESBECK HWY CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: <u>GAS FOR RENTAL TRUCK</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/07/2024</u> Date	\$ <u>(38.03)</u>
Expenditure #5 Name TRACTOR SUPPLY Address 12020 HALL RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: <u>POST PULLER FROM TSC</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/07/2024</u> Date	\$ <u>(52.99)</u>

Subtotal this page

194.75

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 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #2 Name PRINTMASTERS Address 26039 DEQUINDRE RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: POSTCARDS 1250 ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/24/2024 Date	\$ 434.60
Expenditure #3 Name LASERCOM LLC Address 2230 ELLIOTT AVE TROY, MI 48083 ☐ Fund Raiser	Purpose: DATA PREP, INKJET CARDS, POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2024 Date	\$ 449.84
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **884.44**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **7,865.99**

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. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: AUDREY A BROWN 7009 BOULDER POINTE DRIVE WASHINGTON, MI 48094	4. Type: <u>LOAN ON 1-IK</u> 5. <u>Date Debt Was Incurred:</u> <u>07/22/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>33.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>33.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: AUDREY A BROWN 7009 BOULDER POINTE DRIVE WASHINGTON, MI 48094	4. Type: <u>LOAN ON 1-IK MEIJER-POLLWORK</u> 5. <u>Date Debt Was Incurred:</u> <u>08/04/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>118.67</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>118.67</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: AUDREY A BROWN 7009 BOULDER POINTE DRIVE WASHINGTON, MI 48094	4. Type: <u>LOAN ON 1-IK</u> 5. <u>Date Debt Was Incurred:</u> <u>08/22/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>33.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>33.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

184.67

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. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: AUDREY A BROWN 7009 BOULDER POINTE DRIVE WASHINGTON, MI 48094	4. Type: <u>LOAN ON 1-A</u> 5. <u>Date Debt Was Incurred:</u> <u>08/24/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>440.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>440.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: AUDREY A BROWN 7009 BOULDER POINTE DRIVE WASHINGTON, MI 48094	4. Type: <u>LOAN ON1A</u> 5. <u>Date Debt Was Incurred:</u> <u>08/08/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,700.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,700.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

3,140.00

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

8,178.03

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.