



FILED

04 DEC 2024 AM 11:00

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

12/04/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/04/2024



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>7,200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>7,200.00</u>	(18.) \$ <u>20,595.00</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>7,200.00</u>	(20.) \$ <u>20,595.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,225.28</u>	(21.) \$ <u>2,263.31</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>4,691.17</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>4,691.17</u>	(23.) \$ <u>17,965.97</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>6,033.42</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>120.20</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>7,200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>7,320.20</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4,691.17</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,629.03</u>	*



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 STAMPS FOR FUNDRAISER INVITES 5. Date Of Receipt: 09/05/2024 6. Vendor Name & Address: USPS 58757 VAN DYKE AVE, WASHINGTON, MI 48094	\$ 146.00	\$ 146.00
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 325 W BIG BEAVER RD, TROY, MI 48084 ☐ 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 DATA 5. Date Of Receipt: 09/22/2024 6. Vendor Name & Address: SQUARESPACE 8 CLARKSON ST, NEW YORK, NY 10014	\$ 33.00	\$ 33.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: OLIVIA MULDER 2011 SINCLAIR AVE NE GRAND RAPIDS, MI 49505 If over \$100.00 cumulative, please provide: Occupation: RECRUITER-HR Employer Name & Address: TWISTHINK 109 MICHIGAN ST NW, GRAND RAPIDS, MI 49503 ☒ 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 CHARCUTERIE BOARD INGREDIENTS AND LABOR 5. Date Of Receipt: 10/03/2024 6. Vendor Name & Address: MI	\$ 121.15	\$ 121.15

Page Subtotal **300.15** **300.15**

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

CANDIDATE COMMITTEE

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

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: AUDREY A BROWN 7009 BOULDER POINTE DRIVE WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: INSURANCE AGENT Employer Name & Business Address: AFLAC 625 E BIG BEAVER RD, Troy, MI 48083 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>WESTVIEW ORCHARDS WINERY ROOM RENTAL, PIE, SERVERS</u> 5. Date Of Receipt: <u>10/03/2024</u> 6. Vendor Name & Address: WESTVIEW ORCHARDS AND WINERY 65075 VAN DYKE AVE, WASHINGTON, MI 48095	\$ 542.24	\$ 542.24
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 <u>MISC FOR CHARCUTERIE</u> 5. Date Of Receipt: <u>10/03/2024</u> 6. Vendor Name & Address: MEIJER 8401 26 MILE RD, WASHINGTON, MI 48094	\$ 25.60	\$ 25.60
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 <u>VINCE AND JOES MEATBALLS FOR FUNDRAISER</u> 5. Date Of Receipt: <u>10/03/2024</u> 6. Vendor Name & Address: VINCE AND JOE'S GOURMET MARKET 53950 VAN DYKE, SHELBY TOWNSHIP, MI 48316	\$ 254.37	\$ 254.37

Page Subtotal **822.21** **822.21**

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 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 STAMPS FOR TUS 5. Date Of Receipt: 10/09/2024 6. Vendor Name & Address: USPS 58757 VAN DYKE AVE, WASHINGTON, MI 48094	\$ 73.00	\$ 73.00
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 PICTURES TO INCLUDE IN TU NOTES 5. Date Of Receipt: 10/09/2024 6. Vendor Name & Address: WALGREENS 56805 VAN DYKE AVE, SHELBY TWP, MI 48316	\$ 29.92	\$ 29.92
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ _____	\$ _____
Click Here for Memo Itemization			
☐ Fund Raiser Contribution			

Page Subtotal

102.92

102.92

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

1,225.28

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 PRINTMASTERS Address 26039 DEQUINDRE RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>ENVELOPES AND FUNDRAISER INVITES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2024</u> Date	\$ <u>201.40</u>
Expenditure #2 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 #3 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 #4 Name PRINTMASTERS Address 26039 DEQUINDRE RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>104 ENVELOPES FOR TU NOTES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/2024</u> Date	\$ <u>95.40</u>
Expenditure #5 Name AUDREY A BROWN Address 7009 BOULDER POINTE DRIVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>REPAYMENT OF LOAN TO CTE 6-30-2024</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2024</u> Date	\$ <u>1,000.00</u>

Subtotal this page **1,296.80**
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 Name AUDREY A BROWN Address 7009 BOULDER POINTE DRIVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>REPAYMENT OF LOAN TO CTE 8-8-24</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2024</u> Date	\$ <u>2,700.00</u>
Expenditure #2 Name AUDREY A BROWN Address 7009 BOULDER POINTE DRIVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>REPAYMENT OF LOAN TO CTE AUDREY BROWN</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2024</u> Date	\$ <u>440.00</u>
Expenditure #3 Name AUDREY A BROWN Address 7009 BOULDER POINTE DRIVE WASHINGTON, MI 48094 ☒ Fund Raiser	Purpose: <u>REPAYMENT OF LOAN ON 1IK</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/2024</u> Date	\$ <u>254.37</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **3,394.37**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **4,691.17**

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. 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: LOAN ON 1-IK STAMP INVITES--US 5. <u>Date Debt Was Incurred:</u> <u>09/05/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>146.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>146.00</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</u> 5. <u>Date Debt Was Incurred:</u> <u>09/22/2024</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 #3 Corp? ☐ Yes Owed to or by: AUDREY A BROWN 7009 BOULDER POINTE DRIVE WASHINGTON, MI 48094	4. Type: LOAN ON 1-IK WESTVIEW FUNDRA 5. <u>Date Debt Was Incurred:</u> <u>10/03/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>542.24</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>542.24</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

721.24

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 1-1K VINCE AND JOE'S F</u> 5. <u>Date Debt Was Incurred:</u> <u>10/03/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 254.37</u>	10/03/24 \$ <u>254.37</u> \$ \$ \$ \$	\$ <u>254.37</u>	\$ <u>0.00</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 1-1K MEIJER-FOOD FOR</u> 5. <u>Date Debt Was Incurred:</u> <u>10/03/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 25.60</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>25.60</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 1-1K STAMPS TUS</u> 5. <u>Date Debt Was Incurred:</u> <u>10/09/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 73.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>73.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

98.60

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. 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 1-1K WALGREEN'S PICS</u> 5. <u>Date Debt Was Incurred:</u> <u>10/09/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 29.92</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 29.92</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

29.92

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

6,033.42

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.