



FILED

04 DEC 2025 PM 03:00

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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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: 10/20/2025 to 11/24/2025

1. Committee I.D. Number

140586

2. Committee Name

CTE ROXANNE BROWN

4. Candidate Last Name

BROWN

First Name

ROXANNE

M.I.

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

COMMISSION, MOUNT CLEMENS

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

5. Committee's Mailing Address

**590 CLINTON RIVER DRIVE
MT. CLEMENS, MI 48043**

Area Code and Phone (773) 383-1553
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

**ROXANNE BROWN
590 CLINTON RIVER DRIVE
MT. CLEMENS, MI 48043**

Area Code & Phone (773) 383-1553

7. Treasurer's Business Address

**590 CLINTON RIVER DRIVE
MT. CLEMENS, MI 48043**

Area Code and Phone (773) 383-1553

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

Area Code and Phone () -

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus

11/04/2025

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.)

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

12/04/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/04/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140586

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE ROXANNE BROWN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>350.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>350.00</u>	(18.) \$ <u>1,990.00</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>350.00</u>	(20.) \$ <u>1,990.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,340.26</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>1,340.26</u>	(23.) \$ <u>1,340.26</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1,640.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>350.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,990.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,340.26</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>649.74</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140586
2. Committee Name CTE ROXANNE BROWN

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/02/2025</u> Name & Address: CHERRI ROBINSON 17150 E 9 MILE RD EASTPOINTE, MI 48021		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/03/2025</u> Name & Address: GLENNA OUSLEY 9742 SW CHESTWOOD AVE PORT ST. LUCIE, FL 34987		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/03/2025</u> Name & Address: LINDA PARAMORE 5000 TOWN CENTER SOUTHFIELD, MI 48075		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/03/2025</u> Name & Address: LYNDA MCGHEE 20319 MAUER ST ST CLAIR SHORES, MI 48080		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 200.00

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 140586
2. Committee Name CTE ROXANNE BROWN

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/03/2025</u>	
Name & Address: LYNETTE HOLMES 36583 HOLIDAY CIR W CLINTON TOWNSHIP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE SUPPORT</u> Employer <u>UAW RETIREE MEDICAL BENEFITS TRUST</u> Business Address <u>1155 BREWERY PARK BLVD, DETROIT, MI 48207</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/03/2025</u>	
Name & Address: RONARRO CLEVELAND 17616 CRILLON DR CLINTON TOWNSHIP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **150.00**

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

350.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140586
2. Committee Name CTE ROXANNE BROWN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FEDEX Address 31980 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>POSTCARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/2025</u> Date	\$ <u>125.00</u>
Expenditure #2 Name XTREME SHIRTS AND SIGNS Address 34853 SOUTHBOUND GRATIOT AVE CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser	Purpose: <u>YARD SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/2025</u> Date	\$ <u>212.00</u>
Expenditure #3 Name FEDEX Address 31980 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>PRINTING OF POSTCARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/2025</u> Date	\$ <u>125.00</u>
Expenditure #4 Name DUNKIN DONUT Address 4 S GROESBECK HWY CLINTON TOWNSHIP, MI 48036 ☐ Fund Raiser	Purpose: <u>COFFEE AND HOT CHOCOLATE FOR CAMPAIGN EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/2025</u> Date	\$ <u>73.24</u>
Expenditure #5 Name FEDEX Address 31980 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>PRINTING OF POSTCARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/2025</u> Date	\$ <u>125.00</u>

Subtotal this page

660.24

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 **140586**
2. Committee Name **CTE ROXANNE BROWN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FEDEX Address 31980 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/27/2025 Date	\$ 125.00
Expenditure #2 Name XTREME SHIRTS AND SIGNS Address 34853 SOUTHBOUND GRATIOT AVE CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser	Purpose: YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/27/2025 Date	\$ 212.00
Expenditure #3 Name MEIJER Address 40445 S GROESBECK HWY CLINTON TOWNSHIP, MI 48036 ☐ Fund Raiser	Purpose: CANDY FOR HALLOWEEN EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/28/2025 Date	\$ 37.12
Expenditure #4 Name ALDI Address 39827 S GROESBECK HWY CLINTON TOWNSHIP, MI 48036 ☐ Fund Raiser	Purpose: CANDY FOR HALLOWEEN EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/28/2025 Date	\$ 37.90
Expenditure #5 Name FEDEX Address 31980 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2025 Date	\$ 125.00

Subtotal this page **537.02**

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 140586
2. Committee Name CTE ROXANNE BROWN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name XTREME SHIRTS AND SIGNS Address 34853 SOUTHBOUND GRATIOT AVE CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser	Purpose: <u>YARD SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2025</u> Date	\$ <u>100.00</u>
Expenditure #2 Name OFFICE MAX Address SOUTHBOUND GRATIOT AVE MOUNT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>PHOTOCOPIES OF OF CAMPAIGN DOCUMENTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2025</u> Date	\$ <u>43.00</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	143.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1,340.26

Enter this total
on line 8a of
Summary Page