



FILED

24 OCT 2023 PM 11:19

OAKLAND COUNTY CLERK
PONTIAC, 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: 07/21/2023 to 10/20/2023

1. Committee I.D. Number

95685

2. Committee Name

LISA BROWN FOR COUNTY CLERK

4. Candidate Last Name

BROWN

First Name

LISA

M.I.

R

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

COUNTY CLERK/REGISTER OF DEEDS, OAKLAND COUNTY

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

5. Committee's Mailing Address

**PO BOX 251552
WEST BLOOMFIELD, MI 48325**

Area Code and Phone (248) 953-1050
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

**LISA R BROWN
4480 STRATHDALE LN.
WEST BLOOMFIELD, MI 48323**

Area Code & Phone (248) 953-1050

7. Treasurer's Business Address

**4480 STRATHDALE LN.
WEST BLOOMFIELD, MI 48323**

Area Code and Phone (248) 953-1050

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

**FRED MILLER
51 GROSSE PINES DR
ROCHESTER HILLS, MI 48309**

Area Code and Phone (586) 322-0072

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

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

- ☐ July Quarterly
☒ October Quarterly

9c. ☐ Annual Statement (2023)
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 lates 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

10/24/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 95685

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name LISA BROWN FOR COUNTY CLERK

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>10,200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>10,200.00</u>	(18.) \$ <u>33,108.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>10,200.00</u>	(20.) \$ <u>33,108.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,113.69</u>	(21.) \$ <u>11,406.43</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>215.80</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>215.80</u>	(23.) \$ <u>2,791.63</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>66,494.28</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>35,768.85</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>10,200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>45,968.85</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>215.80</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>45,753.05</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/04/2023</u> Name & Address: ROBERT WITTENBERG FOR COUNTY TREASURER 13302 BORGMAN AVE HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/04/2023</u> Name & Address: JAMES LEYERLE 33 NORWICH RD PLEASANT RIDGE, MI 48069		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/04/2023</u> Name & Address: REVA COWAN 15 OLD ENGLISH WAY WAPPINGERS FALLS, NY 12590		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/05/2023</u> Name & Address: NICOLE HUDSON 17426 LOCHERBIE AVE BEVERLY HILLS, MI 48025		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/05/2023</u>	
Name & Address: JOYCE LALONDE 24801 ROSALIND AVE EASTPOINTE, MI 48021		\$ <u>100.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2023</u>	
Name & Address: ELIZA PARKINSON 406 WAVERLEY AVE ROYAL OAK, MI 48067		\$ <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>09/05/2023</u>	
Name & Address: LISA SIKOSKI 47749 DENNIS BAERT DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2023</u>	
Name & Address: HEATHER SCHULZ 3935 CUMBERLAND RD BERKLEY, MI 48072		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/08/2023</u> Name & Address: NANCY FALCONE 63398 ASHBURY DR WASHINGTON, MI 48095		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/08/2023</u> Name & Address: THOMAS HITCHMAN 5275 N ADAMS RD BLOOMFIELD HILLS, MI 48304		\$ <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>09/09/2023</u> Name & Address: HOWARD BARON 1355 JUNIPER LN BLOOMFIELD TWP, MI 48302		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2023</u> Name & Address: GILDA JACOBS 8353 HENDRIE BLVD HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ 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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/10/2023</u> Name & Address: LISA MENUCK 990 PIERCE ST BIRMINGHAM, MI 48009		\$ <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>09/12/2023</u> Name & Address: TRACY PARRISH 225 W MAPLEHURST AVE FERNDAL, MI 48220		\$ <u>25.00</u>	\$ <u>40.00</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>09/13/2023</u> Name & Address: MARY MILLS 5065 CROOKS RD #51 ROYAL OAK, MI 48073		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/2023</u> Name & Address: SHARON KAPLAN 4293 BARCROFT WAY WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 225.00

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/18/2023</u>	
Name & Address: MICHELLE DEBEAUSSAERT 39856 BRYLOR CT CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: LISA KIEFER 3030 SERENITY RD OAKLAND TWP, MI 48363		\$ <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>09/19/2023</u>	
Name & Address: DONNA STACHE 3640 WORTHINGTON CT ROCHESTER HILLS, MI 48309		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2023</u>	
Name & Address: DIANTHA GUESSOUS 424 BALDWIN AVE ROCHESTER, MI 48307		\$ <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 225.00

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/21/2023</u> Name & Address: PAUL BORUCKI 3053 CARLY CT AUBURN HILLS, MI 48326		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2023</u> Name & Address: DAVID HARTMAN 1227 GREEN RIDGE RD ROCHESTER HILLS, MI 48309		\$ <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>09/23/2023</u> Name & Address: NINA DODGE ABRAMS 12959 TALBOT LN HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2023</u> Name & Address: JOSEPH STONCHUS 8643 KENBERTON DR OAK PARK, MI 48237		\$ <u>30.00</u>	\$ <u>60.00</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 280.00

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/23/2023</u> Name & Address: EVERETT CRONIZER 1821 SUDBURY CT ROCHESTER HILLS, MI 48306		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2023</u> Name & Address: HARVEY BRONSTEIN 22490 HALLCROFT TRAIL SOUTHFIELD, MI 48034		\$ <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>09/23/2023</u> Name & Address: JOHN RAUCHMAN 1067 PEARSON ST FERNDALE, MI 48220		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATIVE ASSISTANT</u> Employer <u>MEA</u> Business Address <u>13969 PLUMBROOK RD, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2023</u> Name & Address: ELIZABETH KELLY 5383 GRANGE HALL RD HOLLY, MI 48442		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> 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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/23/2023</u> Name & Address: ROBERT JOHNCOX 21401 CONCORD ST SOUTHFIELD, MI 48076		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2023</u> Name & Address: MARLENE BRESLER 5361 OLD POND WAY WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>100.00</u>	\$ <u>376.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2023</u> Name & Address: HANNAH DONIGAN 8103 SHEARWATER CIR COMMERCE TWP, MI 48390		\$ <u>50.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2023</u> Name & Address: JESSICA COOPER 555 S OLD WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/23/2023</u> Name & Address: JUDITH CUNNINGHAM 2897 COLONIAL TRAIL BLOOMFIELD HILLS, MI 48304		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2023</u> Name & Address: BRIAN BURNETT 3012 ROBINA AVE BERKLEY, MI 48072		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2023</u> Name & Address: JODI DEFOE 23470 RIVERVIEW DR SOUTHFIELD, MI 48034		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY COUNTY TREASURER</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2023</u> Name & Address: DEBRA DOROSH 44188 RINA LN CLINTON TWP, MI 48038		\$ <u>20.00</u>	\$ <u>70.00</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 320.00

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/23/2023</u> Name & Address: SHARLAN DOUGLAS 101 CURRY AVE #628 ROYAL OAK, MI 48067 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2023</u> Name & Address: RICK FLYNN 43225 CHARDONNAY DR STERLING HEIGHTS, MI 48314 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>800.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2023</u> Name & Address: SHELDON GOLDMAN 7305 MEADOWLAKE HILLS DR BLOOMFIELD TWP, MI 48301 5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>LSG INSURANCE PARTNERS</u> Business Address <u>2600 S TELEGRAPH RD, SUITE 100, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>300.00</u>	\$ <u>600.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/23/2023</u> Name & Address: GWEN MARKHAM 45540 VIOLET LN NOVI, MI 48374 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal 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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/23/2023</u>	
Name & Address: LINDA ONDERKO 3073 MASSENA AVE COMMERCE TWP, MI 48382		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARTIST</u> Employer <u>SELF</u> Business Address <u>3073 MASSENA AVE, COMMERCE TWP, MI 48382</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/23/2023</u>	
Name & Address: DAVID DILAURA 6350 CHERRY TREE CT ROCHESTER HILLS, MI 48306		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: JAMES LEYERLE 33 NORWICH RD PLEASANT RIDGE, MI 48069		\$ <u>250.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: MARY ANN FONTANA 26080 SALEM RD HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/27/2023</u>	
Name & Address: CHERYL HERRMANN 879 DEER VALLEY RD HOLLY, MI 48442		\$ <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>09/27/2023</u>	
Name & Address: AMY JONES 11715 MEADOW PL MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OPTOMETRIST</u> Employer <u>HENRY FORD HEALTH</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/28/2023</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS 11687 AMERICAN AVENUE SUITE 200 DETROIT, MI 48204		\$ <u>2,500.00</u>	\$ <u>2,750.00</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>09/28/2023</u>	
Name & Address: CHALDEAN CHAMBER 30095 NORTHWESTERN HWY STE 101 FARMINGTON HILLS, MI 48334		\$ <u>500.00</u>	\$ <u>500.00</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 **3,150.00**

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/28/2023</u> Name & Address: ROBERT MIJAC 43710 VIA ANTONIO DR STERLING HEIGHTS, MI 48314		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: CYNTHIA CHURCHES 22215 PONDVIEW NOVI, MI 48375		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: LINDA FLYNN 43225 CHARDONNAY DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: STANLEY BERSHAD 4824 PARK HILL CT WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>100.00</u>	\$ <u>425.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GOLDSTEIN BERSHAD AND FRIED PC</u> Business Address <u>4000 TOWN CENTER, SUITE 1200, SOUTHFIELD, MI 48075</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/28/2023</u> Name & Address: JEANNE DENEWETH 121 EDMUND ROYAL OAK, MI 48073		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: PATRICIA MARTINICO 2179 BORDEAUX ST WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>100.00</u>	\$ <u>375.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: STEVEN ARTT 28317 FORESTBROOK DR FARMINGTON HILLS, MI 48334		\$ <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>09/28/2023</u> Name & Address: GARY MURPHY 1553 S BATES ST BIRMINGHAM, MI 48009		\$ <u>50.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/28/2023</u>	
Name & Address: ED BRULEY 38157 RADDE ST CLINTON TWP, MI 48036		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2023</u>	
Name & Address: FREYA WEBERMAN 10144 LUDLOW AVE HUNTINGTON WOODS, MI 48070		\$ <u>50.00</u>	\$ <u>85.00</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>09/28/2023</u>	
Name & Address: DOUG HILL 54297 JEFFREY DRIVE MACOMB, MI 48042		\$ <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>09/28/2023</u>	
Name & Address: ANNSLEY METZ 3007 VINSETTA BLVD ROYAL OAK, MI 48073		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN'S ASSISTANT</u> Employer <u>HURLEY MEDICAL CENTER</u> Business Address <u>ONE HURLEY PLAZA, FLINT, MI 48503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 450.00

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>09/28/2023</u> Name & Address: JOE Z ORAM PO BOX 252755 WEST BLOOMFIELD, MI 48325		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>5 STAR OUTDOOR</u> Business Address <u>PO BOX 252755, WEST BLOOMFIELD, MI 48325</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: JAMES ESSHAKI 4224 ORCHARD WAY BLOOMFIELD HILLS, MI 48301		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE MANAGEMENT</u> Employer <u>ESSHAKI PROPERTIES</u> Business Address <u>640 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: FRIENDS OF JOE ROZELL 10785 KINGSTON AVE HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: CLAUDIA SILLS 120 HAWTHORNE BIRMINGHAM, MI 48009		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR</u> Employer <u>FIRST HOLDING MGMT</u> Business Address <u>6960 ORCHARD LAKE RD, SUITE 300, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,300.00**

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>10/02/2023</u>	
Name & Address: NAT PERNICK 30150 TELEGRAPH RD BINGHAM FARMS, MI 48025		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2023</u>	
Name & Address: VALERIE QUINN 4753 ENNISMORE DR VILLAGE OF CLARKSTON, MI 48346		\$ <u>200.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATIVE ASSISTANT</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2023</u>	
Name & Address: LEE SCHOTTENFELS 4152 WENDELL RD WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>25.00</u>	\$ <u>75.00</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>10/04/2023</u>	
Name & Address: DEBRA RIVERA-EHRMANN 3137 PINECREST WAY AUBURN HILLS, MI 48326		\$ <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 **375.00**

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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>10/11/2023</u>	
Name & Address: DANA FORTIER 23871 W LEBOST NOVI, MI 48375		\$ <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 _____	
Name & Address _____		\$ <u>0.00</u>	\$ <u>0.00</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

50.00

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

10,200.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **95685**

CANDIDATE COMMITTEE

2. Committee Name **LISA BROWN FOR COUNTY CLERK**

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: LISA BROWN 4480 STRATHDALE LANE WEST BLOOMFIELD, MI 48323 If over \$100.00 cumulative, please provide: Occupation: COUNTY CLERK/ REGISTER OF DEEDS Employer Name & Business Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 DOMAIN 5. Date Of Receipt: 07/31/2023 6. Vendor Name & Address: GO DADDY 2155 E GODADDY WAY, TEMPE, AZ 85284	\$ 64.34	\$ 64.34
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323 If over \$100.00 cumulative, please provide: Occupation: COUNTY CLERK/ REGISTER OF DEEDS Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ 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 DATABASE 5. Date Of Receipt: 08/03/2023 6. Vendor Name & Address: NGP VAN 655 15TH ST NW, WASHINGTON, DC 20005	\$ 960.00	\$ 6,423.93
Contribution #3 PAC Receipt? ☐ Yes Name & Address: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323 If over \$100.00 cumulative, please provide: Occupation: COUNTY CLERK/ REGISTER OF DEEDS Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description DOMAINS 5. Date Of Receipt: 08/14/2023 6. Vendor Name & Address: GO DADDY 2155 E GODADDY WAY, TEMPE, AZ 85284	\$ 310.04	\$ 2,230.04

Page Subtotal **1,334.38** **8,718.31**

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 **95685**

CANDIDATE COMMITTEE

2. Committee Name **LISA BROWN FOR COUNTY CLERK**

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: FRED MILLER 51 GROSSE PINES DR ROCHESTER HILLS, MI 48309 If over \$100.00 cumulative, please provide: Occupation: DEPUTY COUNTY CLERK/REGISTER Employer Name & Business Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☒ 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 MAILING INVITATIONS 5. Date Of Receipt: 09/22/2023 6. Vendor Name & Address: MASS MAILING LLC 35468 MOUND RD, STERLING HEIGHTS, MI 48310	\$ 315.44	\$ 1,687.50
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: JENNIFER MILLER 51 GROSSE PINES DR ROCHESTER HILLS, MI 48309 If over \$100.00 cumulative, please provide: Occupation: PLAN ADMINISTRATOR Employer Name & Address: MEA 1216 KENDALE BLVD, EAST LANSING, MI 48823 ☒ 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 SHISH KABOB 5. Date Of Receipt: 09/24/2023 6. Vendor Name & Address: DREAM MARKET 2 40832 RYAN RD, STERLING HEIGHTS, MI 48310	\$ 151.04	\$ 1,187.79
Contribution #3 PAC Receipt? ☐ Yes Name & Address: FRED MILLER 51 GROSSE PINES DR ROCHESTER HILLS, MI 48309 If over \$100.00 cumulative, please provide: Occupation: DEPUTY COUNTY CLERK/REGISTER Employer Name & Address: OAKLAND COUNTY 1200 N TELEGRAPH, PONTIAC, MI 48341 ☒ 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 BEVERAGES 5. Date Of Receipt: 09/25/2023 6. Vendor Name & Address: ALDI 1967 S TELEGRAPH RD, BLOOMFIELD TWP, MI 48302	\$ 48.89	\$ 1,736.39

Page Subtotal **515.37** **1,736.39**

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 **95685**

CANDIDATE COMMITTEE

2. Committee Name **LISA BROWN FOR COUNTY CLERK**

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: JENNIFER MILLER 51 GROSSE PINES DR ROCHESTER HILLS, MI 48309 If over \$100.00 cumulative, please provide: Occupation: PLAN ADMINISTRATOR Employer Name & Business Address: MEA 1216 KENDALE BLVD, EAST LANSING, MI 48823 ☒ 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 FOOD 5. Date Of Receipt: 09/28/2023 6. Vendor Name & Address: LA SAJ 2149 CROOKS RD, TROY, MI 48084	\$ 263.94	\$ 1,451.73
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal

263.94

1,451.73

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

2,113.69

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **95685**
2. Committee Name **LISA BROWN FOR COUNTY CLERK**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FIRST DATA Address 5565 GLENRIDGE CON ATLANTA, GA 30342 ☐ Fund Raiser	Purpose: FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/03/2023 Date	\$ 19.95
Expenditure #2 Name FIRST DATA Address 5565 GLENRIDGE CON ATLANTA, GA 30342 ☐ Fund Raiser	Purpose: FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/03/2023 Date	\$ 19.95
Expenditure #3 Name GO DADDY Address 2155 E GODADDY WAY TEMPE, AZ 85284 ☐ Fund Raiser	Purpose: DOMAIN RENEWAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2023 Date	\$ 46.34
Expenditure #4 Name FIRST DATA Address 5565 GLENRIDGE CON ATLANTA, GA 30342 ☐ Fund Raiser	Purpose: FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2023 Date	\$ 19.95
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/2023 Date	\$ 109.61

Subtotal this page

215.80

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

215.80

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD TOWNSHIP, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/09/2012</u> 6. <u>Original Amount of Debt:</u> <u>\$ 703.25</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>703.25</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/27/2012</u> 6. <u>Original Amount of Debt:</u> <u>\$ 7,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>7,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/03/2012</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>15,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

22,703.25

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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 endorsers 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: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/04/2012</u> 6. <u>Original Amount of Debt:</u> <u>\$ 6,500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>6,500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/13/2013</u> 6. <u>Original Amount of Debt:</u> <u>\$ 887.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>887.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/06/2015</u> 6. <u>Original Amount of Debt:</u> <u>\$ 437.08</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>437.08</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

7,824.08

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/04/2016</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,015.45</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,015.45</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/01/2016</u> 6. <u>Original Amount of Debt:</u> <u>\$ 960.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>960.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/01/2016</u> 6. <u>Original Amount of Debt:</u> <u>\$ 12,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>12,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

14,975.45

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/31/2016</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/10/2017</u> 6. <u>Original Amount of Debt:</u> <u>\$ 157.70</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>157.70</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/22/2017</u> 6. <u>Original Amount of Debt:</u> <u>\$ 960.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>960.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

3,117.70

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/22/2017</u> 6. <u>Original Amount of Debt:</u> \$ <u>960.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>960.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/09/2018</u> 6. <u>Original Amount of Debt:</u> \$ <u>960.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>960.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/09/2018</u> 6. <u>Original Amount of Debt:</u> \$ <u>640.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>640.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2,560.00

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/01/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>960.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>960.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/14/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>246.04</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>246.04</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/25/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>42.34</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>42.34</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,248.38

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/01/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>960.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>960.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/01/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>960.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>960.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/01/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>960.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>960.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2,880.00

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/28/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 6,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>6,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/01/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 960.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>960.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/14/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 254.04</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>254.04</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **7,214.04**

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/27/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 779.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>779.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/01/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 960.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>960.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/01/2021</u> 6. <u>Original Amount of Debt:</u> <u>\$ 960.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>960.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2,699.00

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 95685
2. Committee Name LISA BROWN FOR COUNTY CLERK

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: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/14/2021</u> 6. <u>Original Amount of Debt:</u> <u>\$ 270.04</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>270.04</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/26/2021</u> 6. <u>Original Amount of Debt:</u> <u>\$ 42.34</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>42.34</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: LISA BROWN 4480 STRATHDALE LN WEST BLOOMFIELD, MI 48323	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/03/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 960.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>960.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,272.38

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

66,494.28

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **95685**
2. Committee Name **LISA BROWN FOR COUNTY CLERK**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/28/2023	4. Number of Individuals Attending or Participating (whichever is greater) 65	5. Type of Fund Raising Activity FALL FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. 51 GROSSE PINES DR ROCHESTER HILLS, MI 48309 ☒ Private Residence
---	---	--	--

7. Total Contributions **10,100.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **10,100.00**
10. Total Cost of Event **779.31**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.