



FILED

23 JUL 2024 PM 04:46

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: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

97912

2. Committee Name

FRIENDS OF BRENDAN JOHNSON

4. Candidate Last Name

JOHNSON

First Name

BRENDAN

M.I.

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

COUNTY COMMISSIONER, DISTRICT 4, OAKLAND COUNTY

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

5. Committee's Mailing Address

**P.O. BOX 81662
ROCHESTER, MI 48308**

Area Code and Phone (248) 622-2863
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

**CAITLIN O'BRIEN
317 WESLEY ST.
ROCHESTER, MI 48307**

Area Code & Phone (248) 622-2863

7. Treasurer's Business Address

**317 WESLEY ST.
ROCHESTER, MI 48307**

Area Code and Phone (248) 622-2863

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

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

Date of Election, Convention or Caucus

08/06/2024

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/23/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/23/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 97912

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF BRENDAN JOHNSON

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6,540.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>6,540.00</u>	(18.) \$ <u>21,720.00</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>6,540.00</u>	(20.) \$ <u>21,720.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>204.64</u>	(21.) \$ <u>204.64</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>6,477.47</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>6,477.47</u>	(23.) \$ <u>11,193.50</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>1,318.78</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>204.64</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>16,035.57</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>6,540.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>22,575.57</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6,477.47</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>16,098.10</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97912
2. Committee Name FRIENDS OF BRENDAN JOHNSON

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>01/07/2024</u> Name & Address: PAUL BORUCKI 3053 CARLY CT AUBURN HILLS, MI 48326		\$ <u>250.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</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>01/10/2024</u> Name & Address: SUE CRONIZER 1821 SUDBURY CT ROCHESTER HILLS, MI 48306		\$ <u>200.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKET RESEARCH</u> Employer <u>ORACLE NETSUITE</u> Business Address <u>2300 ORACLE WY, AUSTIN, TX 78741</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>01/10/2024</u> Name & Address: BRIAN DUNPHY 1610 FAIR OAK DR ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</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>01/18/2024</u> Name & Address: SAMUEL MATHER 2501 PORTER ST NW WASHINGTON, DC 20008		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NONPROFIT</u> Employer <u>NDI</u> Business Address <u>2501 PORTER ST NW, WASHINGTON, DC 20008</u> 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.



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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>01/18/2024</u>	
Name & Address: CAROLYNN KRAUSE 1640 PARK CREEK CT ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>2100 PONTIAC LAKE RD, WATERFORD TWP, MI 48328</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/21/2024</u>	
Name & Address: DOMONIQUE CLEMONS 4501 JENA LN FLINT, MI 48507		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY CLERK/ REGISTER OF DEEDS</u> Employer <u>GENESEE COUNTY</u> Business Address <u>519 SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/22/2024</u>	
Name & Address: HARPER WEST 155 ARIZONA AVE ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOLOGIST</u> Employer _____ Business Address <u>155 ARIZONA AVE, ROCHESTER HILLS, MI 48309</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/23/2024</u>	
Name & Address: KRISTINA KINNIE 3278 COUNTRY CREEK DR OAKLAND TWP, MI 48306		\$ <u>30.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **480.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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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>01/24/2024</u>	
Name & Address: PAUL SALACH 2650 N LAKEVIEW AVE APT. 1506 CHICAGO, IL 60614		\$ <u>10.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCT MANAGER</u> Employer <u>OWENS CORNING</u> Business Address <u>2650 N LAKEVIEW AVE, APT. 1506, CHICAGO, IL 60614</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/26/2024</u>	
Name & Address: DIANE YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL PLANNER</u> Employer <u>ARROWROOT FAMILY OFFICE</u> Business Address <u>725 BARCLAY CIR, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/26/2024</u>	
Name & Address: WHITNEY LORENZ 1895 FAIRFORD DR BLOOMFIELD HILLS, MI 48304		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUBSTITUTE TEACHER</u> Employer <u>NOTRE DAME PREPARATORY</u> Business Address <u>1300 GIDDINGS RD, PONTIAC, MI 48340</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/27/2024</u>	
Name & Address: TREVIS HARROLD 838 S 24TH ST SAGINAW, MI 48601		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARMY</u> Employer <u>US DEPARTMENT OF DEFENSE</u> Business Address <u>101 ARMY PENTAGON, WASHINGTON, DC 20310</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 260.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/28/2024</u>	
Name & Address: NATHAN HATTON 22844 ROXANA AVE EASTPOINTE, MI 48021		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONDUCTOR</u> Employer <u>AMTRAK</u> Business Address <u>22844 ROXANA AVE, EASTPOINTE, MI 48021</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/28/2024</u>	
Name & Address: THERESA FOUGNIE 3836 BRISTOL CT CITY OF THE VILLAGE OF CLARKSTON, MI 48348		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</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>01/28/2024</u>	
Name & Address: LISA KIEFER 3030 SERENITY RD OAKLAND TWP, MI 48363		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>BLUEPRINT EVOLUTION, LLC</u> Business Address <u>3030 SERENITY RD, OAKLAND TWP, MI 48363</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/28/2024</u>	
Name & Address: MARK ALBRECHT 1241 TULBERRY CIR ROCHESTER, MI 48306		\$ <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			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/28/2024</u>	
Name & Address: SANDRA PLETOS 11433 HEATHERWOOD CT SHELBY TWP, MI 48315		\$ <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>01/28/2024</u>	
Name & Address: MARILYN TRENT 624 W UNIVERSITY DR ROCHESTER, MI 48307		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>TRENT CREATIVE</u> Business Address <u>624 W UNIVERSITY DR, ROCHESTER, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/28/2024</u>	
Name & Address: MARY REED 3508 TRENTWOOD DR COMMERCE TWP, MI 48382		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>BLOOMFIELD SCHOOLS</u> Business Address <u>765 W LONG LAKE RD, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/28/2024</u>	
Name & Address: JENNIFER NOWACZOK-MILLER 51 GROSSE PINES DR ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MEA</u> Business Address <u>1216 KENDALE BLVD, EAST LANSING, MI 48823</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/18/2024</u> Name & Address: SAMUEL MATHER 2501 PORTER ST NW WASHINGTON, DC 20008		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NONPROFIT</u> Employer <u>NDI</u> Business Address <u>2501 PORTER ST NW, WASHINGTON, DC 20008</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/24/2024</u> Name & Address: PAUL SALACH 2650 N LAKEVIEW AVE APT. 1506 CHICAGO, IL 60614		\$ <u>10.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCT MANAGER</u> Employer <u>OWENS CORNING</u> Business Address <u>2650 N LAKEVIEW AVE, APT. 1506, CHICAGO, IL 60614</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>03/13/2024</u> Name & Address: PLUNKET COONEY EMPLOYEES PAC 38505 WOODWARD AVE STE. 2000 BLOOMFIELD HILLS, MI 48304		\$ <u>250.00</u>	\$ <u>250.00</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>03/13/2024</u> Name & Address: OPERATING ENGINEERS LOCAL 324 PAC 500 HULET DR BLOOMFIELD TWP, MI 48302		\$ <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 **810.00**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/18/2024</u> Name & Address: SAMUEL MATHER 2501 PORTER ST NW WASHINGTON, DC 20008 5. If over \$100.00 cumulative, please provide: Occupation <u>NONPROFIT</u> Employer <u>NDI</u> Business Address <u>2501 PORTER ST NW, WASHINGTON, DC 20008</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>200.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/24/2024</u> Name & Address: PAUL SALACH 2650 N LAKEVIEW AVE APT. 1506 CHICAGO, IL 60614 5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCT MANAGER</u> Employer <u>OWENS CORNING</u> Business Address <u>2650 N LAKEVIEW AVE, APT. 1506, CHICAGO, IL 60614</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10.00</u>	\$ <u>150.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/18/2024</u> Name & Address: SAMUEL MATHER 2501 PORTER ST NW WASHINGTON, DC 20008 5. If over \$100.00 cumulative, please provide: Occupation <u>NONPROFIT</u> Employer <u>NDI</u> Business Address <u>2501 PORTER ST NW, WASHINGTON, DC 20008</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/24/2024</u> Name & Address: PAUL SALACH 2650 N LAKEVIEW AVE APT. 1506 CHICAGO, IL 60614 5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCT MANAGER</u> Employer <u>OWENS CORNING</u> Business Address <u>2650 N LAKEVIEW AVE, APT. 1506, CHICAGO, IL 60614</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10.00</u>	\$ <u>160.00</u>

Page Subtotal 120.00

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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>05/18/2024</u> Name & Address: SAMUEL MATHER 2501 PORTER ST NW WASHINGTON, DC 20008 5. If over \$100.00 cumulative, please provide: Occupation <u>NONPROFIT</u> Employer <u>NDI</u> Business Address <u>2501 PORTER ST NW, WASHINGTON, DC 20008</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>300.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/24/2024</u> Name & Address: PAUL SALACH 2650 N LAKEVIEW AVE APT. 1506 CHICAGO, IL 60614 5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCT MANAGER</u> Employer <u>OWENS CORNING</u> Business Address <u>2650 N LAKEVIEW AVE, APT. 1506, CHICAGO, IL 60614</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10.00</u>	\$ <u>170.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/01/2024</u> Name & Address: MATT HENNESSEY 313 PARK AVE DETROIT, MI 48226 5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>ELISSA SLOTKIN FOR MICHIGAN</u> Business Address <u>PO BOX 4145, EAST LANSING, MI 48826</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: REALTORS PAC OF MICHIGAN I 720 N WASHINGTON AVE LANSING, MI 48906 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>

Page Subtotal **1,110.00**

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 97912
2. Committee Name FRIENDS OF BRENDAN JOHNSON

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>06/05/2024</u>	
Name & Address: MEGAN BLUE 2800 N CAMBRIDGE RD LANSING, MI 48911		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT RELATIONS</u> Employer <u>BEAUMONT HEALTH</u> Business Address <u>26901 BEAUMONT BLVD, SOUTHFIELD, MI 48033</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/05/2024</u>	
Name & Address: RYAN FEWINS-BLISS 13764 MEAD CREEK RD BATH TWP, MI 48808		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>MICHIGAN COLLEGE ACCESS NETWORK</u> Business Address <u>200 N WASHINGTON SQUARE, STE. 420, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/05/2024</u>	
Name & Address: JON HORFORD 227 N SYCAMORE ST LANSING, MI 48933		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOBBYIST</u> Employer <u>GCSI</u> Business Address <u>227 N SYCAMORE ST, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/05/2024</u>	
Name & Address: JON HOADLEY 2720 PARKVIEW AVE KALAMAZOO, MI 49008		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>2720 PARKVIEW AVE, KALAMAZOO, MI 49008</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 97912
2. Committee Name FRIENDS OF BRENDAN JOHNSON

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>06/05/2024</u>	
Name & Address: DYKEMA GOSSET STATE PAC 201 TOWNSEND ST STE. 900 LANSING, MI 48933		\$ <u>250.00</u>	\$ <u>250.00</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>06/05/2024</u>	
Name & Address: JMR ALL STAR PAC 2707 FREDERICK AVE KALAMAZOO, MI 49008		\$ <u>250.00</u>	\$ <u>250.00</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>06/05/2024</u>	
Name & Address: MHSA PAC PO BOX 16152 LANSING, MI 48901		\$ <u>250.00</u>	\$ <u>250.00</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>06/05/2024</u>	
Name & Address: COMCAST CORPORATION & NBCUNIVERSAL PAC-USA 1701 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19103		\$ <u>250.00</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 **1,000.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 97912
2. Committee Name FRIENDS OF BRENDAN JOHNSON

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>06/05/2024</u> Name & Address: JASON HOSKINS FOR STATE REPRESENTATIVE PO BOX 2125 SOUTHFIELD, MI 48037		\$ <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>06/05/2024</u> Name & Address: BENJAMIN BODKIN 6344 YORKSHIRE LN EATON RAPIDS, MI 48827		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOBBYIST</u> Employer <u>CAPITOL SERVICES INC</u> Business Address <u>110 W MICHIGAN AVE, STE. 700, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/18/2024</u> Name & Address: SAMUEL MATHER 2501 PORTER ST NW WASHINGTON, DC 20008		\$ <u>50.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NONPROFIT</u> Employer <u>NDI</u> Business Address <u>2501 PORTER ST NW, WASHINGTON, DC 20008</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2024</u> Name & Address: PAUL SALACH 2650 N LAKEVIEW AVE APT. 1506 CHICAGO, IL 60614		\$ <u>10.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCT MANAGER</u> Employer <u>OWENS CORNING</u> Business Address <u>2650 N LAKEVIEW AVE, APT. 1506, CHICAGO, IL 60614</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **410.00**

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 97912
2. Committee Name FRIENDS OF BRENDAN JOHNSON

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>07/18/2024</u>	
Name & Address: SAMUEL MATHER 2501 PORTER ST NW WASHINGTON, DC 20008		\$ <u>50.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NONPROFIT</u> Employer <u>NDI</u> Business Address <u>2501 PORTER ST NW, WASHINGTON, DC 20008</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2024</u>	
Name & Address: MICHAEL KROMBEEN 973 PENNINE RIDGE WAY GRAND LEDGE, MI 48837		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT RELATIONS</u> Employer <u>MIDWEST STRATEGY GROUP</u> Business Address <u>973 PENNINE RIDGE WAY, GRAND LEDGE, MI 48837</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: DAVID JOYNER 2980 MIDTOWN WAY #308 WILMINGTON, NC 28403		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>STATE OF NORTH CAROLINA</u> Business Address <u>2980 MIDTOWN WAY, #308, WILMINGTON, NC 28403</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2024</u>	
Name & Address: LORI OSTERGAARD 645 GRACE AVE ROCHESTER HILLS, MI 48307		\$ <u>50.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>OAKLAND UNIVERSITY</u> Business Address <u>312 MEADOW BROOK RD, ROCHESTER, MI 48309</u> 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)

6,540.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **97912**

CANDIDATE COMMITTEE

2. Committee Name **FRIENDS OF BRENDAN JOHNSON**

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: BRENDAN JOHNSON 678 GLEN CIR ROCHESTER HILLS, MI 48307 If over \$100.00 cumulative, please provide: Occupation: COUNTY COMMISSIONER 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 FOOD AND DRINK 5. Date Of Receipt: 01/28/2024 6. Vendor Name & Address: PLUM MARKET 375 N MAPLE RD, ANN ARBOR, MI 48103	\$ 204.64	\$ 204.64
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

204.64

204.64

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

204.64

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **97912**
2. Committee Name **FRIENDS OF BRENDAN JOHNSON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: GSUITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/02/2024 Date	\$ 6.00
Expenditure #2 Name LUCAS CARROLL Address 3347 N SHEFFIELD AVE APT. 1 CHICAGO, IL 60657 ☐ Fund Raiser	Purpose: FUNDRAISING CONSULTANT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/23/2024 Date	\$ 1,000.00
Expenditure #3 Name GODADDY.COM Address 2155 E GODADDY WAY TEMPE, AZ 85284 ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/23/2024 Date	\$ 35.16
Expenditure #4 Name GODADDY.COM Address 2155 E GODADDY WAY TEMPE, AZ 85284 ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/29/2024 Date	\$ 84.32
Expenditure #5 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: GSUITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/02/2024 Date	\$ 6.00

Subtotal this page

1,131.48

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 **97912**
2. Committee Name **FRIENDS OF BRENDAN JOHNSON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: GSUITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/04/2024 Date	\$ 6.00
Expenditure #2 Name CAITLIN O'BRIEN Address 317 WESLEY ST. ROCHESTER, MI 48307 ☐ Fund Raiser	Purpose: TREASURER FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/13/2024 Date	\$ 250.00
Expenditure #3 Name WINDFALL STRATEGIES Address 534 W STRATFORD PL APT. 4E CHICAGO, IL 60657 ☐ Fund Raiser	Purpose: FUNDRAISING CONSULTANT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/18/2024 Date	\$ 1,000.00
Expenditure #4 Name WINDFALL STRATEGIES Address 534 W STRATFORD PL APT. 4E CHICAGO, IL 60657 ☐ Fund Raiser	Purpose: FUNDRAISING CONSULTANT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/18/2024 Date	\$ 1,000.00
Expenditure #5 Name USPS Address 511 OLDE TOWNE RD ROCHESTER, MI 48308 ☐ Fund Raiser	Purpose: PO BOX RENTAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/18/2024 Date	\$ 182.00

Subtotal this page **2,438.00**

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 **97912**
2. Committee Name **FRIENDS OF BRENDAN JOHNSON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: GSUITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/02/2024 Date	\$ 6.34
Expenditure #2 Name CAITLIN O'BRIEN Address 317 WESLEY ST. ROCHESTER, MI 48307 ☐ Fund Raiser	Purpose: TREASURER FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/08/2024 Date	\$ 500.00
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: GSUITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/02/2024 Date	\$ 7.20
Expenditure #4 Name WINDFALL STRATEGIES Address 534 W STRATFORD PL APT. 4E CHICAGO, IL 60657 ☐ Fund Raiser	Purpose: FUNDRAISING CONSULTANT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/28/2024 Date	\$ 2,000.00
Expenditure #5 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: GSUITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/03/2024 Date	\$ 7.20

Subtotal this page **2,520.74**

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 **97912**
2. Committee Name **FRIENDS OF BRENDAN JOHNSON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MICHIGAN BEER AND WINE WHOLESALERS ASSOCIATION Address 332 TOWNSEND ST LANSING, MI 48933 ☒ Fund Raiser	Purpose: <u>EVENT RENTAL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/14/2024</u> Date	\$ <u>75.00</u>
Expenditure #2 Name AMIRAH HUNTER Address 1517 E STADIUM BLVD ANN ARBOR, MI 48104 ☐ Fund Raiser	Purpose: <u>QUESTIONNAIRES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2024</u> Date	\$ <u>200.00</u>
Expenditure #3 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>GSUITE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2024</u> Date	\$ <u>7.20</u>
Expenditure #4 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/18/2024</u> Date	\$ <u>65.44</u>
Expenditure #5 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/18/2024</u> Date	\$ <u>39.61</u>

Subtotal this page **387.25**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **6,477.47**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 97912
2. Committee Name FRIENDS OF BRENDAN JOHNSON

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: BRENDAN JOHNSON 678 GLEN CIR ROCHESTER HILLS, MI 48307	4. Type: <u>IN-KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>01/28/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 204.64</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>204.64</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

204.64

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

204.64

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 **97912**
2. Committee Name **FRIENDS OF BRENDAN JOHNSON**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 01/28/2024	4. Number of Individuals Attending or Participating (whichever is greater) 28	5. Type of Fund Raising Activity HOUSE PARTY	6. Address and Name (If any) of the place where the activity was held. 4707 GREEN MEADOW LN ROCHESTER, MI 48306 ☒ Private Residence
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7. Total Contributions **1,850.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,850.00**
10. Total Cost of Event **204.64**
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **97912**
2. Committee Name **FRIENDS OF BRENDAN JOHNSON**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/05/2024	4. Number of Individuals Attending or Participating (whichever is greater) 10	5. Type of Fund Raising Activity HAPPY HOUR	6. Address and Name (If any) of the place where the activity was held. HOP & VINE ROOM 332 TOWNSEND ST LANSING, MI 48933 ☐ Private Residence
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7. Total Contributions **1,700.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,700.00**
10. Total Cost of Event **75.00**
(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 (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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