STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

Leg. # 20000 6800

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TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

1. Committee Identification No. 000 6 9822			
2 318 12000			
2 Type of Filing a Onginal OK D. WARRENGHEIR to REIN(3)//			
3. Full Name Of Committee CITIZENS FOR NICHOLYN BRANDENTSURG			
4. Calididate East Name	Name M.I.		
4a. County of Residence	4b. Political Party (If applicable)		
4c. Driver License # (Optional)			
4d. Office Sought: (Check one)			
Governor			
4e. District # or Jurisdiction	Local or Other (Please Specify)		
5. Date Committee Was Formed (Mo/Day/Yr)	6. Committee Area Code and Phone Number		
7. Committee Mailing Address (May be P. O. Box) Include Zip Code	7a. Committee Street Address (May <u>not</u> be P. O. Box)		
8. <u>Treasurer.</u> Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)	9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.		
Area Code and Phone Driver License # (Optional)	Area Code and Phone Driver License # (Optional)		
10. REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.			
11. Names and Addresses of depositories or intended depositories of commi	ttee funds. 12. This item applies only to a Gubernatorial Candidate Committee.		
11a. Official Depository:	☐ Check if this committee intends to seek		
11b. Secondary Depository:	qualifying contributions for public funding.		
13. Verification: I\We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of rny\our knowledge or belief.			
Current Treasurer / Date Mo. Day Year			
Candidate NICHOC VW ABRANDENBURO Wicholey Blandules 3 S 2000 Type or Print Name Signature Mo. Day Year Signature Mo. Day Year Mo. Day Year			

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

TATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

Seg # 20000 6 2002 75

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

2. Type of Filing a. Original OR b. Amendment to Item(s)# O c. Date Change(s) Took Place / / 3. Full Name Of Committee Ctt2 and Branden but G 4. Candidate Last Name First Name M.1. 4a. County of Residence 4b. Political Party (If applicable) 4c. Driver License # (Optional) 4d. Office Sought: (Check one) Governor ULt. Governor State Senator State Representative Secretary of State State Board of Education Bd of Regents UM Bd of Trustees MSU Bd of Gov WSU Attorney General Court of Appeals	ON THE FORM CHANGES, SEE INSTRUCTIONS ON REVERSE TONG				
3. Full Name Of Committee 4. County of Residence 4.	1. Committee Identification No. 0006992250				
46. Chieve Licanse # (Optional) 46. Office Sought: (Check one) 47. Political Party (if applicable) 48. County of Residence 49. Political Party (if applicable) 48. Office Sought: (Check one) 48. Office Sought: (Check one) 49. Office Sought: (Check one) 49. Office Sought: (Check one) 40. District Court 41. Names and Addresses of Cepositories or intended depositories of committee funds. 41. District Court 41. Cifficial Depository: 41. Official Depository: 42. This item applies only to a Gubernatoris Court 43. Verification: TWe cartily that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of mylour knowledge or belief. 44. District Court 45. District Court 46. District Court 47. Committee Massing 48. Distri	2. Type of Filing a Original OR b. Amendment to Item(s)# /O c. Date Change(s) Took Place / /				
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Governor Lt. Governor State Senator State Representative Secretary of State Gourt of Appeals	4c. Driver License # (Optional)				
Governor Lit. Governor State Senator Court of Appeals Court of Appeals District Court Probate Court Probate Court Detroit Recorders Court Supreme Court Justice Circuit Court	4d. Office Sought: (Check one)				
5. Date Committee Was Formed (Mo/Day/Yr) 6. Committee Area Code and Phone Number 7. Committee Mailing Address (May be P, O. Box) Include Zip Code 7. Committee Street Address (May not be P. O. Box) 7. Committee Street Address (May not be P. O. Box) 8. Treasurer, Name and Mailing Address of Committee Treasurer (Last Name, Middle Initial. Please Include Zip Code.) 9. Designated Recordkeeper. Name and agiffess of tital person (other than the treasurer) who will be responsible follow-committee syspectics and Campaign Statement filings. It committee treasurer with finalizablese responsibilities, leave this item blank. 7. Area Code and Phone Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 7. Committee Street Address (May not be P. O. Box) 7. Area Code and Phone Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 8. Designation of # Driver License # (Optional) 7. Area Code and Phone Driver License # (Optional) 8. Designation of # Driver License # (Optional) 7. Committee Street Address (May not be P. O. Box) 8. Designation of # Driver License # (Optional) 8. Designation of # Driver License # (Optional) 9. Designation of # Driver License # (Optional) 9. Designation of # Driver License # (Optional) 9. Designation of # Driver License # (Optional) 10. Committee Street Address (May n	☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ District Court ☐ Probate Court ☐ Detroit Recorders Cou	☐ Attorney General ☐ Court of Appeals Int ☐ Supreme Court Justice ☐ Circuit Court			
7. Committee Mailing Address (May be P. O. Box) Include Zip Code 7. Committee Mailing Address (May be P. O. Box) Include Zip Code 8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) 9. Designated Recordkeeper. Name and agains of the person (other than the treasurer) who will be responsible to Tiple Committee 3-pecords and Campaign Statement filings. It committee treasurer with another treasurer with a success of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver is not received on or before the filling deadline of a required Campaign Statement, that Campaign Statement cannot be waived. 11. Names and Addresses of depositories or intended depositories of committee funds. 12. This item applies only to a Gubernatons Candidate Committee. 13. Verification: ItWe certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of rnylour knowledge or belief. Current Treasurer Type or Print Name Signature Type or Print Name Signature Type or Print Name Mo. Day Year Candidate MICHAUNA A BARMABURS A Mallaga A M	4e. District # or Jurisdiction	Local or Other (Please Specify)			
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) 9. Designated Recordkeeper. Name and address of the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other than the treasurer) who will be responsible for the person (other tha	5. Date Committee Was Formed (Mo/Day/Yr)	6. Committee Area Code and Phone Number			
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STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Type or Print Clearly		4220	3004	W
1. Committee	,	3. Type of Filing		
Identification No. 69822 - 50		Original	¥	
		Amendment to Item(-	<u> </u>
2. Full Name of Committee CITI Zhus Forz		Date Change	e Took Place	<i>a</i> 2
BRANDENBURG		Month		<u>92</u> Year
A Candidate Name		County of Residence		
Nicholyn A. Bra	udenburg	Macon	<u>.</u> b	
Office Sought (include district or jurisdiction				
DISTRICT 15	,	Party (if applicable)	lican	
5. Committee Street Address (street, city, sta	ite, zip code)	5a. Committee Mailing A	ddress (if differe	nt from street address)
17396 Delaware		1		
Macomb Toup, MI	48044	 		
6. Date Committee Was Formed	8. Full Name and Mailing Add	ress of Treasurer	Area	Code and Phone
Mo. Day Yr.				
7. Committee Area Code and Phone				
Identify the person who will be responsible for the leave this item blank.	e committee's records and Campaign	Statement filings.lf committee	s treasurer will han	
Name	Mailing Address			Area Code/Phone
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10. REPORTING WAIVER SECTION				
The Committee does NOT expect to	receive or expend in excess of	\$1,000.00 in an election.		
11. Names and addresses of depositories or and any secondary depositories).	intended depositories of commi	ttee funds (list both official	depository	12. This item applies only to a
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				intends to seek qualifying contributions for public
				funding.
13. Verification: I/We certify that all reasons complete to the best of my/	able diligence was used in the four knowledge or belief.	preparation of the above s	tatement, and th	nat the contents are true, accurate and
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Type or Print Name		Signat	ture	Mo. Day Year
14. FOR OFFICEHOLDERS' USE ONL	Y (Complete only if you have e	stablished an Officeholder E	Expense Fund)	
14a. Full Name and Address of Officeholder	l i 14h Full Name :	and Address of Treasurer o	 	Officeholder Expense Fund Depository
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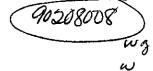
MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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entification No.		Original 4/2	7/92
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		Date Change Took Place	
I Name of Committee	1000		Year
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		County of Residence	
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OUN TY	tate zin code)	5a. Committee Mailing Address (if different	at nom accor desired
ommittee Street Address (street, city, s	14(e, 2.p 5055)	l .	
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Date Committee Was Formed	8. Full Name and Mailing Ad	Oress of freesors.	ta and a second of the second
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Committee Area Code and Phone			762 (n 7
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leave this item blank. Name	Mailing Address		
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FOR CANDIDATE COMMITTEE



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Type or Print Clearly		
Committee Identification No.	3. Type of Filing	
69822-50	Original CHA	NGE OF ADDRESS
Full Name of Committee	Date Change Took Place	
CITIZENS FOR BRANDEN BU		- 90
CITZERS FOR BRANDEN PU	Month Day	Year
4. Candidate Name	County of Residence	
	•	•
Office Sought (include district or jurisdiction served)	Party (if applicable)	
5. Committee Street Address (street, city, state, zip code)	5a. Committee Mailing Address (if diff	erent from street address)
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17376 DECITORICE		
17396 DELAWARE MT. CLEMENS, MI. FROGY	1	
6. Date Committee Was Formed 8. Full Name and Mailing Addre	ess of Treasurer A	rea Cod and Prone
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Mo. Day Yr. 7. Committee Area Code and Phone		T I
		SS CO
9. Identify the person who will be responsible for the committee's records and Campaign	Statement filings.If committee's treasurer will I	nandle these responsibilities,
leave this item blank. Name Mailing Address		Area Code/Phone
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10. REPORTING WAIVER SECTION The Committee does NOT expect to receive or expend in excess of	\$1,000.00 in an election.	<u></u>
11. Names and addresses of depositories or intended depositories of committee		12. This item applies only to a
and any secondary depositories).		gubernatorial Candidate Com- mittee.
		Check if this committee
		intends to seek qualifying contributions for public
		funding.
13. Verification: I/We certify that all reasonable diligence was used in the p	reparation of the above statement, and	I that the contents are true, accurate an
complete to the best of my/our knowledge or belief.		
Treasurer	·	Date
Type or Print Name	Signature	Mo. Day Yea
Candidate NICHOLYN BRANDENBURG 1	Signature Signature	Mo. Day Yea
Type or Print Name	- Olgilatui c	0
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have es	tablished an Officeholder Expense Fund)	
14. TOTI OTTIOLITOLDETTO COL OTTE TOURINGE ONLY I YOU HAVE US	1	
000 1 11		4c. Officeholder Expense Fund Depository Name and Address
Expense Fund Officeholder	Expense Fund	Hallie and Modioss
	· I	
CER 101 (5/89) Authority granted under A	ct 388 of 1976, as amended.	

SUBMIT TO FILING OFFICIAL



STEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE Elections Division

Type or Print Clearly		14482	- KAY	·
1. Committee 9822-		3. Type of Filing Original Amendment to Item(s	,,,,	
2. Full Name of Committee	<u>.</u>	Effective Da	te of Amendme	ent
CITZENS FOR BRANDER			9 Day	
4. Candidate Name WICHOLYN ANN TO Office Sought COUNTY COMMISSIO		Party (if, applicable)		
5. Committee Street Address (street, city, state, zip code)		5a. Committee Mailing Ac		
17396 DELAWARE	8087	1	,	EDNA COMB CO CLEME
Mo. 6 Day 9 Yr. 88 NIE Tro	e and Mailing Addre	ess of Treasurer	Are	COL THE PHONE
			wn	Q4924 - <u>100</u> 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
313 286 9115	16 Dort	w sae	313	2869115
9. Identify the Principal Officers of this Committee, other t Name Title or Pos CAROC STRUBANK CAMP MANA	ition A16N	Mailing Address 46864 (= MTCLEM		Area Code/Phone 949 966/
10. REPORTING WAIVER SECTION The Committee does NOT expect to receive or expect to receive o	xpend in excess of	\$1,000.00 in an election.		
11. Names and addresses of depositories or intended department and any secondary depositories). MACOMB BANK MACOM	ANU FACT	TRS	depository	This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence complete to the best of my/our knowledge	was used in the p		atement, and t	hat the contents are true, accurate and
Treasurer NICHOLYN A. BRANDEN B. Type or Print Name Candidate NICHOLYN A. BRANDEN BULL Type or Print Name	ues Nic	chaly Brandsignan haly Assignan	idenlier Pardule Ire	Date 6 13 8 Mo. Day Date 6 13 8 Mo. Day Year
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)				
14a. Full Name and Address of Officeholder Expense Fund		nd Address of Treasurer of Expense Fund	14 6 	c. Officeholder Expense Fund Depository Name and Address
	1		1	