

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES



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 69822

2. Type of Filing a. Original OR b. Amendment to Item(s)# 3 c. Date Change(s) Took Place 3 18 2000

3. Full Name Of Committee CITIZENS FOR NICHOLYN BRANDENBURG

4. Candidate Last Name First Name M.I.

4a. County of Residence 4b. Political Party (If applicable)

4c. Driver License # (Optional)

4d. Office Sought: (Check one)
 Governor Lt. 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
 District Court Probate Court Detroit Recorders Court Supreme Court Justice Circuit Court

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 not be P. O. Box)

8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)
Area Code and Phone Driver License # (Optional)
9. Designated Recordkeeper. 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)

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 committee funds.
11a. Official Depository:
11b. Secondary Depository:
12. 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 was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Current Treasurer Type or Print Name Signature Date Mo. Day Year
Candidate Nicholyn A Brandenburg Nicholyn A Brandenburg 3 8 2000
Type or Print Name Signature Mo. Day Year

STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES

Seq # 2000062002 29



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. <u>0006982250</u>	
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s)# <u>10</u> c. Date Change(s) Took Place <u>1 1</u>	
3. Full Name Of Committee <u>Citizens for Brandenburg</u>	
4. Candidate Last Name _____ First Name _____ M.I. _____	
4a. County of Residence _____ 4b. Political Party (If applicable) _____	
4c. Driver License # (Optional) _____	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court	
4e. District # or Jurisdiction _____ <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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 committee funds.	12. This item applies only to a Governorial Candidate Committee.
11a. Official Depository:	<input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
11b. Secondary Depository:	
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 my/our knowledge or belief.	
Current Treasurer _____	Date _____
Type or Print Name _____	Signature _____
Candidate <u>NICHOLYN A. BRANDENBURG</u>	Date <u>2 24 2000</u>
Type or Print Name _____	Signature _____

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RECEIVED
SAB DAUGH
CLERK
MICHIGAN



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

92203004 W

Type or Print Clearly

1. Committee Identification No. 69822-50		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 4, 5	
2. Full Name of Committee CITIZENS FOR BRANDENBURG		Date Change Took Place Month: 7 Day: 1 Year: 92	
4. Candidate Name Nicholyn A. Brandenburg		County of Residence Macomb	
Office Sought (include district or jurisdiction served) DISTRICT 15		Party (if applicable) Republican	
5. Committee Street Address (street, city, state, zip code) 17396 Delaware Macomb Twp., MI 48044		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. Day Yr.	8. Full Name and Mailing Address of Treasurer		Area Code and Phone
7. Committee Area Code and Phone			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name		Mailing Address Area Code/Phone	

FILED
JUL 20 3 07 PM '92
MACOMB COUNTY
CLERK'S OFFICE

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 intended depositories of committee funds (list both official depository and any secondary depositories).

12. 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 was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Treasurer Type or Print Name	<i>Nicholyn Brandenburg</i> Signature	Date Mo. Day Year
Candidate Type or Print Name	<i>Nicholyn Brandenburg</i> Signature	Date 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	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address
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STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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Type or Print Clearly

1. Committee Identification No. 69822		3. Type of Filing <input type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s) 4/27/92 Date Change Took Place Month Day Year	
2. Full Name of Committee CITIZENS FOR BRANDENBURG		County of Residence	
4. Candidate Name NICHOLYN A. BRANDENBURG Office Sought (include district or jurisdiction served) COUNTY COMMISSIONER 15		Party (if applicable)	
5. Committee Street Address (street, city, state, zip code)		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. Day Yr.	8. Full Name and Mailing Address of Treasurer		
7. Committee Area Code and Phone	Area Code and Phone		
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name Mailing Address			

APR 27 9 1 AM '92
FILED
EDHAM
TACOMA COUNTY
T. CLEMENS

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 intended depositories of committee funds (list both official depository and any secondary depositories).

12. 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 was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Treasurer	Type or Print Name	Signature	Date
Candidate	Type or Print Name	Signature	Date

NICHOLYN A. BRANDENBURG *Nicholyn A. Brandenburg* Date **4-27-92**

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depositor Name and Address
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SUBMIT TO FILING OFFICIAL



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

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wg
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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Type or Print Clearly

1. Committee Identification No. 69822-50		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) CHANGE OF ADDRESS	
Full Name of Committee CITIZENS FOR BRANDENBURG		Date Change Took Place 7 - 1 - 90 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) 17396 DELAWARE MT. CLEMENS, MI. 48044		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. Day Yr.	8. Full Name and Mailing Address of Treasurer		Area Code and Phone
7. Committee Area Code and Phone			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name Mailing Address Area Code/Phone			

FILED
JUL 27 9 27 AM '90
EDNA MILLER
MICHIGAN COUNTY CLERK
MOUNT CLEMENS, MICHIGAN

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 intended depositories of committee funds (list both official depository and any secondary depositories).	12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
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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 my/our knowledge or belief.

Treasurer Type or Print Name NICHOLYN BRANDENBURG	Signature <i>Nicholyn Brandenburg</i>	Date Mo. Day Year 7 25 90
Candidate Type or Print Name	Signature	Date

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address
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STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Elections Division

Type or Print Clearly

14482 - Kay

1. Committee Identification No. 69822-50		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s)	
2. Full Name of Committee CITIZENS FOR BRANDENBURG		Effective Date of Amendment Month <u>6</u> Day <u>9</u> Year <u>88</u>	
4. Candidate Name NICHOLYN ANN BRANDENBURG		County of Residence MACOMB	
Office Sought COUNTY COMMISSIONER		Party (if applicable) 17th DISTRICT REPUBLICAN	
5. Committee Street Address (street, city, state, zip code) 17396 DELAWARE UTICA, MICH. 48087		5a. Committee Mailing Address (if different from street address) EDNA M. BEE MACOMB COUNTY CLERK ST. CLEMENS, MICH. 48064	
6. Date Committee Was Formed Mo. <u>6</u> Day <u>9</u> Yr. <u>88</u>	8. Full Name and Mailing Address of Treasurer NICHOLYN BRANDENBURG 17396 DELAWARE UTICA, MICH. 48087		Area Code/Phone 313 2869115
7. Committee Area Code and Phone 313 286 9115			
9. Identify the Principal Officers of this Committee, other than the Treasurer			
Name CAROL STRUBANK	Title or Position CAMPAIGN MANAGER	Mailing Address 46869 FAIRCHILD MT CLEMENS	Area Code/Phone 949 9661

FILED
JUN 20 2 53 PM '88
ST. CLEMENS, MICH. 48064

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 intended depositories of committee funds (list both official depository and any secondary depositories). MACOMB BANK MANUFACTURERS HAVES / HALL RD 43888 HAYES MT CLEMENS	12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
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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 my/our knowledge or belief.

Treasurer Type or Print Name <u>NICHOLYN A. BRANDENBURG</u> Signature <u>Nicholyn A. Brandenburg</u>	Date <u>6</u> <u>13</u> <u>88</u> Mo. Day Year
Candidate Type or Print Name <u>NICHOLYN A. BRANDENBURG</u> Signature <u>Nicholyn A. Brandenburg</u>	Date <u>6</u> <u>13</u> <u>88</u> 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	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address
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