

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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: 1 1 0 7 18 0 9 Mo Day Year				
1. Committee I.D. Number 0069822 2. Committee Name Citizens for Nicholyn A. Brandenburg	4. Candidate Last Name First Name M.I. Brandaubusg Wichelya 1 4a. Office Sought Including District # or Community Served (If applicable) County Commussioner District 26 4b. County of Residence Macomb				
5. Committee's Mailing Address 17 394 Delaware Macumi, Mi 48044 Area Code and Phone 581, 281 9115 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 **Now** Area Code & Phone ()				
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) **Committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)				
Area Code and Phone ()	Area Code and Phone ()				
9. TYPE OF STATEMENT		9c. Annual Statement (Coverage Year)			
9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)			
☑ Primary ☐ Gen	eral	9e. Dissolution of Candidate Committee			
☐ Convention ☐ Sch	ool	Effective Date of Dissolution			
☐ Special ☐ Caucus Date of Election, Convention or Caucus 8 3 0 4 Month Day Year		Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. 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.					
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schodules (if any) and if the best of my/our knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper (CHOLVAL) BRANDINBURG (MICHAEL MARCH) Date (M					



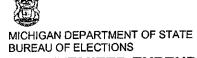
1. Committee I.D. Number 0069822
2. Committee Name Catizans for Nichtiga

A. Branden burg

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column-6)	(7.) \$	(22.)\$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$237.78	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8a.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(00.)	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>237.78</u>	(23.)\$ 237.78
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.)	(2.11)
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
	BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 568,14	_
14. Amount received during reporting period	(14.) + \$ $(15.) = $$	_
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ <u>568.14</u>	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.)- \$ 237,78	_
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>330.36</u>	_•

^{*}If your ending balance is negative, please recheck your math.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 0069822
2. Committee Name Citizens for Nicholyn Branderburg

3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name Office Dept Address Telegraph Load Fund Raiser Sauth field, M1	Purpose: Literature P.A. Check box if this expenditure is payment of debt or obligation reported on previous statement	4/23/04	72.90
Expenditure #2 Name Kinko's Address Garfield Fund Raiser Clink Twp, MI	Purpose: hikratum // Check box if this expenditure is payment of debt or obligation reported on previous statement	6/3/04	127.30
Name Office Dept Address Telograph Ad Fund Raiser Southfield, M1	Purpose: Literature Check box if this expenditure is payment of debt or obligation reported on previous statement		37. <i>5</i> 8
Expenditure #4 Name Address	Purpose: Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5 Name Address	Purpose:		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Subtotal this page			237.78

Grand Total of all Schedules 1B (Complete on last page of Schedule) 237,78

Enter this total on line 8a of Summary Page

Page _____of ___