



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

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CAROL A. SADAUGH
MACOMB COUNTY CLERK
MACOMB COUNTY, MICHIGAN

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Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number 0069822</p> <p>2. Committee Name Citizens for Nicholyn Brandenburg</p> <p>5. Committee's Mailing Address 17396 Delaware Macomb, MI 48048 Area Code and Phone 586 296 9115</p> <p>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.</p> <p>7. Treasurer's Business Address N/A Area Code and Phone ()</p>		<p>3. This Statement covers From: 10 18 04 to 11 22 04 Mo Day Year Mo Day Year</p> <p>4. Candidate Last Name BRANDENBURG First Name NICHOLYN M.I. A</p> <p>4a. Office Sought Including District # or Community Served (If applicable) COUNTY COMMISSIONER, DISTRICT 26</p> <p>4b. County of Residence MACOMB</p> <p>6. Treasurer's Name & Residential Address N/A Area Code & Phone ()</p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) N/A Area Code and Phone ()</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus 11 2 04 Month Day Year</p>		<p>9c. <input type="checkbox"/> Annual Statement () Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution Month Day Year</p> <p>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.</p>	
<p>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.</p>			
<p>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.</p> <p>Current Treasurer or Designated Record keeper 1 Type or Print Name Signature Date Mo Day Year</p> <p>Candidate NICHOLYN BRANDENBURG Type or Print Name Signature Nicholyn Brandenburg Date 12/1/04 Mo Day Year</p>			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 0069822
2. Committee Name Citizens for Nicholas
BRANDENBURG

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) \$	<u>—</u>	(18.) \$ <u>1350⁰⁰</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>—</u>	(19.) \$ <u>—</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$	<u>—</u>	(20.) \$ <u>1350⁰⁰</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>—</u>	(21.) \$ <u>—</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>—</u>	(22.) \$ <u>—</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>318.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>—</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>318.00</u>	(23.) \$ <u>1520.97</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>—</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>—</u>	(24.) \$ <u>—</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>—</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>477.39</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>—</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>477.39</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>318.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>159.39</u>	

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



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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Office Max</u> Address <u>28512 Telegraph</u> <u>Southfield, MI 48034</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>literature printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/04</u>	<u>84.80</u>
Expenditure #2 Name <u>Office Max</u> Address <u>45320 Utica Park Blvd</u> <u>Utica, MI 48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>literature printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/04</u>	<u>\$118.40</u>
Expenditure #3 Name <u>Office Max</u> Address <u>45320 Utica Park Blvd</u> <u>Utica, MI 48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>literature printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/1/04</u>	<u>84.80</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

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

318.00

Enter this total
on line 8a of
Summary Page

Page _____ of _____