

FILED

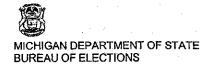
CANDIDATE COMMITTEE COVER PAGE

06 FEB 27 AM 9: 10

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	T3. This Statement co	overs From: / 23 0% /3 /3/06  Mo Day Year Mo Day Year		
1. Committee I.D. Number <i>006                                  </i>	4. Candidate Last Name First Name M.I.			
2. Committee Name Citizens fair	4a. Office Sought Including District # or Community Served (If applicable)  4b. Jounty of Residence Macomb Sup		;	
nicholego a. Dlanden			6	
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address			
Area Code and Phone	Area Code & Phone ()			
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.				
7. Treasurer's Business Address	8. 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		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)		
Pre-Election or Post-Election Statement relates to:		9e. Dissolution of Candidate Committee		
☐ Primary ☐ Gen	eral			
☐ Convention ☐ Sch	ool	Effective Date of Dissolution		
Special Cau	cus	Month Day Year		
Date of Election, Convention or Caucus		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		
Month Day Year	the Reporting Waiver.  Note: The disposition of residual funds must be reported on Scheol 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 schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete.				
Current Treasurer or Designated Record keeper	Signature			
Candidate NICHOLVW A. BRANDENBURG Mulholen Where Signature Mo Day Year				

Authority granted under P.A. 388 of 1976



1. Committee I.D. Number OOG GPZZ	
2. Committee Name Citizans Law	
michalin a Branden	lung

## SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I	Column II
REGEN 10	This Period	Cumulative this election cycle
Itemized Contributions (Schedule 1A - Column 6)	(3.) \$	(18.)\$ 40000
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$ <u>400 °</u>	(20.)\$ 400 =
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	/ 7	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$260, 62	
	•	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	(23.)\$ 260,67
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>260,62</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.)+\$ 400,	•
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ <u>559,39</u>	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ <u>260,62</u>	
(Add lines 9 and 11)	A A A , M M	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$*	
	, e	

<sup>\*</sup>If your ending balance is negative, please recheck your math.