

FILED

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FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate in Co	3. This Statement	covers From: 02/01/06 to 07/23/06			
1. Committee I.D. Number	4. Candidate Las				
0069822	Brandenburg				
2. Committee Name		ncluding District # or Community Served (If applicable)			
Citizens for Nicholyn A. Brandenburg		ounty Commissioner, District 26			
5. Committee's Mailing Address	4b. County of Residence Macomb 6. Treasurer's Name & Residential Address				
17396 Delaware, Macomb, MI 48044	N/A				
Area Code and Phone (586) 286-9115					
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.	Area Code & Phoi	ne			
7. Treasurer's Business Address	8. Designated Re	cord keeper's Name and Mailing Address (If the committee has a			
N/A	Designated Reco	a keeper)			
Area Code and Phone	Area Code and P	nane			
9. TYPE OF STATEMENT					
9a. Pre-Election OR 9b. Post-Election 9c. Annual Statement (Coverage Year)					
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)			
Ger	neral	9e. Dissolution of Candidate Committee			
Finitely	nool	Effective Date of Dissolution			
Convention	1001				
Date of Election, Convention or Caucus 08/08/06		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 filling deadline of a required campaign statement, that campaign statement cannot be waived.					
10. Verification: INWe 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.					
Current Treasurer or	1	_			
Designated Record keeper Type or Print Name	Signature	Date			
Candidate Nie HOLYN A. BRANDENBURG Richely a Brandenburg 1/27/06					
Type or Print Name	Signature				

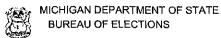


1. Committee 1.D. Number 0069822

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Citizens for Nicholyn A. Brandenburg

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 2,640.00	-
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	-
c. Subtotal of "Contributions"	(3c.) \$ \$2,640.00	(18.) \$ \$2,640.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ _\$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$2,640.00	(20.) \$ \$2,640.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _\$1,799.37	-
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$15.00	-
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$1,814.37	(23.) \$ \$1,814.37
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	-
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	_
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	_
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ \$299.77	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$2,640.00	<u> </u>
	(15.) = \$_\$2,939.77	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 14)	(16.) - \$ \$1,814.37	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$1,125.40	*



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

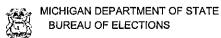
CANDIDATE COMMITTEE

0069822 1. Committee I.D. Number

2. Committee Name

Citizens for Nicholyn A. Brandenburg

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/05/06 Name & Address:		-		
Nicholyn A. Brandenburg				
17396 Delaware, Macomb, MI 48044	_{\$} 1000.00	_{\$} 1000.00		
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization			
Occupation County Commissioner Employer Macomb County	Olick Here it	or Merrio Remization		
Business Address 1 South Main, Mt. Clemens, MI 48043				
Type of Contribution: ✓ Direct Loan from a person Fund Raiser				
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/26/06 Name & Address		1		
Lois Brandenburg 38 Kendrick, Mt. Clemens, MI 48043	_{\$} 250.00	_{\$} 250.00		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization		
Occupation Retired Employer	•			
Business Address				
Type of Contribution: Direct Loan from a person Fund Raiser				
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/20/06 Name & Address:	•			
Dan Keifer 719 Fieldstone Dr, Rochester Hills, MI 48309	_{\$} 40.00	_{\$} 40.00		
E 16 avec \$400.00 comulative places avenide.	Click Here for	r Memo Itemization		
5. If over \$100.00 cumulative, please provide: Occupation Development Director Employer Clinton River Watershed Council				
Business Address 101 Main Street, Suite 100, Rochester, MI 48307				
Type of Contribution: ✓ Direct Loan from a person Fund Raiser				
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7//3/06 Name & Address				
Barbara Brandenburg 613 N. Vernon, Dearborn, MI 48128	_{\$} 350.00	_{\$} _350.00		
5. If over \$100.00 cumulative, please provide:	Oliale I I and fa			
Occupation Retired Employer	r Memo Itemization			
Business Address				
Type of Contribution: Direct Loan from a person Fund Raiser				
Page Subtota	\$1,640.00			
Grand Total of All Schedules 1A				
(Complete on last page of Schedule	Enter this total on line 3 of Summary Page.	<u></u>		



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

0069822

CANDIDATE COMMITTEE 2. Committee Name

Citizens for Nicholyn A. Brandenburg

	ox to indicate if con port <u>all</u> contributions	tribu s reg	ibution is from an individual, en tion is from a Political Committe ardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?		YES 4. Date of Receipt	06/28/06		
Nicholyn A. Bra 17396 Delawar	-	/II 4	18044		_{\$} 1000.00	_{\$} 1000.00
5. If over \$100.00 cum	nulative, please pro	vid	э :		Click Hore to	or Memo Itemization
Occupation County	Commissioner		Employer Macomb County	/	Click Here it	or Memo Itemization
Business Address 15	South Main, Mt.	Cle	mens, MI 48043			
Type of Contribution:	√ Direct		Loan from a person	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Receipt			
					\$	\$
5. If over \$100.00 cum	nulative, please pro	vid	9:		Click Here fo	r Memo Itemization
Occupation		_ E	nployer			
Business Address						
Type of Contribution:	Direct		Loan from a person	Fund Raiser		
3. Contribution #3	PAC Receipt?		YES 4. Date of Receipt			
Name & Address:			_			
					\$	\$

5. If over \$100.00 cum	nulative, please pro	vid	:		Click Here for	r Memo Itemization
Occupation		_	Employer			
Business Address						
Type of Contribution:	Direct	<u>L_</u>	Loan from a person	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	L	YES 4. Date of Receip	ot		
riamo a riamoso						
					\$	\$
					*	Ψ
5. If over \$100.00 cun	nulative, please pro	ovid	e:		Click Here fo	r Memo Itemization
Occupation		_	Employer			
Business Address			and and the same of the same o			
Type of Contribution:	Direct		Loan from a person	Fund Raiser		
				Page Subtotal	\$1,000.00	
				nd Total of All Schedules 1A	\$2,640.00	
			(Comple	te on last page of Schedule)	Enter this total on	_
Page 2 of 2					line 3 of Summary Page.	



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number _____

0069822

2. Committee Name Citizens for Nicholyn A. Brandenburg

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 Max 1164		05/05/06	\$ 67.89
Address	Purpose: Printing	Date	
54230 Utica Park Blvd, Utica, MI 48315	. ————————————————————————————————————	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #2	statement	-	
Name Office Max 1164		05/19/06	
Office Max 1164	-	Date	\$ <u>74.20</u>
Address	Purpose: Printing	Date	
54230 Utica Park, Utica, MI 48315	Click F	lere for Memo	temization Type
	Charle hav if this avanable up is necessary of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #3	statement		
•			
Name Office Max 1164		05/27/06	\$ 85.86
Address	Purpose: Printing	Date	
54230 Utica Park, Utica, MI 48315	Click F	lere for Memo I	temization Type
	Check box if this expenditure is payment of		,
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name Office Max 1164		06/09/06	·
Office Wax 1104	5	Date	\$ <u>12.71</u>
Address	Purpose: Printing	24.0	
54230 Utica Park, Utica, MI 48315	Click H	lere for Memo l	temization Type
	Check box if this expenditure is payment of		,.
Fund Raiser	debt or obligation reported on previous		
	statement	 	
Expenditure #5			
Name Office Max 1164	Dulustin u	06/09/06	\$ 67.89
Address	Purpose: Printing	Date	
54230 Utica Park, Utica, MI 48315	Click H	Here for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	\$308.55
	Grand Total of all	Schedules 1B	
	(Complete on last page	of Schedule)	

Enter this total on line 8a of Summary Page

Page ____ of ___



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

0069822 1. Committee I. D. Number

2. Committee Name Citizens for Nicholyn A. Brandenburg

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	may doorgin and all provided in		
Name Office Max 1164	1	06/20/06	\$ 67.89
Address	Purpose: Printing	Date	
54230 Utica Park Blvd, Utica, MI 48315	Click!	Here for Memo	Itemization Type
, , ,	İ 👝		William I
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Manhattan Printers & Mailers		06/30/06	\$ 1186.80
Address	Purpose: Printing and mailing	Date	
51132 Milano Dr., Macomb, MI 48042	Click t	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Office Max 1164		07/03/06	\$ 63.66
Address	Purpose: Printing	Date	
54230 Utica Park, Utica, MI 48315		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
1	l —		Itemization Type
·	Check box if this expenditure is payment of		ŀ
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Office Max 1164		07/09/06	12.00
Address	Purpose: Printing	Date	\$ <u>16.96</u>
	Fuipose.		
54230 Utica Park, Utica, MI 48315	Click H	Here for Memo	Itemization Type
ĺ	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Office Max 1164	1	07/12/06	
Address	Purpose: Printing	Date	\$ <u>22.97</u>
54230 Utica Park, Utica, MI 48315		_	_
54230 Olica Faik, Olica, Wii 40010			Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	otal this page	\$1,358.28
	Grand Total of all \$	 Schodules 1B	+ 1,7-2
	(Complete on last page	1	1

Enter this total on line 8a of Summary Page

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ITEMIZED EXPENDITURES **SCHEDULE 1B** CANDIDATE COMMITTEE

1. Committee I. D. Number

0069822

2 Committee Name Citizens for Nicholyn A. Brandenburg

2.0	ommittee Name		
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 Max 1164		07/13/06	\$ 63.66
Office Wax 1104	Dula dia si	Date	\$ 03.00
Address	Purpose: Printing	Date	
54230 Utica Park Blvd, Utica, MI 48087	· ·	Hara for Mama I	tomization Tuna
54250 Otloa Fair Biva, Otloa, Wi 40007	Click	riele loi Mellio i	temization Type
	Check box if this expenditure is payment of		
Tr. Indian	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name Office Max 1164		07/21/06	. 00 00
Office Wax 1104		Date	\$ <u>68.88</u>
Address	Purpose: Printing	Date	
54230 Utica Park Blvd., Utica, MI 48087	Click	Here for Memo l	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement_		
Expenditure #3			
Name			\$
		Date	Ψ
Address	Purpose:		
	Click	Here for Memo I	temization Type
			iomzadon Typo
	Check box if this expenditure is payment of	;	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
·			
Name			•
		Date	\$
Address	Purpose:		
	1		
	Click	Here for Memo	temization Type
	Check box if this expenditure is payment of	F	
	debt or obligation reported on previous		
Fund Raiser	statement		<u> </u>
Expenditure #5			·
Name			
Tallo			\$
Address	Purpose:	Date	Ψ
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment or	f	
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subt	total this page	\$132.54
	0 (***)	i Cabadul 45	
	Grand Total of al		\$1,799.37

(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

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