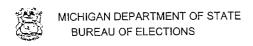


## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

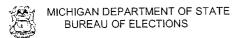
COVER PAGE			
Report must be legible, typed or printed in ink and signed the treasurer (or designated record keeper) and cand	aned by didate.  3. This Statement covers From:	1/1/18 to 7/22/18	
1. Complittee I.D. Number 1,9912	4. Candidate Last Name	First Name M.I.	
NICHALYN BRANDEN	IRURG BRANDENB	URB NICHOLIN	
2. Committee Name	4a. Office Sought Including Distr	First Name M.I.  UR & NICHOLIN  ict # or Community Served (If applicable)  UNTY CLERK   REG, of DEED	
CITIZENS FOR NICH	FOLYNBRANDENBURG 4b. County of Besidense	5 2	
To the Marillan Address	7170010	tial Address	
5. Committee's Mailing Address 17396 Delaware	DrNA	· · · · · · · · · · · · · · · · · · ·	
5. Committee's Mailing Address 17396 Delaware MACOMB, M, 4804		18 JUL 27	
Area Code and Phone SPL 441 956 If the address in this box is different from the committ mailing address on the Statement of Organization, m	ail may	PH L	
be sent to this address by the filing official.	Alea Code at Horio		
7. Treasurer's Business Address	Designated Record keeper's     Designated Record keeper)	s Name and Mailing Address (If the sommittee	
	Area Code and Phone		
Area Code and Phone	Area code and Fridite	9e. Dissolution of Candidate Committee	
9. TYPE OF STATEMENT  9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the	By checking this item I/We certify any outstanding debt	
9a. Pre-Election OR 9b. Post-Election  Pre-Election or Post-Election Statement relates to:	current year:	by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,	
	July Quarterly	owes no lates fees or has any oustanding debt.	
Primary	October Quarterly	and the state of t	
☐ General		Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
Convention		-	
Special	Annual Statement ()  Coverage Year	Effective date of dissolution	
School	9d. Amendment to Campaign Statement		
Caucus	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
Date of Election, Convention or Caucus			
aug 7 2018			
10. Verification: I\We certify that all reasonable diligmy\our knowledge and belief the contents are true,	pence was used in the preparation of this states accurate and complete.	ment and attached schedules (if any) and to the best of	
Current Treasurer or	,	Data	
Designated Record keeper	Signature	Date	
Candidate NICHAYN BRANDE		Branke hosse 7/27/18	
Candidate MICHA / W SPAN VE Type or Print Nam	e Signature	Transce to age	
Type of Pfint Nam	O		



1. Committee I.D. Number \_\_\_\_\_

**SUMMARY PAGE** 

CANDIDATE COMMITTEE  2. Committee Name		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	Tills Fellou	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	,
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES	- 98 m	
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.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$	ļ
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed <b>by</b> 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.) + \$	-
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>*</u>



## ITEMIZED IN-KIND CONTRIBUTIONS

## **SCHEDULE 1-IK**

1. Committee I. D. Number		
1. Committee I. D. Number		

CANDIDATE COMM	ITTEE 2. Committee Name		
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	Fair Market for Value (	B. Cumulative or Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address:	4.  Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others	6299	
NICHOLY OF TRANDENBU	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide: Occupation:	Description LITENATURE		
Employer Name & Business Address:	5. Date Of Receipt: <u>5/24/8</u>		
Fund Raiser Contribution	6. Vendor Name & Address:  FED EX 41150 Garfield Rd  CCINTON TWP, MI 480	lick Here for Memo Item	ization
Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated	87 99 s	
NICHOCKN BRANDENBAN	Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others- LOAN  Description  LITERATURE		
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	5. Date Of Receipt: 7///8  6. Vendor Name & Address:	Click Here for Memo Item	nization
Fund Raiser Contribution	CLINTON WILL 100	~ 70	
Contribution #3 PAC Receipt? Yes Name & Address:  NICHULY & BRANDEN	Goods Donated or Loaned Services Donated \$_	30°= \$_	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others- LOAN  Description  APER For LI  5. Date Of Receipt: 5 / 3 4 / 6  6. Vendor Name & Address:  FOR PH	Click Here for Memo Iter	mization
Fund Raiser Contribution			
	Page Subto	1	
	Grand Total of all Schedules 1 (Complete on last page of Schedu		

Enter this total on line 6 of Summary Page