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FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE  
COVER PAGE**

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 07/01/08 to 07/20/08

1. Committee I.D. Number  
**0069822**

2. Committee Name  
**Citizens for Nicholyn A. Brandenburg**

4. Candidate Last Name **Brandenburg** First Name **Nicholyn** M.I. **A.**

4a. Office Sought Including District # or Community Served (If applicable)  
**Macomb County Commissioner, District 26**

4b. County of Residence **Macomb**

5. Committee's Mailing Address  
**17396 Delaware Dr., Macomb, MI 48044**

Area Code and Phone (586) 296-9115  
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  
**n/a**

Area Code & Phone \_\_\_\_\_

7. Treasurer's Business Address  
**n/a**

Area Code and Phone \_\_\_\_\_

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  
**n/a**

Area Code and Phone \_\_\_\_\_

**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)

- Primary  General
- Convention  School
- Special  Caucus

9e.  Dissolution of Candidate Committee

Effective Date of Dissolution  
\_\_\_\_\_

Date of Election, Convention or Caucus  
08/05/08

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 schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper NICHOLYN BRANDENBURG Signature Nicholyn A. Brandenburg Date 7/25/08

Candidate Nicholyn A. Brandenburg Signature Nicholyn A. Brandenburg Date 07/25/08



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 0069822

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Citizens for Nicholyn A. Brandenburg

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,500.00</u>	(18.) \$ <u>1,500.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1,500.00</u>	(20.) \$ <u>1,500.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>979.29</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>24.30</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>1,003.59</u>	(23.) \$ <u>1,003.59</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,500.00</u>	
	(15.) = \$ <u>1,500.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>		
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>1,003.59</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>496.41</u>	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0069822  
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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/20/08</u> Name & Address: <u>Nicholyn A. Brandenburg, 17396 Delaware Dr., Macomb, MI 48044</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1000</u>	\$ <u>1000</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/03/08</u> Name & Address: <u>Nicholyn A. Brandenburg, 17396 Delaware Dr., Macomb, MI 48044</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500</u>	\$ <u>1500</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal \$1,500.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

\$1,500.00

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Office Max 1164</b>  Address <b>45320 Utica Park Blvd., Utica, MI 48315</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/08</u> Date	<u>\$ 94.44</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>Manhattan Printers &amp; Mailers</b>  Address <b>51132 Milano Drive . Macomb, MI 48042</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing and mailing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/08</u> Date	<u>\$ 553.27</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>Manhattan Printers &amp; Mailers</b>  Address <b>51132 Milano Drive . Macomb, MI 48042</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing and mailing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/07/08</u> Date	<u>\$ 331.58</u>  <a href="#">Click Here for Memo Itemization Type</a>
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	_____ Date	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
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	_____ Date	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **\$979.29**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$979.29**  
Enter this total on line 8a of Summary Page