MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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: 10/20/08 to 11/24/08

1. Committee I.D. Number
29822 69822

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

2. Committee Name
Citizens for Nicholyn A. Brandenburg

4b. County of Residence Macomb

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

Area Code and 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.

6. Treasurer's Name & Residential Address

Area Code & Phone

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7. Treasurer's Business Address

Area Code and Phone

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

Area Code and Phone

9. **TYPE OF STATEMENT**

9a. ☐ Pre-Election OR 9b. ☑ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☑ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus
11/04/08

9c. ☐ Annual Statement (______ Coverage Year)

9d. ☑ Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

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 ______ Type or Print Name ______ Signature ______ Date ______

Candidate: Nicholyn A. Brandenburg (Type or Print Name) — Signature: Nicholyn Brandenburg — Date: 12/29/08

Authority granted under P.A. 388 of 1976

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 29822
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? ☐ YES 4. Date of Receipt ~~11/26/08~~ 10/28/08
Name & Address
Nicholyn A. Brandenburg
17396 Delaware
Macomb, MI 48044
$ 2500 $ 3500
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
Occupation retired Employer
Business Address
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser
DATE AMENDED

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11/03/08
Name & Address
Nicholyn A. Brandenburg
17396 Delaware
Macomb, MI 48044
$ 150 $ 3650
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
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
Name & Address:
$ $
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt
Name & Address
$ $
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal
Grand Total of All Schedules 1A (Complete on last page of Schedule) $2,650.00
Enter this total on line 3a of Summary