

FILED

CANDIDATE COMMITTEE COVER PAGE

OI, NOV 18, AM 9: 13

Report must be legible, typed or printed in ink and cigned by		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	povers From: Of CLIRAY 0 4 to 10 17 04	
1. Committee I.D. Number 006 9822	Candidate Last Name First Name M.I.		
	BRANDENBUKS NICHOLYN A		
2. Committee Name	4a. Office Sought	Including District # or Community Served (If applicable)	
Citizens for			
Nicholan Brandenbu	COUNTY COMMISSIONER DISTRICT		
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address		
	NONE		
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.	Area Code & Phone ()		
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)		
	Designated Record Reeper)		
N/A-	No.	NE	
Area Code and Phone ()	Area Code and Phone _()		
	<u> </u>		
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	
Pre-Election or Post-Election Statement relates to:		or 9e to indicate which Statement is being amended)	
·		9e. Dissolution of Candidate Committee	
☐ Primary ☐/Gen	eral		
☐ Convention ☐ Sch	ool	Effective Date of Dissolution	
☐ Special ☐ Caucus			
		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	
11 204		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 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/ Date			
Type or Print Name Signature Mo Day Year			
Candidate NICHOLIN BRANDENBURG Michaly Jungstein Mo Day Yest			
Authority granted under D.A. 200 of 4076	Oignatur	/ / / / / / / / / / / / / / / / / / /	



1. Committee I.D. Number 6069822
2. Committee Name Cifizens for Nicholy a Branden harg

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1350</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c. Subtotal of "Contributions"	(3c.) \$	(18.)\$ /350
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1350</u>	(20.)\$ [350]
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	11 - 2 1	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	-
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	1202.97
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	1202.11
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1179.40</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)	(10b.) \$	T
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(100.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)		
	(12b.) \$ BALANCE STATEMENT	<u> </u>
13. Ending Balance of last report filed	(13.) \$ <u>306.79</u>	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 1350.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ 1656,79	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ 1179,40	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 477.39	