



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

FILED

WASHTENAW COUNTY, MI

92-123

APR 3 2 45 PM '92

Type or Print Clearly

1. Committee Identification No. <u>130214</u>		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment <u>PEOPLE'S REGISTER</u>	
2. Full Name of Committee <u>Mackie for Prosecutor Committee</u>		Date Change Took Place Month _____ Day _____ Year _____	
4. Candidate Name <u>Brian Mackie</u> Office Sought (include district or jurisdiction served) <u>Washtenaw County Prosecuting Attorney</u>		County of Residence <u>Washtenaw</u> Party (if applicable) <u>Democratic</u>	
5. Committee Street Address (street, city, state, zip code) <u>1905 Arlene St. Ann Arbor, MI 48103</u>		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. <u>4</u> Day <u>3</u> Yr. <u>92</u>	8. Full Name and Mailing Address of Treasurer <u>John N. Sickler</u> <u>1639 Wildwood Lane</u> <u>Saline, MI 48176</u>		Area Code and Phone <u>(313) 429-9624</u>
7. Committee Area Code and Phone <u>(313) 662-7321</u>			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name _____ Mailing Address _____ Area Code/Phone _____			

10. REPORTING WAIVER SECTION

The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.

11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). <u>Society Bank</u> <u>P.O. Box 127</u> <u>Saline, MI 48176</u>		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
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13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Treasurer <u>John N. Sickler</u> Type or Print Name	<u>John N. Sickler</u> Signature	Date <u>4</u> <u>3</u> <u>92</u> Mo. Day Year
Candidate <u>Brian Mackie</u> Type or Print Name	<u>Brian Mackie</u> Signature	Date <u>4</u> <u>3</u> <u>92</u> Mo. Day Year

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address

CFR 101 (5/89)

Authority granted under Act 388 of 1976, as amended.

C-1302140001001

INSTRUCTIONS FOR COMPLETING THE STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

As soon as a person becomes a "candidate" under Michigan's Campaign Finance Act, P.A. 380 of 1976, he or she has 10 calendar days to form a Candidate Committee. After the committee's formation date, the candidate has 10 additional calendar days to register the committee. A candidate registers a Candidate Committee by filing this form with his or her filing official. A person becomes a candidate under the Campaign Finance Act on the date he or she:

- files a nominating petition, a filing fee or an affidavit of candidacy; or
- receives a contribution or makes an expenditure - or gives consent to someone else to receive a contribution or make an expenditure - in order to be elected or nominated to office; or
- is nominated for an elective office by a party convention or caucus.

EXCEPTION: Candidates who seek a precinct delegate position or a school board position in a primary or fourth class school district are **not** required to file this form.

WHERE TO FILE THIS FORM:

A candidate for a county, city, township, village, school or other local elective office files two copies of this form with the clerk of the county in which he or she resides. **EXCEPTION:** A candidate for a school board seat that will be voted on in more than one county files two copies of this form with the clerk of the county in which the greatest number of voters eligible to vote on the office reside.

A candidate for a state elective office or judicial office files two copies of this form with the Michigan Department of State, Bureau of Elections, Post Office Box 20126, Lansing, Michigan 48901. Office location: Mutual Building, 4th Floor, 208 North Capitol, Lansing, Michigan 48918. Phone: 517/373-8558. State elective offices are: governor, lieutenant governor, secretary of state, attorney general, members of the state legislature, members of the state board of education and publicly elected members of the governing bodies of the University of Michigan, Michigan State University and Wayne State University.

INSTRUCTIONS:

Type or clearly print in ink information requested on reverse side of this form. Each request for information is discussed below.

- ITEM 1.** On the original Statement of Organization, leave this item blank. An identification number will be assigned to the committee by the filing official. If an identification number has been assigned to the committee, enter it in item 1.
- ITEM 2.** Enter the committee's official name. Do not use initials or abbreviations. If the committee plans to use an abbreviated name, enter it in parentheses after the official name.
- ITEM 3.** Indicate whether this is an original Statement of Organization filing or an amendment to a Statement of Organization already on file. If an amendment, list the item(s) affected and the date the change took place. If filing an amendment, complete items affected, item 1, item 2 and item 13.
- NOTE:** The information contained on the Statement of Organization must be kept up-to-date. If a change in the information takes place, an amendment to the form must be filed no later than the due date of the first Campaign Statement required of the committee after the change. If a form item changes more than once before amendments are due, a separate amendment must be filed for each change. An amendment must be signed by the candidate and the treasurer serving at the time of the change.
- ITEM 4.** Enter the candidate's full name, the office sought by the candidate, the district or jurisdiction served by the office and the candidate's county of residence. If a partisan office, list the candidate's party affiliation.
- ITEM 5.** Enter the committee's street address. A post office box is **not** acceptable. (List the candidate's or treasurer's home address if no other address is available.)
- a.** Enter the committee's mailing address if different from the committee's street address. A post office box is acceptable. All mail from the filing official will be directed to the committee's mailing address.
- ITEM 6.** Enter the date the committee was formed. This form must be received by your filing official **within 10 calendar days** after the committee's formation date. Late filing fees are assessed if the form is late.
- ITEM 7.** Enter the committee's phone number.
- ITEM 8.** Enter the full name, mailing address and phone number of the committee's treasurer. The candidate may serve as the committee's treasurer. The committee **must** have a designated treasurer.
- ITEM 9.** List the name, mailing address and phone number of the person who will be responsible for the committee's records and Campaign Statement filings. If the committee's treasurer will handle these responsibilities, leave this item blank. A person designated in this item does **not** have the authority to sign Statement of Organization forms in place of the treasurer.
- ITEM 10.** **\$1,000.00 REPORTING WAIVER.** Check the box if the committee does not expect to receive or spend more than \$1,000.00 for any single "election." Election means primary, general, special or millage election - or a convention or caucus held by a political party. If item 10 is checked and the committee does not receive or spend more than \$1,000.00 for the election, the committee is granted a Reporting Waiver. A committee that never loses its Reporting Waiver by receiving or spending more than \$1,000.00 for an election is not required to file Campaign Statements.
- ITEM 11.** Enter the name and address of the bank, savings and loan association or credit union that the committee now uses, intends to use or would use as its "official depository." While this item must be completed, an account in the listed depository does not have to be opened until the first contribution is received. Also list the names and addresses of any "secondary depositories" the committee uses or intends to use. A secondary depository may be used only for the deposit of contributions; it may not be used for committee expenditures.
- ITEM 12.** Applies to gubernatorial candidates only.
- ITEM 13.** Enter names where indicated. This form **must** be signed and dated by both the candidate and the committee's treasurer. If the candidate is serving as the committee's treasurer, the candidate signs **once** on the line for the candidate's signature.
- ITEM 14.** Applies to officeholders only. An Officeholder Expense Fund (OEF) is used for expenses incidental to a public official's office. A public official **CANNOT** use an OEF to further his/her nomination or election to office. Funds held in an OEF may not be transferred into the officeholder's Candidate Committee account.
- a.** Enter the full name and mailing address of the OEF.
- b.** Enter the full name and mailing address of the treasurer of the OEF. The officeholder, the Candidate Committee treasurer or any other person may serve as the treasurer of the OEF.
- c.** Enter the name and address of the bank, savings and loan association or credit union that will hold the OEF. While the same bank, savings and loan association or credit union may be used for both the Candidate Committee account and the OEF, the accounts must be **separately** maintained.