



STATEMENT OF ORGANIZATION OR CANDIDATE COMMITTEE

92-143

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

FILED
WASHTENAW COUNTY, MI
APR 22 11:28 AM '92
REGISTRATION CLERK REGISTER

Type or Print Clearly

1. Committee Identification No. 13023/130214		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item	
2. Full Name of Committee MACKIE FOR PROSECUTOR		Date Change Took Place Month _____ Day _____ Year _____	
4. Candidate Name BRIAN MACKIE Office Sought (include district or jurisdiction served) WASHTENAW COUNTY PROSECUTOR		County of Residence WASHTENAW Party (if applicable) DEMOCRAT	
5. Committee Street Address (street, city, state, zip code)		5a. Committee Mailing Address (if different from street address) 1905 ARLENE	
6. Date Committee Was Formed Mo. 4 Day 2 Yr. 92	8. Full Name and Mailing Address of Treasurer MACKIE FOR PROSECUTOR 1905 Arlene Ann Arbor MI 48103		Area Code and Phone 662 7321
7. Committee Area Code and Phone 429-3316			
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: John Sickler Mailing Address: 1639 Wildwood Area Code/Phone: 313 429 9624 SALINE MI 48176			

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). SOCIETY BANK 100 South Main Ann Arbor MI 48104	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 Type or Print Name: John Sickler	Signature: <i>John N Sickler</i>	Date: 4/21/92
Candidate Type or Print Name: BRIAN MACKIE	Signature: <i>Brian Mackie</i>	Date: 4-21-92

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

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