



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

93-17

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. 130214		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 10	
2. Full Name of Committee		Date Change Took Place Month _____ Day _____ Year _____	
4. Candidate Name		County of Residence	
Office Sought (include district or jurisdiction served)		Party (if applicable)	
5. Committee Street Address (street, city, state, zip code)		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. _____ Day _____ Yr. _____		8. Full Name and Mailing Address of Treasurer BRIAN MACKIE CANDIDATE Area Code and Phone (313) 662-7821	
7. Committee Area Code and Phone			
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 _____			

FILED
MAY 27 1993
COUNTY OF
PERCIVAL
REGISTRAR

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).

12. This item applies only to a gubernatorial Candidate Committee.

Check if this committee intends to seek qualifying contributions for public funding.

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	X BRIAN MACKIE / <i>Brian Mackie</i>	Signature	Date
	Type or Print Name		Mo. Day Year
Candidate	X BRIAN MACKIE / <i>Brian Mackie</i>	Signature	Date
	Type or Print Name		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
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