

**STATEMENT OF ORGANIZATION  
FOR CANDIDATE COMMITTEES**



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

FOR OFFICIAL USE ONLY

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|--|---|
| 1. Committee Identification No. <u>130214</u>  |   |
| 2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s) # <u>8, 11</u> c. Date Change(s) Took Place <u>09/16/96</u>  |   |
| 3. Full Name Of Committee <u>Mackie For Prosecution Committee</u>  |   |
| 4. Candidate Last Name _____ First Name _____ M.I. _____   |   |
| 4a. County of Residence _____ 4b. Political Party (If applicable) _____  |   |
| 4c. Driver License # (Optional) _____  |   |
| 4d. Office Sought: (Check one)   |   |
| <input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education<br><input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals<br><input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court<br><input type="checkbox"/> Local or Other (Please Specify) _____ 4e. District # or Jurisdiction _____ |   |
| 5. Date Committee Was Formed _____ (Mo/Day/Yr)   | 6. Committee Area Code and Phone Number _____   |
| 7. Committee Mailing Address (May be P. O. Box) Include Zip Code _____   | 7a. Committee Street Address (May <u>not</u> be P. O. Box) _____  |
| 8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)<br><u>Joseph F. Burke</u><br><u>313 MAPLERIDGE</u><br><u>ANN ARBOR MI 48103</u><br><br>Area Code and Phone    Driver License # (Optional)<br><u>(313) 769-2425</u> <u>B 620 441 258 131</u>  | 9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.<br><br>Area Code and Phone    Driver License # (Optional) |
| 10. <input type="checkbox"/> <b>REPORTING WAIVER</b> The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. <b>Please note: 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.</b>  |   |
| 11. Names and Addresses of depositories or intended depositories of committee funds.<br>11a. Official Depository: <u>Key Bank</u><br>11b. Secondary Depository: <u>First of America - Ann Arbor</u>  | 12. This item applies only to a Gubernatorial Candidate Committee.<br><br><input type="checkbox"/> 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.  |   |
| Current Treasurer <u>Joseph F. Burke</u><br>Type or Print Name   | <u>Joseph F. Burke</u><br>Signature   |
| Candidate <u>Brian L. Mackie</u><br>Type or Print Name   | <u>Brian Mackie</u><br>Signature  |
| Date <u>10 22 96</u><br>Mo. Day Year   | Date <u>10 22 96</u><br>Mo. Day Year  |

FILED  
 COUNTY, MI  
 WASHINGTON  
 10 26 AM '96  
 REC'D  
 COUNTY CLERK/REGISTRAR  
 JUDGE

## INSTRUCTIONS FOR COMPLETING THE STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

As soon as an individual becomes a "candidate" under Michigan's Campaign Finance Act, P.A. 388 of 1976, as amended, he or she has 10 calendar days to form a Candidate Committee. After the committee's formation date, the candidate has an additional 10 calendar days to register the committee. A candidate registers a Candidate Committee by filing a Statement of Organization 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 with a view to bringing about the individual's nomination or election to an elective office; or
- is nominated for an elective office by a political party caucus or convention.

**EXCEPTION:** A candidate who seeks a precinct delegate position is not required to file a Statement of Organization. In addition, a candidate who 1) seeks a school board position in a school district with a pupil membership count of 2,400 or less, and 2) receives or spends \$1,000.00 or less for the election is not required to file a Statement of Organization.

### WHERE TO FILE THIS FORM

A candidate for a county, city, township, village, school or other local elective office is required to file 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 is required to file 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 Avenue, Lansing, Michigan 48918. Phone: 517/373-2540. The following are state elective offices: Governor, Lieutenant Governor, Secretary of State, Attorney General, Supreme Court Justice, State Senator, State Representative, State Board of Education Member, University of Michigan Regent, Michigan State University Trustee and Wayne State University Governor. Candidates for all judicial offices also file the Statement of Organization with the Bureau of Elections.

### INSTRUCTIONS

Type or clearly print in ink all information requested on the Statement of Organization form. Each entry on the form 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:** Indicate whether this is an original Statement of Organization or an amendment to a Statement of Organization already on file. If it is an amendment, list the number of the item(s) affected and the date the change took place. On an amendment, complete this item, the item(s) affected and Item 1, Item 3 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 amended Statement of Organization must be filed no later than the due date of the first Campaign Statement required of the committee after the change. An amendment must be signed by the candidate and the treasurer serving at the time of the change.
- ITEM 3:** Enter the committee's official name. If the committee plans to use an abbreviated name, enter it in parenthesis after the official name.
- ITEM 4:** Enter the Candidate's full name: last name, first name and middle initial, if any.  
**ITEM 4a:** Enter the candidate's county of residence.  
**ITEM 4b:** If the office sought by the candidate is a partisan office, enter the candidate's party affiliation.  
**ITEM 4c: Optional -** Enter the candidate's driver license number.  
**ITEM 4d:** Check the appropriate box to indicate the office sought by the candidate.  
**ITEM 4e:** Enter the district number or jurisdiction (name of county, city, township, village or school district ) served by the office.
- ITEM 5:** 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. A late filing fee of \$10.00 per business day is assessed if this form is filed late.
- ITEM 6:** Enter the committee's telephone number.
- ITEM 7:** 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 7a.** 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.)
- ITEM 8:** Enter the full name (last name, first name, middle initial, if any), mailing address and telephone number of the committee's treasurer. The candidate may serve as the committee's treasurer. A committee treasurer must be listed in this item.
- ITEM 9:** Enter the full name (last name, first name, middle initial, if any) of the designated recordkeeper, if the committee has one. This is the person, other than the treasurer, who will be responsible for the committee's records and Campaign Statement filings. If the committee's treasurer will personally handle these responsibilities, leave this item blank. A person designated in this item may sign Campaign Statements in place of the treasurer, but does not have the authority to sign a Statement of Organization form in place of the treasurer.
- ITEM 10:** **\$1,000.00 REPORTING WAIVER.** Check the box in Item 10 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 of a political party held in this state to nominate a candidate. "Election" also includes a recall vote. If Item 10 is checked and the committee does not spend or receive more than \$1,000.00 for the election, the committee is granted a Reporting Waiver. A committee that never loses its Reporting Waiver by spending or receiving more than \$1,000.00 for an election is not required to file Campaign Statements.
- ITEM 11:** Item 11 a: Enter the name and address of the Michigan 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 does not have to be opened until the first contribution is received.  
**ITEM 11b:** List the name 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. (Refer to manual for Bingo exception.)
- ITEM 12:** Applies to gubernatorial candidates only. Check this box if the gubernatorial candidate intends to seek qualifying contributions for public funding.
- 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.