



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FILED
WASHTENAW COUNTY, MI
JUL 28 1 55 PM '00
FOR OFFICIAL USE ONLY
COUNTY CLERK REGISTER

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: _____ To: _____
Mo Day Year Mo Day Year

1. Committee I.D. Number
130214
2. Committee Name
Brian L. Mackie for Prosecution

4. Candidate Last Name MAKIE First Name BRIAN M.I. L
4a. Office Sought Including District # or Community Served (If applicable)
WASHTENAW CO Prosecution
4b. County of Residence WASHTENAW Driver License # (Optional) _____

5. Committee's Mailing Address
2005 HOLLYWOOD
ANN ARBOR MI 48104
Area Code and Phone 734 662 7321
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.

6. Treasurer's Name & Residential Address
JOSEPH BURKE
313 MAPLE RIDGE
ANN ARBOR MI
Area Code & Phone 734 762 4445
Driver License # (Optional) _____

7. Treasurer's Business Address
PO Box 8645
ANN ARBOR MI
Area Code and Phone 734 794 2380

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Area Code and Phone () _____
Driver License # (Optional) _____

9. TYPE OF STATEMENT
9a. Pre-Election OR 9b. Post-Election
Pre-Election or Post-Election Statement relates to:
 Primary General
 Convention School
 Special Caucus
Date of Election, Convention or Caucus
07 07 00
Month Day Year

9c. Annual Statement (_____ Coverage Year)
9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
9e. Dissolution of Candidate Committee
Effective Date of Dissolution
____ Month ____ Day ____ Year
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. 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 Joseph T. Burke, Joseph T. Burke Date 07 28 00
Type or Print Name Signature Mo Day Year
Candidate Brian L. Mackie, Brian Mackie Date 7-28-00
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

C-1302140014501

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

SUMMARY PAGE
CANDIDATE COMMITTEE

1 Committee I.D. Number 130214

2 Committee Name Brian L. Mackie for Prosecutor

RECEIPTS	Column This Period	Column 11 Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1 A - Column 6)	(3a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0</u>	
c. Subtotal of	(3c.) \$ <u>0</u>	(18.)\$ <u>32,519.00</u>
4. Other Receipts (Schedule 1 A -1, Column 6)	(4.) \$ _____	(19.)\$ <u>402.50</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.)\$ <u>32,921.50</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1 -1 K, Column 7)	(6.) \$ _____	(21.)\$ _____
7. In-Kind Expenditures (Schedule 1 B-1K, Column 6)	(7.) \$ _____	(22.)\$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1 B, Column 6)	(8a.) \$ <u>432.84</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>432.84</u>	(23.)\$ <u>17,109.68</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1 C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.)\$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1 E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1 E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.)\$ <u>18188.13</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.)+ _____	
15. SUBTOTAL Add lines 13 and 14	(15.)= _____	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.)- <u>432.84</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)\$ <u>17755.29</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

**All required schedules must be included with this statement.
*If your ending balance is negative, please recheck your math.**

**ITEMIZED EXPENDITURES
SCHEDULE 1113
CANDIDATE COMMITTEE**

1. Committee 1. D. Number 130214

2. Committee Name Brian L. Mackie for Prosecutor

3. Name and address of person or vendor to whom paid if the amount paid is \$50.01 or more.	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name NAACP Willow Run Street Address City State Zip Code	Purpose: <u>Program Ad</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI	1/19/00	87.5
Expenditure #2 Name Washtenaw County Democratic Party Street Address City State Zip Code	Purpose: <u>Program Ad</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI	4/4/00	25.00
Expenditure #3 Name Washtenaw County Democratic Party Street Address City State Zip Code	Purpose: <u>Program Ad</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI	4/11/00	58.34
Expenditure #4 Name Mr. B's B&B Street Address City State Zip Code	Purpose: <u>Program Ad</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI	4/24/00	150
Expenditure #5 Name Washtenaw County Clerk Street Address City State Zip Code	Purpose: <u>filing fee</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI	5/8/00	100

Subtotal this page
Grand Total of all Schedules 1 B
(Complete on last page of Schedule)

420.84

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

**ITEMIZED EXPENDITURES
SCHEDULE 1113
CANDIDATE COMMITTEE**

1. Committee 1. D. Number 130214

2. Committee Name Brian L. Mackie for Prosecutor

3. Name and address of person or vendor to whom paid if the amount paid is \$50.01 or more.	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name National City Bank Street Address City State Zip Code	Purpose: <u>Bank fees</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI	cum.	12
Expenditure #2 Name Street Address City State Zip Code	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI		
Expenditure #3 Name Street Address City State Zip Code	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI		
Expenditure #4 Name Street Address City State Zip Code	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI		
Expenditure #5 Name Street Address City State Zip Code	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Detail is Itemized on Schedule SI		

Subtotal this page
Grand Total of all Schedules 1 B
(Complete on last page of Schedule)

12
432.84

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

