

FILED

**CANDIDATE COMMITTEE
COVER PAGE**

WASHINGTON

SEP 7 2 54 PM '00

FOR OFFICIAL USE ONLY

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: 08 01 00 To: 09 07 00
Mo Day Year Mo Day Year

1. Committee I.D. Number

130214

4. Candidate Last Name

MACRIE

First Name

BRIAN

M.I.

L

2. Committee Name

BRIAN L. Macrie for
Prosecutor

4a. Office Sought Including District # or Community Served (If applicable)

Prosecuting Attorney - WASHINGTON
4b. County of Residence Driver License # (Optional)

WASHINGTON

5. Committee's Mailing Address

2605 HOLLYWOOD
ANN ARBOR MI 48106
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 F BURKE
313 MAPLEWOOD ANN ARBOR MI
Area Code & Phone 734-769-2425
Driver License # (Optional)

7. Treasurer's Business Address

PO BOX 8645
ANN ARBOR MI
Area Code and Phone (734) 994 2380

8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)

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

August

Day

2000

Year

9c. ☐ Annual Statement (19__ 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 can not 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 Recordkeeper

Joseph F Burke, Joseph F Burke

Type or Print Name

Signature

Date 9-7-00

Mo Day Year

Candidate

BRIAN L. Macrie

Type or Print Name

Brian L. Macrie

Signature

Date 09-07-00

Mo Day Year

C-1302140015001



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

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 0

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$

c. Subtotal of "Contributions"

(3c.) \$

(18.) \$ 32519

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$

(19.) \$ 402.50

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$

(20.) \$ 32921.50

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$

(21.) \$

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$

(22.) \$

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 154.00

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.) \$ 154.00

(23.) \$ 17,263.68

INCIDENTAL EXPENSE DISBURSEMENTS

(Officeholders Only)

J. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$

(11.) \$

(24.) \$

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$

b. Owed to the Committee (Schedule 1E)

(12b.) \$

BALANCE STATEMENT

13. Ending Balance of last report filed

(Enter zero if no previous reports have been filed.)

(13.) \$ 17755.29

14. Amount received during reporting period

(Line 5, Total Contributions & Other Receipts)

(14.) + 0

15. SUBTOTAL Add lines 13 and 14

(15.) = 17755.29

16. Amount expended during reporting period

(Add lines 9 and 11)

(16.) - 154.00

17. ENDING BALANCE

(Subtract line 16 from line 15)

(17.) \$ 17601.29 *

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 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number

130214

2. Committee Name

Brian L. Mackie for Parliament

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
<p>Expenditure #1</p> <p>Name <u>SOS CRISIS CENTER</u></p> <p>Street Address</p> <p>City <u>Ann Arbor</u> State <u>MI</u> Zip Code <u>48104</u></p>	<p>Purpose: <u>SPONSORSHIP</u></p> <p>Expenditure Code <u>CC</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> <p><input type="checkbox"/> Detail is Itemized on Schedule SI</p>	<p><u>Aug 21</u> <u>2000</u></p>	<p><u>150.00</u></p>
<p>Expenditure #2</p> <p>Name <u>NATIONAL CITY BMW</u></p> <p>Street Address <u>MAIN STREET</u></p> <p>City <u>Ann Arbor</u> State <u>MI</u> Zip Code <u>48104</u></p>	<p>Purpose: <u>BANK FEES</u></p> <p>Expenditure Code <u>BK</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> <p><input type="checkbox"/> Detail is Itemized on Schedule SI</p>	<p><u>7-31</u> <u>8-31</u> <u>2000</u></p>	<p><u>4.00</u></p>
<p>Expenditure #3</p> <p>Name</p> <p>Street Address</p> <p>City State Zip Code</p>	<p>Purpose: _____</p> <p>Expenditure Code _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> <p><input type="checkbox"/> Detail is Itemized on Schedule SI</p>		
<p>Expenditure #4</p> <p>Name</p> <p>Street Address</p> <p>City State Zip Code</p>	<p>Purpose: _____</p> <p>Expenditure Code _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> <p><input type="checkbox"/> Detail is Itemized on Schedule SI</p>		
<p>Expenditure #5</p> <p>Name</p> <p>Street Address</p> <p>City State Zip Code</p>	<p>Purpose: _____</p> <p>Expenditure Code _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> <p><input type="checkbox"/> Detail is Itemized on Schedule SI</p>		

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

154.00
154.00

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

