



FILED
OCT 27 11:00
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COUNTY REGISTER

**CANDIDATE COMMITTEE
COVER PAGE**

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: 09 07 00 To: 10/27/00
Mo Day Year Mo Day Year

1. Committee I.D. Number
130214

4. Candidate Last Name **Mackie** First Name **Brian** M.I. **L**

2. Committee Name
Brian L. Mackie for Prosecutor

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

4b. County of Residence **Washtenaw** Driver License # (Optional)

5. Committee's Mailing Address
2605 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 F. Burke, 313 Mapleridge, Ann Arbor MI 48103

Area Code & Phone **(734) 769-2425**
Driver License # (Optional)

7. Treasurer's Business Address
769
Area Code and Phone **(734) 769 - 2425**

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
November 7, 2000
Month Day 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** Type or Print Name
Joseph F. Burke Signature Date **10/27/00** Mo Day Year
Candidate **Brian L. Mackie** Type or Print Name
Brian Mackie Signature Date **10/27/00** Mo Day Year

C-1302140016001



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

	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ _____	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ <u>32,519.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ <u>402.5</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ <u>32,921.50</u>
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.) \$ <u>2.00</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>2.00</u>	(23.) \$ <u>17,265.68</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, 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 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.) \$ <u>17,601.29</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>17,601.29</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>2.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>17,599.29</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 1B
CANDIDATE COMMITTEE**

1. Committee I. 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 <u>National City Bank</u> Street Address <u>Main Street</u> City <u>Ann Arbor, MI 48104</u> State Zip Code	Purpose: <u>Bank Fee</u> Expenditure Code <u>BK</u> <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	9/29/2000	\$2.00
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 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

