



FILED

WASHINGTON COUNTY REGISTER

DEC 7 8 47 AM '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: 10-27-00 To: 12-7-2000  
Month Day Year

1. Committee I.D. Number  
130214

4. Candidate Last Name First Name M.I.  
MACRIE BRIAN L

2. Committee Name  
BRIAN L. MACRIE for Prosecutor

4a. Office Sought Including District # or Community Served (If applicable)  
WASHINGTON COUNTY PROSECUTOR ATTORNEY

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

5. Committee's Mailing Address  
2605 Hollywood  
ANN ARBOR MI 48104  
Area Code and Phone 734 662-7321

6. Treasurer's Name & Residential Address  
Joseph F Burke  
313 MAPLERIDGE  
ANN ARBOR MI  
Area Code & Phone 734 769 2425  
Driver License # (Optional)

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.

7. Treasurer's Business Address  
PO Box 8645  
ANN ARBOR MI 48107  
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  
Nov. 07 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 Joseph F. Burke Date 12 7 2000  
Type or Print Name Signature Mo Day Year

Candidate Brian L. Macrie Brian Macrie Date 12 7 2000  
Type or Print Name Signature Mo Day Year

C-1302140017001





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 I This Period	Column II Cumulative this election cycle
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</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ <u>402.5</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ <u>32,921.50</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>4.00</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>4.00</u>	(23.) \$ <u>17,267.68</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>17,599.29</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>17,599.29</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>4.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>17,595.29</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.**





MICHIGAN DEPARTMENT OF STATE  
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1. Committee I. D. Number 130214  
2. Committee Name BRIAN L. MARKEZ 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 ST</u> City <u>Ann Arbor</u> State <u>MI</u> Zip Code <u>48104</u>	Purpose: <u>BANK fee</u> Expenditure Code <u>BR</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	<u>11/29/00</u> <u>and</u> <u>10/29/00</u>	<u>4.00</u>
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)

4.00  
4.00

Enter this total  
on line 8a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

