



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

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: 01 01 2002 to 12 31 2002
Mo Day Year Mo Day Year

1. Committee I.D. Number
130214

2. Committee Name
BRIAN L. MACKIE
FOR PROSECUTOR

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

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

4b. County of Residence
WASHTENAW

5. Committee's Mailing Address

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 MAPLE RIDGE
ANN ARBOR, MI 48103
Area Code & Phone (734) 769-2425

7. Treasurer's Business Address
PO BOX 8445
ANN ARBOR MI

Area Code and Phone (734) 222-6620

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

Area Code and Phone ()

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

Month Day Year

- 9c. Annual Statement (2002 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. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

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 F. Burke Signature Joseph F. Burke Date 01 31 03
Type or Print Name Signature Mo Day Year

Candidate BRIAN L. MACKIE Signature Brian Mackie Date 01 31 03
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

L-13021400019001



1. Committee I.D. Number 130 214
2. Committee Name BRIAN L. MACKIE for Prosecution

**SUMMARY PAGE
CANDIDATE COMMITTEE**

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.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ <u>0</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>40.13</u>	(19.) \$ <u>1,074.66</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ <u>1,074.66</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>488.00</u>	(22.) \$ <u>1,000.00</u>
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>488.00</u>	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	(23.) \$ _____
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	(24.) \$ _____
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>18,137.84</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>40.13</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>18,177.97</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>488.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>17,689.97</u>	

*If your ending balance is negative, please recheck your math.



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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 130214
2. Committee Name BRIAN L. MACKIE FOR PASILUNA

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>NATIONAL CITY BANK</u> Address <u>101 S. MAIN AVE. ANN ARBOR MI</u> <input type="checkbox"/> Fund Raiser	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	<u>Jan 1</u> <u>to</u> <u>Dec 31</u> <u>2022</u>	<u>120.00</u>
Expenditure #2 Name <u>INTERNAL REVENUE SERVICE</u> Address <u>CINCINNATI, OH</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>INCOME TAX</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		<u>300</u>
Expenditure #3 Name <u>YPSILANTI COMMUNITY BANK</u> Address <u>YPSILANTI, MI</u> <input type="checkbox"/> Fund Raiser	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		<u>68</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

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

488.00
488.00

Enter this total
on line 8a of
Summary Page

*OPTIONAL ITEM: PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE**

1. Committee I.D. Number 130214

2. Committee Name BRIAN L. MACKIE FOR PROSECUTOR

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>COMERICA BANK</u> Address: <u>PO Box 75000</u> <u>DETROIT, MI</u>	Date of Receipt <u>3-4-02</u> <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>40.13</u>
Receipt #2 Name: Address:	Date of Receipt _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #3 Name: Address:	Date of Receipt _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 Name: Address:	Date of Receipt _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 Name: Address:	Date of Receipt _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Name: Address:	Date of Receipt _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 Name: Address:	Date of Receipt _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Page Subtotal Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			

Enter this total on
line 4 of Summary
Page

