



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
WASHTENAW COUNTY, MI

**CANDIDATE COMMITTEE
COVER PAGE**

2004 FEB -2 A 8:35

PEGGY M. HAINES FOR OFFICIAL USE ONLY

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

COUNTY CLERK/REGISTER
3. This Statement covers From: 01/15/03 to 12/31/03
Mo Day Year Mo Day Year

1. Committee I.D. Number
130214

2. Committee Name
BRIAN L. MACKIE
FOR PROSECUTING ATTORNEY

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

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

4b. County of Residence
WASHTENAW

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

7. Treasurer's Business Address
PO BOX 8645
ANN ARBOR MI 48107
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 2003 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 Jos. F. Burke Signature Joseph Burke Date 02-01-04
Type or Print Name Signature Mo Day Year

Candidate BRIAN L. MACKIE Signature Brian Mackie Date 02 02 04
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976





MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 130214
2. Committee Name BRIAN L MACKIE For Prosecutor

**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.) \$ <u>0</u> | (18.) \$ <u>0</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ <u>563.15</u> | |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>563.15</u> | (19.) \$ <u>1,637.81</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.) \$ _____ | |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>74.23</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>74.23</u> | (20.) \$ <u>1,637.81</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ _____ | (21.) \$ _____ |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ _____ | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ _____ | (22.) \$ <u>1,074.23</u> |
| 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>17,689.97</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>563.15</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>18,253.12</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>74.23</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) <u>\$18,178.89</u> | |

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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>NATIONAL CITY BANK</u> Address: <u>101 MAIN ANN ARBOR MI</u> <input type="checkbox"/> Fund Raiser | Date of Receipt <u>3-1-03</u> | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ | <u>412.74</u> |
| Receipt #2 Name: <u>BANK OF ANN ARBOR</u> Address: <u>125 S. FIFTH AVE</u> <input type="checkbox"/> Fund Raiser | Date of Receipt <u>12-31-03</u> | <input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ | <u>150.41</u> |
| Receipt #3 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser | Date of Receipt _____ | <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: _____ <input type="checkbox"/> Fund Raiser | Date of Receipt _____ | <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: _____ <input type="checkbox"/> Fund Raiser | Date of Receipt _____ | <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: _____ <input type="checkbox"/> Fund Raiser | Date of Receipt _____ | <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: _____ <input type="checkbox"/> Fund Raiser | Date of Receipt _____ | <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) | | | <u>563.15</u> |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 130214
2. Committee Name BRIAN MACKLE FOR PROSECUTOR

| 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. MAINS</u> <u>ANN ARBOR MI</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>BANK FEES</u> <u>JAN-FEB-2003</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>3-1-03</u> | <u>20.00</u> |
| Expenditure #2 Name <u>INTERNAL REVENUE SERVICE</u> Address <u>CINCINNATI, OH</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>TAX</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>3-31-03</u> | <u>54.23</u> |
| Expenditure #3 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 #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)

74.23
74.23

Enter this total
on line 8a of
Summary Page

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

Page 1 of 1