



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED  
WASHTENAW COUNTY, MI

**CANDIDATE COMMITTEE  
COVER PAGE**

2004 SEP -1 P 2: 15

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 the Period 04 to Aug 25 04  
COUNTY CLERK / REGISTER Year Mo Day Year

1. Committee I.D. Number 130214  
 2. Committee Name  
BRIAN L. MACKIE for Prosecutr

4. Candidate Last Name MACKIE First Name BRIAN M.I. L  
 4a. Office Sought Including District # or Community Served (If applicable)  
WASHTENAW COUNTY PROSECUTING ATTORNEY  
 4b. County of Residence WASHTENAW

5. Committee's Mailing Address  
PO BOX 7025  
ANN ARBOR MI 48107  
 Area Code and Phone 734-769-2425  
 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  
200 N. MAIN STREET  
ANN ARBOR MI 48104  
 Area Code and Phone 734) 222-6672

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  
Aug 03 2004  
Month Day Year

9c.  Annual Statement ( \_\_\_\_\_ 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 09 01 04  
Type or Print Name Signature Mo Day Year  
 Candidate BRIAN L. MACKIE Signature Brian Mackie Date 9-1-04  
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



C-1302140026



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
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ <u>25.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>31.51</u>	(19.) \$ <u>4,760.11</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>31.51</u>	(20.) \$ <u>1,785.11</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,640.52</u>	(21.) \$ <u>2,640.52</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>77.40</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-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.) \$ _____	(23.) \$ <u>1,169.28</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
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>		
<b>12. Debts and Obligations</b>		
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>18,277.03</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>31.51</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>18,308.54</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>77.40</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>18,231.14</u>	



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

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

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>BANK OF ANN ARBOR</u> Address: <u>125 S. FIFTH ANN ARBOR</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>7-20-04</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>17.53</u>
Receipt #2 Name: <u>BANK of Ann Arbor</u> Address: <u>125 S. Fifth ANN ARBOR</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>8-17-04</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>13.98</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>31.51</u>

Enter this total on  
line 4 of Summary  
Page



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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 130214  
2. Committee Name BRIAN LI MACKIE for Proseutor

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>POSTMASTER</u> Address <u>ANN ARBOR MI 48107</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-20-04</u>	<u>7.40</u>
Expenditure #2 Name <u>POSTMASTER</u> Address <u>ANN ARBOR MI 48107</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>PO BOX RENTAL</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-20-04</u>	<u>70.00</u>
Expenditure #3 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <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: _____  <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: _____  <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)

77.40  
77.40

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-IK  
CANDIDATE COMMITTEE**

1. Committee I. D. Number \_\_\_\_\_  
2. Committee Name BRIAN L. MACRIE FOR PROSECUTOR

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> Yes Name <u>CITIZENS FOR JUSTICE</u> Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Signs, Pins, Bumper Stickers</u> 5. Date Of Receipt: <u>7-25-04</u> 6. Vendor Name & Address: <u>SAWICKI &amp; SONS</u>	1,400	1,400
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>CITIZENS FOR JUSTICE</u> Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>SHIRTS</u> 5. Date Of Receipt: <u>7-25-04</u> 6. Vendor Name & Address: <u>HEIKK'S</u> <u>124 W. Mich. Ave., Ypsilanti MI</u> <u>48198</u>	52.47	1,452.47
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>CITIZENS FOR JUSTICE</u> Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>HATS &amp; SHIRTS</u> 5. Date Of Receipt: <u>8-23-04</u> 6. Vendor Name & Address: <u>HEIKK'S</u> <u>124 W. Mich. Ave., Ypsilanti, MI</u> <u>48198</u>	1,119.36	2,571.83

Page Subtotal  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

2,571.83

Enter this total  
on line 6 of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-IK  
CANDIDATE COMMITTEE**

1. Committee I. D. Number \_\_\_\_\_

2. Committee Name Brian L. Mackie for Prosecutor

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name _____ Address: _____  If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>ENvelopes</u> 5. Date Of Receipt: <u>8-23-04</u> 6. Vendor Name & Address: <u>CITY PRINTING</u> <u>PO Box 980333, Ypsilanti MI</u> <u>48198</u>	68.69	
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name _____ Address: _____  If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____ _____		
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name _____ Address: _____  If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____ _____		

Page Subtotal  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

68.69
2,640.52

Enter this total  
on line 6 of  
Summary  
Page