



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
WASHTENAW COUNTY, MI

**CANDIDATE COMMITTEE
COVER PAGE**

2004 OCT 22 A 8:41

FOR OFFICIAL USE ONLY

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

1. Cor 103214

2. C₃ BRIAN L. MACKIE FOR PROSECUTOR

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.

7. Treasurer's Business Address

200 N MAIN
ANN ARBOR, MI 48104
Area Code and Phone 734 222-6672

3. This Statement covers FROM 8 25 04 to 10 18 04
PEGGY H. HAINES Mo Day Year Mo Day Year
COUNTY CLERK/REGISTER

4. Candidate Last Name **MACRIE** 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**

6. Treasurer's Name & Residential Address

Joseph F. Burke
313 Maplewood
Ann Arbor MI 48103
Area Code & Phone 734 769-2425

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
Nov 2 2004
Month Day Year

9c. Annual Statement (Coverage Year)

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 10-22-04
Type or Print Name Signature Mo Day Year

Candidate Brian L. Mackie Signature Brian Mackie Date 10-22-04
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



C-1302140029



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 103214

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>7,865.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>7,865.00</u> | (18.) \$ <u>7,890.00</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ <u>117.80</u> | (19.) \$ <u>1,877.91</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>7,982.80</u> | (20.) \$ <u>9,767.91</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>2,280.50</u> | (21.) \$ <u>4,929.02</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ _____ | (22.) \$ _____ |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>10,518.31</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>10,518.31</u> | (23.) \$ <u>14,770.93</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.) \$ <u>•</u> | (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>18,231.41</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>7,982.80</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>26,213.94</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>10,518.31</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>15,695.63</u> | |



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Numbe **BRIAN L. MACKIE FOR PROSECUTOR** _____
2. Committee Name _____

| 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>9-29-04</u> | <u>74.00</u> |
| Expenditure #2 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 #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)

| |
|--------------|
| <u>74.00</u> |
| <u>74.00</u> |

Enter this total on line 8a of Summary Page



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE**

1. Committee I. D. Number __BRIAN L. MACKIE FOR PROSECUTOR__
2. Committee Name _____

| 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 checked="" type="checkbox"/> Yes Name CITIZENS FOR JUSTICE Address: 1175 MOORHEAD CT ANN ARBOR 48103 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 _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____ | 2,098⁰⁰ | |
| Contribution # 2 PAC Receipt? <input checked="" type="checkbox"/> Yes Name CITIZENS FOR JUSTICE Address: 1175 MOORHEAD CT ANN ARBOR 48103 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 _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____ | 100 | |
| Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> Yes Name CITIZENS FOR JUSTICE Address: 1175 MOORHEAD CT ANN ARBOR 48103 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 _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____ | 90⁵⁰ | |

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

2,288.50
2,288.50

Enter this total on line 6 of Summary Page