



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
WASHTENAW COUNTY, MI

**CANDIDATE COMMITTEE
COVER PAGE**

2004 DEC -1 P 1:36

FOR OFFICIAL USE ONLY

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

REGGY M HAINES
COUNTY CLERK/REGISTER
This Statement Covers From: 10 20 2004 to 11 30 2004
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number 103214</p> <p>2. Committee Name BRIAN L. MACKIE FOR PROSECUTOR</p>	<p>4. Candidate Last Name First Name M.I. MACKIE BRIAN L</p> <p>4a. Office Sought Including District # or Community Served (If applicable) PROSECUTING ATTORNEY, WASHTENAW COUNTY</p> <p>4b. County of Residence WASHTENAW</p>
<p>5. Committee's Mailing Address PO BOX 7025 ANN ARBOR MI 48107 Area Code and Phone _____</p> <p>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.</p>	<p>6. Treasurer's Name & Residential Address JOSEPH F. BURKE 313 MASSACHUSETTS ANN ARBOR MI 48103 Area Code & Phone (734) 769-2425</p>
<p>7. Treasurer's Business Address 200 N. MAIN ANN ARBOR MI 48104 Area Code and Phone 734 222-6672</p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone () _____</p>

<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11</u> / <u>02</u> / <u>04</u> Month Day Year</p>	<p>9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____ Month Day Year</p> <p>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.</p>
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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 , Joseph F. Burke Date 11 30 2004
Type or Print Name Signature Mo Day Year

Candidate: BRIAN L. MACKIE , Brian Mackie Date 12-1-04
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



C-1302140031



**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>1,697.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,697.00</u>	(18.) \$ <u>9,587.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>4.46</u>	(19.) \$ <u>1,882.37</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,701.46</u>	(20.) \$ <u>11,469.37</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,280.50</u>	(21.) \$ <u>4929.02</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>16,550.87</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>16,550.87</u>	(23.) \$ <u>31,321.80</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.) \$ _____	(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>15,695.63</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,701.46</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>17,397.09</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>16,550.87</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>846.22</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number BRIAN L. MACKIE FOR PROSECUTOR

2. Committee Name _____

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-21-04</u> Name: <u>E. V. DOUVAN</u> Address: <u>827 ASA GRAY DRIVE, ANN ARBOR, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100	100
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-25-04</u> Name: <u>Bob & BARBARA DEBRODT</u> Address: <u>4812 WHITMAN CIRCL, ANN ARBOR MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	60	60
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-25-04</u> Name: <u>ELIZABETH SHADIGAN</u> Address: <u>1416 WAYNE STREET ANN ARBOR 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	25	25
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-2-04</u> Name: <u>RONNIE PETERSON, GLORIA PETERSON</u> Address: <u>1146 RUE WILLET, YPSILANTI, MI 48197</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100	100
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	285	

Enter this total on
line 3 of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number _____
2. Committee Name _____

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-2-04</u> Name: <u>ELIZABETH BRATER</u> Address: <u>1507 WELLS, ANN ARBOR 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50	50
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-2-04</u> Name: <u>JANE BARNEY</u> Address: <u>423 W. LIBERTY, ANN ARBOR, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	20	20
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-22-04</u> Name: <u>ALEXANDRA SCIMOUA</u> Address: <u>P O BOX 296 ANN ARBOR MI 48106</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	40	40
 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-29-04</u> Name: <u>ELIZABETH SHADIGAN</u> Address: <u>873 EDGEMOOD PL ANN ARBOR 48106</u> <u>1916 WAYNE ST.</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser 	25	25

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

110

Enter this total on
line 3 of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-28-04</u> Name: <u>CHRISTOPHER KOLB</u> Address: <u>813 EDGEWOOD PL, ANN ARBOR 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50	50
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11-1-04</u> Name: <u>INTERNATION BROTHERHOOD OF ELECTRICAL WORKERS</u> Address: <u>YPSILANTI MI 48197</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	252	252
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-25-2004</u> Name: <u>CITIZENS FOR JUSTICE</u> Address: <u>1175 MOORHEAD CT. ANN ARBOR 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1,000	5,929.02
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

1,302.00
1,697.00

Enter this total on
line 3 of Summary
Page.



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

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

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>S. PLYM ANN ARBOR 48104</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>11-16-04</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>4.46</u>
Receipt #2 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 #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)			

Enter this total on
line 4 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

BRIAN L. MACKIE FOR PROSECUTOR

1. Committee I. D. Number _____

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 ANN ARBOR NEWS Address 340 E. HURON ANN ARBOR MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Display ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10-22-2004	1,572.48
Expenditure #2 Name ANN ARBOR NEWS Address 340 E. HURON ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Display ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10-19-2004	6,362.78
Expenditure #3 Name ANN ARBOR NEWS Address 340 E. HURON ANN ARBOR <input type="checkbox"/> Fund Raiser	Purpose: <u>Display AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11-29-2004	557.08
Expenditure #4 Name Heritage Newspapers Address 106 W. Michigan SAGINE, MI 48176 <input type="checkbox"/> Fund Raiser	Purpose: <u>Display AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11-29-2004	306
Expenditure #5 Name CDORR GRAPHIX Address <input type="checkbox"/> Fund Raiser	Purpose: <u>AD Design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11-29-2004	50

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

8848.34

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number _____ **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 UNITED PACKAGING Address _____ <input type="checkbox"/> Fund Raiser	Purpose: DIRECT MAILING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		7,702.53
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)

7,702.53
16,550.87

Enter this total on line 8a of Summary Page