



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
WASHTENAW COUNTY, MI

CANDIDATE COMMITTEE
COVER PAGE

DEC 10 P 3:08

FOR OFFICIAL USE ONLY

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

This Statement covers From: 07 19 04 to 08 31 04
Mo Day Year Mo Day Year

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

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

5. Committee's Mailing Address
PO Box 7025
ANN ARBOR 48107
Area Code and Phone
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 Burke
313 MAPLE RIDGE
ANN ARBOR MI 48103
Area Code & Phone (248) 769-2425

7. Treasurer's Business Address
PO Box 8645
ANN ARBOR MI 48107
Area Code and Phone (248) 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
08 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
AMENDED TO REFLECT CORRECT
Effective Date of Dissolution
DATES OF RECEIPT FOR FORM 1-K
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: 12 09 04
Candidate: Brian L. Macrie, Signature: Brian Macrie, Date: 12-9-04

Authority granted under P.A. 388 of 1976



C-1302140032



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

1. Committee I. D. Number 130214
2. Committee Name BRIAN L MARKE for Governor

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 <u>CITIZENS FOR JUSTICE</u> Address: <u>1175 MERRING ANN ARBOR, MI 48103</u> 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 BUNDLES</u> 5. Date Of Receipt: <u>8-31-04</u> 6. Vendor Name & Address: <u>SAWICKI & SONS</u> <u>* CORRECTED DATE</u>	1,400	1,400
Contribution # 2 PAC Receipt? <input checked="" type="checkbox"/> Yes Name <u>CITIZENS FOR JUSTICE</u> Address: <u>1175 MERRING ANN ARBOR MI 48103</u> 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>SHIRTS</u> 5. Date Of Receipt: <u>8-31-04</u> 6. Vendor Name & Address: <u>HEIKK'S</u> <u>124 W. MICH AVE. YPSI MI 48197</u> <u>* CORRECTED DATE</u>	52.47	1452.47
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- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		

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

TOTAL ON ORIGINAL (CORRECT)

Enter this total on line 6 of Summary Page