



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
WASHTENAW COUNTY, MI

**CANDIDATE COMMITTEE
COVER PAGE**

2006 JAN 30 A 10: 30

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. Committee I.D. Number 103214		4. Candidate Last Name MAKIE		First Name Brian		M.I. L	
2. Committee Name BRIAN L. MAKIE FOR PROSECUTOR		4a. Office Sought Including District # or Community Served (if applicable) 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		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 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. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____ Month Day Year				9c. <input checked="" type="checkbox"/> Annual Statement (2005 Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> 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 Type or Print Name		Joseph F. Burke Signature		Date 1 29 06 Mo Day Year			
Candidate BRIAN L. MAKIE Type or Print Name		Brian Makie Signature		Date 1 30 06 Mo Day Year			

Authority granted under P.A. 388 of 1976



C-1302140034



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 103214
2. Committee Name Brian L. MacIntyre Esq 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.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>697⁰⁰</u>	(21.) \$ <u>697⁰⁰</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>181.56</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>181.56</u>	(23.) \$ <u>181.56</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>846.22</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>846.22</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>181.56</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>664.66</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 103 214
2. Committee Name BRIAN L. MAQUIE for Prosecute

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>Bank of AZ</u> Address <u>125 S. Fifth</u> <u>AZ 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-19</u> <u>05</u>	<u>9.00</u>
Expenditure #2 Name <u>BANK OF AZ</u> Address <u>125 S. 5th</u> <u>Ann Arbor 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-16</u> <u>05</u>	<u>9.00</u>
Expenditure #3 Name <u>BANK OF AZ</u> Address <u>125 S. 5th</u> <u>AZ 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-20</u> <u>05</u>	<u>9.00</u>
Expenditure #4 Name <u>BANK OF AZ</u> Address <u>125 S. 5th</u> <u>AZ 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-18</u> <u>05</u>	<u>9.00</u>
Expenditure #5 Name <u>BANK OF AZ</u> Address <u>125 S 5th</u> <u>AZ 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-15</u> <u>05</u>	<u>9.00</u>

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

45.00

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 103214

2. Committee Name BRIAN L. MACKIE for Prosecution

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>BANK OF AZ</u> Address <u>125 S. 5th</u> <u>AZ 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-15</u> <u>05</u>	<u>9.00</u>
Expenditure #2 Name <u>BANK OF AZ</u> Address <u>125 S. 5th</u> <u>AZ 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-15</u> <u>05</u>	<u>9.00</u>
Expenditure #3 Name <u>BANK OF AZ</u> Address <u>125 S. 5th</u> <u>AZ 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-19</u> <u>05</u>	<u>9.00</u>
Expenditure #4 Name <u>BANK OF AZ</u> Address <u>125 S. STATE</u> <u>AZ m1 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-17</u> <u>05</u>	<u>9.00</u>
Expenditure #5 Name <u>BANK OF AZ</u> Address <u>125 S. 5th</u> <u>ANN ARBOR 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-21</u> <u>05</u>	<u>9.00</u>

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45.00

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 103214
2. Committee Name Brian L. Malin for Prosecution

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>Bank of AZ</u> Address <u>125 S. S.W AZ 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12-20 05</u>	<u>9.00</u>
Expenditure #2 Name <u>IRS</u> Address <u>KANSAS CITY MO</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TAX</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-15 05</u>	<u>14.56</u>
Expenditure #3 Name <u>POSTMASTER</u> Address <u>Liberty St AZ MI 48107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PO Box</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-15 05</u>	<u>68.00</u>
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>91.56</u>
<u>181.56</u>

Enter this total
on line 8a of
Summary Page



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

1. Committee I. D. Number 103244
2. Committee Name Brian L. MacNeil for Prosecution

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 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 checked="" 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>ADVERTISING</u> 5. Date Of Receipt: <u>9-27-05</u> 6. Vendor Name & Address: <u>NAACP AZ</u> <u>PO Box 3399</u> <u>AZ MI 48106</u>	80 ⁰⁰	627 ⁰⁰
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 type="checkbox"/> Goods Donated or Loaned <input checked="" 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>TICKETS</u> 5. Date Of Receipt: <u>10-24-05</u> 6. Vendor Name & Address: <u>NAACP AZ</u> <u>PO Box 3399</u> <u>AZ MI 48106</u>	70 ⁰⁰	697 ⁰⁰
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)

150
697

Enter this total on line 6 of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number 103214
2. Committee Name Brian L. Mackie for Prosecution

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: 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 checked="" 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>CATERING</u> 5. Date Of Receipt: <u>1-5-05</u> 6. Vendor Name & Address: <u>JOANN STRAUB</u> <u>2001 Mickey ST</u> <u>MILAN MI 48160</u>	197.00	197.00
Contribution # 2 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>Advertisement</u> 5. Date Of Receipt: <u>4-19-05</u> 6. Vendor Name & Address: <u>WASH. DEMOCRATS</u> <u>PO Box 3951</u> <u>A2 MI 48106</u>	250.00	447.00
Contribution #3 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 type="checkbox"/> Goods Donated or Loaned <input checked="" 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>Parade fee</u> 5. Date Of Receipt: <u>9-8-05</u> 6. Vendor Name & Address: <u>Ypsi Heritage Fest.</u> <u>PO Box 970077</u> <u>YPS MI 48197</u>	100.00	547.00

Page Subtotal 547.00
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

547.00

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