

#### FILED WASHTENAW COUNTY, MI

#### CANDIDATE COMMITTEE COVER PAGE

2006 JAN 30 A 10: 30

FOR OFFICIAL USE ONLY

|  |  | FOR OFFICIAL USE ONLY  |  |  |
|--|--|--|--|--|
| Report must be legible, typed or printed in ink and signed by, the treasurer (or designated record keeper) and candidate. COLIN  | (3) this statement   | MANUMON: 1 05 to 12 31 05  GISTER MO Day Year Mo Day Year  |  |  |
| 1. Committee I.D. Number  [03214 2. Committee Name  BMAN L. MACRIR FOR  PROSECUTA  | Prose  |  |  |  |
| 5. Committee's Mailing Address  POBOX 7025  ANN HABIR WI 4807  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.   | JOSEPH<br>313 MA   | ne & Residential Address  1 F BUPKE  1 PLE RIOKE ANN ANKON MI 48183  100 P34 769 - 2025  |  |  |
| 7. Treasurer's Business Address PO Prox 8645 ANN Anby MI 48107   | 8. Designated Rec<br>Designated Record   | ord keeper's Name and Mailing Address (If the committee has a<br>d keeper)   |  |  |
| Area Code and Phone 734 222-6620   | Area Code and Ph   | one ()   |  |  |
| 9. TYPE OF STATEMENT   |  | 9c. Annual Statement (2005 Coverage Year)  |  |  |
| 9a. Pre-Election OR 9b. Post-Election  Pre-Election or Post-Election Statement relates to:  Primary  |  | 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)  9e. Dissolution of Candidate Committee  |  |  |
| ☐ Convention ☐ Scho  | pol  | Effective Date of Dissolution  |  |  |
| ☐ Special ☐ Caud<br>Date of Election, Convention or Caucus<br>———————————————————————————————————  | cus  | 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 a<br>Schedules. Direct contributions, in-kind contributions, loans, e<br>If any of the information listed in items 2, 4, 5, 6, 7, or 8 has ch<br>amendment to the Statement of Organization should accompa<br>before the filing deadline of a required campaign statemen | ll required Campaigr<br>xpenditures, and out<br>anged since the info<br>ny this Campaign St<br><b>it, that campaign st</b>   | n Statements. The Campaign Statements must include all applicable standing debts count against the \$1,000 Reporting Waiver threshold. mation was shown on the committee's Statement of Organization, an attement. If a request for a Reporting Waiver is not received on or atement 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 Toseph F. Bunk Duk Date 129 06  Type or Print Name Signature  Date Mo Day Year   |  |  |  |  |
| Candidate BRIAN L. MACNIE Type or Print Name   | Signatur   | rushie Date / 30 06  |  |  |
| Authority granted under P.A. 388 of 1976   | and the second state of the second se |  |  |  |



C-1302140034



1. Committee I.D. Number 103 214

2. Committee Name Brion L. MACME En Prosecutor

#### SUMMARY PAGE CANDIDATE COMMITTEE

| DECEIDTO   | Column 1   | T  |
|--|--|--|
| RECEIPTS  3. Contributions   | Column I<br>This Period  | Column II Cumulative this election cycle |
| a. Itemized (Schedule 1A - Column 6)   | (3a.) \$   |  |
| b. Unitemized (less than \$20.01 each - no Schedule)   | (3b.) \$ NOT APPLICABLE  |  |
| c. Subtotal of "Contributions"   | (3c.) \$   | (18.) \$                                 |
| 4. Other Receipts (Schedule 1A -1, Column 6)   | (4.) \$  | (19.)\$                                  |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)   | (5.) \$  | (20.) \$                                 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES   | 19700  | 19700                                    |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)   | (6.) \$ <u>697</u> <del>00</del>   | (21.)\$ 67 +                             |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)   | (7.) \$  | (22.) \$                                 |
| EXPENDITURES   |  |  |
| 8. Expenditures  |  |  |
| a. Itemized (Schedule 1B, Column 6)  | (8a.) \$ 181.56  |  |
| 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.) \$ 181.56   | (23.)\$ 181.56                           |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)  |  |  |
| Disbursements     a. Itemized (Schedule 1C, Column 6)  | (10a.)\$   |  |
| b. Unitemized (less than \$50.01 each - no Schedule)   | (40h.) @   |  |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)   | (10b.) \$  |  |
| DEBTS AND OBLIGATIONS  | (11.) \$   | (24.) \$                                 |
| 12. Debts and Obligations  |  |  |
| a. Owed by the Committee (Schedule 1E)   | (12a.) \$  |  |
| b. Owed to the Committee (Schedule 1E)   | (12b.) \$  |  |
| <ul> <li>13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> <li>14. Amount received during reporting period (Line 5, Total Contributions &amp; Other Receipts)</li> <li>15. SUBTOTAL Add lines 13 and 14</li> <li>16. Amount expended during reporting period (Add lines 9 and 11)</li> <li>17. ENDING BALANCE (Subtract line 16 from line 15)</li> </ul> | BALANCE STATEMENT  (13.) \$ $846.22$ (14.) + \$ $0.00$ (15.) = \$ $846.22$ (16.) - \$ $846.22$ (17.) \$ $664.64$ |  |



### SCHEDULE 1B CANDIDATE COMMITTEE

| 1. Committee I. D. Nu | mber 103 | 2/4       |             |
|-----------------------|----------|-----------|-------------|
| 2. Committee Name     | BRIAN    | L. MACKIE | for Proxuta |

| Name and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you   | 5. Date  | 6. Amount |
|---|---|----------|-----------|
| Expenditure #1                                    | may assign an Expenditure Code)   |          |           |
| Name Bank of AZ                                   | Purpose:  |          |           |
| Address 125 5. FATA                               |   | 7-19     |           |
| ☐ Fund Raiser                                     | Check box if this expenditure is payment of debt or obligation reported on previous statement | 05       | 9.00      |
| Expenditure #2                                    |   |          |           |
| Name BANKOPAZ                                     | Purpose:  | - 16     |           |
| Address 125 S. 5.46                               |   | 8-16     |           |
| Ann Anta Ugjoy ☐ Fund Raiser                      | Check box if this expenditure is payment of debt or obligation reported on previous statement | 05       | 9.00      |
| Expenditure #3                                    |   |          |           |
| Name BANK of AZ                                   | Purpose:  | - 10     |           |
| Address (25 S. 5th                                |   | 9-20     | 9.00      |
| 14810 4<br>☐ Fund Raiser                          | Check box if this expenditure is payment of debt or obligation reported on previous statement | 05       | / - 00    |
| Expenditure #4                                    |   |          |           |
| Name BANK OF AZ                                   | Purpose:  | 10-18    |           |
| Address 125 S. 5th                                |   | ' -      | 9.00      |
| A2 48/04  | Check box if this expenditure is payment of   | 03       | 1,0       |
| Fund Raiser                                       | debt or obligation reported on previous statement   |          |           |
| Expenditure #5                                    |   |          |           |
| Name BANK OF H                                    | Purpose:  | 1        | a in      |
| Address 125 3 5th                                 |   | 11-15    | 9.00      |
| A 2 48104   | Check box if this expenditure is payment of   | 185      |           |
| Fund Raiser                                       | debt or obligation reported on previous statement   |          |           |
|   | Subtotal th   | is page  | 45.00     |
|   | Grand Total of all Sched<br>(Complete on last page of Sc                                      | tules 1B |           |

Enter this total on line 8a of Summary Page

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### SCHEDULE 1B CANDIDATE COMMITTEE

| 1. Committee I. D. Number 103 | 214                      |
|-------------------------------|--------------------------|
| 2. Committee Name Brian       | L. MACKIE For Prosecutor |

| Name and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you     | 5. Date  | 6. Amount  |
|---|---|----------|------------|
|   | may assign an Expenditure Code)                   | J. Date  | O. Allioun |
| Expenditure #1                                    |   | 1        |            |
| Name BANK OF AZ                                   | Purpose:  |          |            |
| Address 125 5, 57h                                |   | Z-15     |            |
| AZ 48/04  | Check box if this expenditure is payment of       |          | ( 00       |
| Fund Raiser                                       | debt or obligation reported on previous statement | 05       | 9.00       |
| Expenditure #2                                    |   |          |            |
| Name BANKOP AZ                                    | Purpose:  |          |            |
| Address 125 S. 57h                                |   | 3-15     |            |
| AL 48104  | Check box if this expenditure is payment of       | -        | 9,00       |
| Fund Raiser                                       | debt or obligation reported on previous statement | 00       | ,          |
| Expenditure #3                                    |   |          |            |
| Name BANKOPAZ                                     | Purpose:  |          |            |
| Address 125 S. 57h                                |   | 4-4      | 9 12       |
| A= 48104  | Check box if this expenditure is payment of       | 1.5      | 9.00       |
| Fund Raiser                                       | debt or obligation reported on previous statement | 100      |            |
| Expenditure #4                                    |   |          |            |
| Name BANK OF A                                    | Purpose:  |          |            |
| Address 125 S. STATE                              |   | 5-17     |            |
| Address 123 312148104                             | Check box if this expenditure is payment of       |          | 9.00       |
| WI 70101  | debt or obligation reported on previous           | 00       | ′          |
| Fund Raiser                                       | statement   |          |            |
| Expenditure #5                                    |   |          |            |
| Name BANK OF AZ                                   | Purpose:  | 1.21     |            |
| Address (25 5, 5th                                |   | 621      | 9.00       |
| ANN ANTON (9104)                                  | Check box if this expenditure is payment of       | 05       | / / -      |
| Fund Raiser                                       | debt or obligation reported on previous statement |          |            |
|   | Subtotal thi                                      |          | 45.00      |
|   | Grand Total of all Sched                          | lules 1B |            |
|   | (Complete on last page of So                      | :hedule) |            |

Enter this total on line 8a of Summary Page

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## ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

| 1. Committee I. D. Number 103 | 214                     |   |
|-------------------------------|-------------------------|---|
|                               | L. MACKIE for Prosecuon | • |

| CANDIDATE COMMITTEE                               |   | A TRANSPORT OF THE PROPERTY OF PARTY   |           |
|---|---|--|-----------|
| Name and address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code)                    | 5. Date  | 6. Amount |
| Expenditure #1                                    | 0 , 0   |  |           |
| Name Bowte of A2                                  | Purpose: Bank fees  |  |           |
| Address 125 S · S · K                             |   | 12-20  | 9.00      |
| AZ 49104  | Check box if this expenditure is payment of   | 05   |           |
| Fund Raiser                                       | debt or obligation reported on previous statement   |  |           |
| Expenditure #2                                    |   | of a late day of the control of the Assessment State of the State of t |           |
| Name IRS  | Purpose:  | 4-15   | 14.5%     |
| Address RANSAS CITY                               |   | 2  | 14.56     |
| Address RANSAS CITY                               | Check box if this expenditure is payment of   | 05   | -         |
| ☐ Fund Raiser                                     | debt or obligation reported on previous statement   |  |           |
| Expenditure #3                                    | 1 - 0   |  |           |
| Name POSTMASTER Address Liperty SI                | Purpose: Po Box   | 8-15   | 68.00     |
| Address Lipenty SI                                |   | 05   | ;         |
| A2 m1 48107                                       | Check box if this expenditure is payment of   | 03   |           |
| ☐ Fund Raiser                                     | debt or obligation reported on previous statement   |  |           |
| Expenditure #4                                    |   |  |           |
| Name  | Purpose:  |  |           |
|   |   |  |           |
| Address   | _   |  |           |
|   | Check box if this expenditure is payment of debt or obligation reported on previous           |  |           |
| Fund Raiser                                       | statement   |  |           |
| Expenditure #5                                    |   |  |           |
| '   |   |  |           |
| Name  | Purpose:  |  |           |
| Address   |   |  |           |
| ☐ Fund Raiser                                     | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |           |
|   | Subtotal th   | nane   | 41.56     |
|   | Grand Total of all Sched  | dules 1B   |           |
|   | (Complete on last page of So  | chedule)   | 181.56    |

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. Nu | umber 103214                  |   |
|-----------------------|-------------------------------|---|
|                       | BRIAN L. MACRIE FOR PROSECUON | _ |

| Name and Address from whom received     If contribution is from an individual, enter last         | Type of In-Kind Contribution (Check applicable box)   | 7. Amount or Fair Market | 8. Cumulative for Election     |
|---|---|--------------------------|--------------------------------|
| name first. Check box to indicate if contribution is from a Political Committee or an Independent | 5. Date of Receipt  | Value                    | Cycle (Through date in Item 5) |
| Committee (Both are commonly called PACs).  | 6. Name & Address of Vendor from whom goods or services were                                |                          | date in item of                |
| Report all in-kind contributions.   | purchased   |                          |                                |
| Contribution #1 PAC Receipt? Yes  | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated           |                          |                                |
| Address:  | Goods or Services Purchased by Candidate or Others  |                          |                                |
| Addiess.  | Goods or Services Purchased by Candidate or Others- LOAN                                    | 8000                     | 6Z70                           |
| if over \$100.00 cumulative, please provide: Occupation:  | Description ADVENT & MT   | 80                       | 0 - 1                          |
| Employer:   | 5. Date Of Receipt: 9-27-05   |                          |                                |
| •   | 6. Vendor Name & Address: NAACP AZ  |                          |                                |
| Business Address:   | DO Box 3399   |                          |                                |
| Fund Raiser Contribution  | A2 W 48106  |                          |                                |
| Contribution #2 PAC Receipt? Yes  | 4. Endorsement or Guarantee of Bank Loan  |                          |                                |
| Name CITIZOUS AN MYSTER   | Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others |                          |                                |
| Address:  | Goods or Services Purchased by Candidate or Others- LOAN                                    | - 15                     | , _                            |
| If over \$100.00 cumulative, please provide:  | Description T/Get 5   | 7000                     | 69700                          |
| Occupation:   | 0-11/4 25   |                          |                                |
| Employer:   | o: Bate of Recorpt.   |                          |                                |
| Business Address:   | 6. Vender Name & Address: NAALP A2  |                          |                                |
|   | 10 10 y 3599  |                          |                                |
| Fund Raiser Contribution  | Nº 48106  |                          |                                |
| Contribution #3 PAC Receipt? Yes  | 4. Endorsement or Guarantee of Bank Loan  |                          |                                |
| Name  | Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others |                          |                                |
| Address:  | Goods or Services Purchased by Candidate or Others-LOAN                                     |                          |                                |
| If over \$100.00 cumulative, please provide:  | Description   |                          |                                |
| Occupation:   | 5. Date Of Receipt:   |                          |                                |
| Employer:   | 1   |                          |                                |
| Business Address:   | 6. Vendor Name & Address:   |                          |                                |
|   |   |                          |                                |
| Fund Raiser Contribution  |   |                          |                                |
|   | Page Subtotal   | 150                      |                                |
|   | Grand Total of all Schedules 1-IK   | 1-97                     |                                |
|   | (Complete on last page of Schedule)   | 107 T                    |                                |
|   |   |                          |                                |

Enter this total on line 6 of Summary Page

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

| 1. Committee I. D. Nu | Imber 103214                 |
|-----------------------|------------------------------|
| 2. Committee Name     | BRIAN L. MACKE For Prosecuon |

| 3. Name and Address from whom received   | Type of In-Kind Contribution (Check applicable box)  | 7. Amount or         | 8. Cumulative                  |
|--|--|----------------------|--------------------------------|
| If contribution is from an individual, enter last<br>name first. Check box to indicate if contribution | 5. Date of Receipt   | Fair Market<br>Value | for Election<br>Cycle (Through |
| is from a Political Committee or an Independent  | , i  |                      | date in Item 5)                |
| Committee (Both are commonly called PACs).  Report <u>all</u> in-kind contributions.                   | 6. Name & Address of Vendor from whom goods or services were purchased                                       |                      |                                |
| Contribution #1 PAC Receipt? Yes Name C T iZeNS FOR JUSTICE  | 4. Endorsement or Guarantee of Bank Loan   |                      |                                |
| Name CITIZENS FOR JUSTICE  | Goods Donated or Loaned Services Donated   | 197.00               | 197.00                         |
| Address:   | Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others- LOAN | 1 1 1.00             | . 17.00                        |
|  | , ´  |                      |                                |
| If over \$100.00 cumulative, please provide: Occupation:   | Description CATERING   |                      |                                |
|  | 5. Date Of Receipt: 1-5-05   |                      |                                |
| Employer:  | 6. Vendor Name & Address: TO ANW ST DAUB   |                      |                                |
| Business Address:  | 2001 Hicker ST   |                      |                                |
|  |  |                      |                                |
| Fund Raiser Contribution   | milm my 48/60  |                      |                                |
| Contribution #2 PAC Receipt? X Yes   | 4. Endorsement or Guarantee of Bank Loan   |                      |                                |
| Name Citizens for Justice  | Goods Donated or Loaned Services Donated   |                      |                                |
| Address:   | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN   |                      |                                |
| Manage #400 00 annual #fina art and a second to  |  |                      | 1111700                        |
| If over \$100.00 cumulative, please provide: Occupation:   | Description A West is wet  | 25000                | 44+                            |
| •  | 5. Date Of Receipt: 4-19-05  |                      |                                |
| Employer:  | 6. Vendor Name & Address: WASH. Domo CANS  |                      |                                |
| Business Address:  | PO DA 3951   |                      |                                |
| <u> </u>   | 12 1000  |                      |                                |
| Fund Raiser Contribution   | 17-M1 48/06  |                      |                                |
| Contribution #3 PAC Receipt? Yes   | 4. Endorsement or Guarantee of Bank Loan   |                      |                                |
| Name CITIZENS FOR JUSTICE  | Goods Donated or Loaned Services Donated   |                      |                                |
| Address:   | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN   | 1900                 |                                |
| Hover \$100.00 cumulative places provide:  | T // // // // // // // // // // // // //   | , , ,                | 0470                           |
| If over \$100.00 cumulative, please provide: Occupation:   | Description PANAME FLE   |                      |                                |
| Employer:  | 5. Date Of Receipt: 9-8-05   |                      |                                |
| • •  | 6. Vendor Name & Address: YPS! HOMAGE TEST.  |                      |                                |
| Business Address:  | PO Box 970077  |                      |                                |
| Fund Raiser Contribution   | VPS MI 48197   |                      |                                |
|  |  | 211700               |                                |
|  | Page Subtotal  | D47                  |                                |
|  | Grand Total of all Schedules 1-IK (Complete on last page of Schedule)  |                      |                                |
|  | (52p.oto on last page of contedute)  |                      |                                |

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Enter this total on line 6 of Summary Page