

CANDIDATE COMMITTEE



COVER PAGE Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: 01/01/06 12/31/06 1. Committee I.D. Number Candidate Last Name First Name M.I. 103214 Mackie Brian L. Office Sought Including District # or Community Served (If applicable) 2. Committee Name Prosecuting Attorney, Washtenaw County Brian L. Mackie for Prosecutor 4b. County of Residence Washtenaw 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address PO Box 7025 Joseph F. Burke 313 Mapleridge Ann Arbor, MI 48103 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. Area Code & Phone (734) 769-2425 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) PO Box 8645 Ann Arbor, MI 48107 Area Code and Phone (734) 222-6672 Area Code and Phone 9. TYPE OF STATEMENT Pre-Election 2006 OR Post-Election Annual Statement (Coverage Year) Amendment to Campaign Statement (Complete Item 9a, 9b, 9c Pre-Election or Post-Election Statement relates to: or 9e to indicate which Statement is being amended) Dissolution of Candidate Committee Primary General Effective Date of Dissolution Convention School Special Caucus 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 Date of Election, Convention or Caucus 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 certif	v that all reasonable diligence was use	d in the propertie			
mylour knowledge and be	y that all reasonable diligence was use ief the contents are true, accurate and	complete.	n of this statement and atta	ached schedules	(if any) and to the best of
Current Treasurer or	locanh E. Dunter		, ,		

Designated Record keeper

Joseph F. Burke

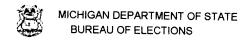
Type or Print Name

01/29/2007

Brian L. Mackie

Type or Print Name Signature

01/29/2007



1. Committee I.D. Number 103214

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Brian L. Mackie for Prosecutor

RECEIPTS	Column I	
3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$ 0.00	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _\$0.00	(19.)\$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.)\$ 697.00 58
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.)\$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _\$180.00	
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.) \$ \$180.00	(23.) \$ \$361.56
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(40)	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12h \ ¢	
	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$_\$664.66	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$664.66	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$180.00	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$484.66	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 103214 2. Committee Name Brian L. Machie for Proseum

Name and address of person or vendor to whom paid			
or vehicle to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1	and a separation of the separa		
Name Bank Of Ann Arbor		01/21/06	
	Ponk For		\$ 9.00
Address	Purpose: Bank Fee	Date	
125 South Fifth Ave, Ann Arbor, MI 48104	Click	Here for Memo	Itemization Type
			nemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #2	statement		
Experialitire #2			
Name Bank Of Ann Arbor		02/21/06	
			\$ 9.00
Address	Purpose: Bank Fee	Date	
125 South Fifth Ave, Ann Arbor, MI 48104			
, , , , , , , , , , , , , , , , , , , ,	Click F	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name Bank Of Ann Arbor			
Name Bank Of Ann Arbor		03/21/06	• 0 00
Address	Purpose: Bank Fee	Date	\$ 9.00
125 South Fifth Ave, Ann Arbor, MI 48104	ruipose.		
40104	Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name Bank Of Ann Arbor			
Dank Of Ann Arbor		04/18/06	
Address	Purpose: Bank Fee	Date	\$ 9.00
125 South Eifth Avo. Ann Arbon Mt. 40404	Purpose:		
125 South Fifth Ave, Ann Arbor, MI 48104	Click H	ere for Mome It	emization Type
	I	are for Melifo If	emization Type
Ford Private	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Bank Of Ann Arbor			
Address	Danis E	05/16/06	\$ 9.00
	Purpose: Bank Fee	Date	¥ <u>9.00</u>
125 South Fifth Ave, Ann Arbor, MI 48104	OF A A		
	Click He Check box if this expenditure is payment of	ere for Memo It	emization Type
Fund Raiser	debt or obligation reported on previous		
. S. S. Calour	statement		
	Subtota	al this page	
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	Grand Total of all So (Complete on last page of	chedules 1B	
	(Complete on last page (or sociednie)	

Enter this total on line 8a of Summary Page

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ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

102214 1. Committee

I. D. Number	214

2. Committee Name Bria L. Mackie for Prosecutor

	Committee (Value		
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			
Name Bank Of Ann Arbor		06/20/06	. 0.00
Address	Purpose: Bank Fee	Date	\$ 9.00
125 South Fifth Ave, Ann Arbor, MI 48104			
120 000011 11017(40,741117(1001,1011 40)04	Click I	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
Name of the second second			
Name Bank Of Ann Arbor		07/18/06	• 0 00
	Pank Fac	Date	\$ 9.00
Address	Purpose: Bank Fee	Bate	
125 South Fifth Ave, Ann Arbor, MI 48104	0:11		
·	Click F	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name Davidson			
Name Postmaster		07/10/06	. 70.00
Address	Purpose: Box Rental	Date	\$ 72.00
	Purpose: DOX 13cm 13cm	Date	
Liberty Station, Ann arbor, MI 48107	Click H	ere for Memo II	emization Type
		oro for Monio n	omzadon rype
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Land the second	statement		
Expenditure #4			
^{Name} Bank Of Ann Arbor		09/15/06	
		08/15/06	\$ 9.00
Address	Purpose: Bank Fee	Date	
125 South Fifth Ave, Ann Arbor, MI 48104			
, , , , , , , , , , , , , , , , , , , ,	Click He	ere for Memo It	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name Bank Of Ann Arbor		20/40/22	
Address	Bank Foo	09/19/06	\$ 9.00
	Purpose: Bank Fee	Date	
125 South Fifth Ave, Ann Arbor, MI 48104	Oliab LL	ero for Maria !!	
	Check box if this expenditure is payment of	on onemo iti	emization Type
Fund Raiser	debt or obligation reported on previous		
- and ready	statement		
	Subtota	l this page	
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			CURLING TOTAL

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ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

103214

2. Committee Name Bria L. Mackie for Prosecutor

Name and address of person or vendor to whom paid			
Parameter and addition of person of vertical to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1	may assign an Experiditure Code)		
Name Book Of Ann Arbon			
Name Bank Of Ann Arbor		10/17/06	\$ 9.00
Address	Purpose: Bank Fee	Date	9.00
125 South Fifth Avo. App. Ashar Md. 40404	ruipose.		
125 South Fifth Ave, Ann Arbor, MI 48104	Click I	Here for Mem	o Itemization Type
	r		- Numeanon Type
CTr	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Bank Of Ann Arbor			
Dank Of Allif Albor		11/21/06	\$ 9.00
Address	Purpose: Bank Fee	Date	3.00 −−−−
	Purpose: Darik 1 CC		
125 South Fifth Ave, Ann Arbor, MI 48104			
	Click F	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name Bank Of Ann Arbor		4044040	
		12/19/06	\$ 9.00
Address	Purpose: Bank Fee	Date	-
125 South Fifth Ave, Ann Arbor, MI 48104			
, , , , , , , , , , , , , , , , , , , ,	Click He	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		,
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name			
	_		¢
Address	Purpose:	Date	<u> </u>
	r urpose.		
	Click Us	fan 14	
		ne tor Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
TO THE			
Address			\$
	Purpose:	Date	-
	-	_	
	Click He	re for Memo I	temization Type
7 s s .	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subtota	I this page	
	Grand Total of all Sc	hedules 1D	
	(Complete on last page o	f Schedule)	
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Enter this total on line 8a of Summary Page

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