

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statemen	t covers From: 01/01/08 to 07/24/08
1. Committee I.D. Number	4. Candidate La	
103214	Mackie	Brian L.
2. Committee Mana	4a. Office Sough	Including District# or Community Served (If applicable)
Brian L. Mackie for Prosecutor	Washtena	w County Prosecuting Attorney
Bhan E. Mackie for 1 103ecutor	4b. County of Re-	sidence Washtenaw
5. Committee's Mailing Address	6. Treasurer's Na	ame & Residential Address
PO Box 7025	Joseph F. Burke	
Ann Arbor, MI 48107	313 Mapler	
	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 & Pho	ne (734) 769-2425
7. Treasurer's Business Address	8. Designated Reco	ecord keeper's Name and Mailing Address (If the committee has a
PO Box 8645	2 doignated Hose	文章 on National Action
Ann Arbor, MI 48107		
		0.65
(75.4) 222 227		□ M 00 M
Area Code and Phone (734) 222-6672	Area Code and F	hone
9. TYPE OF STATEMENT		
9a. Pre-Election OR 9b. Post	-Election	9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary Gen	eral	9e. Dissolution of Candidate Committee
Convention	loc	Effective Date of Dissolution
Special Cause		
Cauc	cus	By checking this item, I/We certify that the committee has no assets or
Date of Election, Convention or Caucus		outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
08/05/08		the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule
WTWANGE CONTROL OF THE CONTROL OF TH		1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all red Schedules. Direct contributions, in-kind contributions, loans, exper	quired Campaign S nditures, and outsta	tatements. The Campaign Statements must include all applicable inding 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 change amendment to the Statement of Organization should accompany the before the filing deadline of a required campaign statement, the	ed since the informatis Campaign State	ation was shown on the committee's Statement of Organization, an ment, if a request for a Reporting Waiver is not received on or
The state of the s		
 Verification: fWe certify that all reasonable diligence was used i mylour knowledge and belief the contents are true, accurate and co 	mplete.	1 10
Current Treasurer or Joseph F. Burke	Om.	MADULE 07/25/2008
Designated Record keeper Type or Print Name	Signature	Date 0772572000
_{Candidate} Brian L. Mackie	Rain	marki 07/25/2008
Type or Print Name	Signature	Date Date



1. Committee I.D. Number 103214

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Brian L. Mackie for Prosecutor

CANDIDATE COMMITTEE	2. Committee Name Dian E. Macki	
RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Uniternized (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.) \$ <u>300.00</u>	(21.)\$ 2748.32
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$63.00	
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.) \$	(23.) \$ \$636.56
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(40L \ m	
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)	40t \ 6	
	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$272.66	_
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line E. Tetal Contributions 9, Other Provided)	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$272.66	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$63.00	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$209.66	_*



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

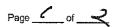
1. Committee I. D. Number

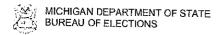
103214

2. Committee Name Brian L. Mackie for Prosecutor

0.41	2. Gommittee stante		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Bank of Ann Arbor		01/18/08	\$ 9.00
Address	Purpose: bank fee	Date	\$ <u>3.00</u>
125 Fifth Ave.			
Ann Arbor, MI 48104	Glici	k Here for Mem	o Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	x f	
Fund Raiser	statement statement		
Expenditure #2			
Name Bank of Ann Arbor		02/18/08	• 0.00
	hank fee	Date	\$ 9.00
Address	Purpose: bank fee		
125 Fifth Ave	Click	Here for Memo	Itemization Type
Ann Arbor, MI 48104			2,,
Fund Raiser	Check box if this expenditure is payment o debt or obligation reported on previous	f	
Expenditure #3	statement		
Name Bank of Ann Arbor		03/18/08	\$ 9.00
Address	Purpose: bank fee	Date	¥ <u>9.00</u>
125 Fifth Ave.			
Ann Arbor, MI 48104			Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	f	
Fund Raiser	statement		
Expenditure #4			
Name Bank of Ann Arbor		04/18/08	
Address	hank foo	Date	\$ <u>9.00</u>
Address	Purpose: bank fee	- "	
125 Fifth Ave.	Click	Hara for Mama	Itemization Type
Ann Arbor, MI 48104	 - 		ROTHE AROUT Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
	statement		
Expenditure #5			
Name Bank of Ann Arbor		05/18/08	
Address	Purpose: bank fee	Date	\$ 9.00
125 Fifth Ave.	i dipose		,
Ann Arbor, MI 48104) 		Itemization Type
·	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	·	
	Subto	otal this page	\$45.00
	Grand Total of all	Schedules 18	+
	(Complete on last page	i	

Enter this total on line 8a of Summary Page





ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

103214

2. Committee Name Brian L. Mackie for Prosecutor

Name and address of person or vendor to whom paid	A Burnage (Description of	
	4. Purpose (Required Information) 5. Da	ate 6. Amount
Expenditure #1		
Name Bank of Ann Arbor	06/18	/08
Address	Purpose: bank fee Date	\$ <u>9.00</u>
125 Fifth Ave.		
Ann Arbor, MI 48104	Click Here for	Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2		
Name Bank of Ann Arbor	07/18	/ng
		\$ 9.00
Address	Purpose: bank fee Date	,
125 Fifth Ave	Click Horn for A	Anna II I as —
Ann Arbor, MI 48104		Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of	
	debt or obligation reported on previous statement	
Expenditure #3		
Name		
Address		<u> </u>
Audress	Purpose: Date	<u></u>
	Click Horo for At	omo di control e
		emo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	
Expenditure #4	statement	
Name		
Address	Date	- \$
	Purpose:	
	Click Hara for Me	emo Itemization Type
	1	тно кепизацоп туре
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	
	statement	
Expenditure #5		
Name		
Address		\$
	Purpose: Date	
	Click Here for Me	mo Itemization Type
nicipag	Check box if this expenditure is payment of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Fund Raiser	debt or obligation reported on previous statement	The state of the s
	Subtotal this page	1040.00
		Ψ10.00
	Grand Total of all Schedules 1 (Complete on last page of Schedul	B 63.00
	Countries on last page of Schedul	(a) (b) / (c)

Enter this total on line 8a of Summary Page





ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 103214

CANDIDATE COM	AITTEE 2. Committee Name Brian L. Macki	e for Prosecutor
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). Reportall in-kind contributions.	Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services were purchased	7. Amount or 8. Cumulative Fair Market for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: CITIZENS For JUSTICE 17-5 Moorwan CT ARBORM If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description FUNDATH TICKET 5. Date Of Receipt Bac 07-23-08 6. Vendor Name & Address: LAWRENCE FESTER BOWN ACCEPTED BOOK	
Fund Raiser Contribution	ANN ARM MI	
Contribution #2 Name & Address CITIZENS For JUSTIC 1 75 M60/20 And CT ANN AND M/ If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description FUNRAL TOAT and A 5. Date Of Receipt: 07-23-08 6. Vendor Name & Address:	\$27483:
Contribution #3 PAC Receipt? Yes Name & Address:	4 Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$ Goods or Services Purchased by Candidate or Others	\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	lick Here for Memo Itemization
Fund Raiser Contribution		
	Page Subtota	300
	Grand Total of all Schedules 1-I	

Enter this total on line 6 of Summary Page

(Complete on last page of Schedule)

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