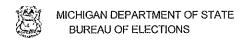


CANDIDATE COMMITTEE COVER PAGE

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 Statement	covers From: 01/01/12 to 07/22/12		
1. Committee I.D. Number	4. Candidate Las	st Name First Name M.I.		
C130214	MACKIE BRIAN L			
	4a. Office Sought	Including District # or Community Served (If applicable)		
2. Committee Name	PROSE	CUTING ATTORNEY		
BRIAN L. MACKIE FOR PROSECUTOR		idence WASHTENAW		
5. Committee's Mailing Address		me & Residential Address		
PO BOX 7025	MARK KNEISEL			
ANN ARBOR, MI 48107	434 S. MAIN	NST.		
	ANN ARBO	· · · · · · · · · · · · · · · · · · ·		
Area Code and Phone (734) 327-7927		THE PARTY OF THE P		
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.		$O(1 - c_0)$		
be sent to this address by the filing official.		Area Code & Phone (757) 500-1557		
7. Treasurer's Business Address	Designated Re Designated Reco	ecord keeper's Name and Mailing Address (If the committee has a ord keeper)		
PO BOX 8645	a sought			
ANN ARBOR, MI 48107		12 12 12 12 12 12 12 12 12 12 12 12 12 1		
Area Code and Phone (734) 222-6620	Area Code and Pl	hone		
9. TYPE OF STATEMENT				
Q2 TO Dee Floring OB Ob Tour	. =	9c. Annual Statement (Coverage Year)		
9a. ✓ Pre-Election OR 9b. Post	-Election	7 Times Statement (
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)		
PTG-Election of Cost-Election Gratement relates to.				
Primary Gen	neral	9e. Dissolution of Candidate Committee		
Convention	າດດໄ	Effective Date of Dissolution		
Convenient				
Special Cau	cus	Control of the state of the second state of th		
البنسسا		By checking this item, ItWe 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.		
08/07/12	1	Note: The disposition of residual funds must be reported on Schedule		
		1B and the Summary Page.		
A committee that does not have a Reporting vyaiver must tile all re Schedules. Direct contributions, in-kind contributions, loans, expe	quired Campaign S nditures, and outsta	Statements. The Campaign Statements must include all applicable anding 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 chang amendment to the Statement of Organization should accompany t	ed since the information his Campaign State	ation was shown on the committee's Statement of Organization, an ement. If a request for a Reporting Waiver is not received on or ement cannot be waived.		
my\our knowledge and belief the contents are true, accurate and co	in the preparation of the prepar	of this statement and attached schedules (if any) and to the best of		
Current Treasurer or MARK KNEISEL	///	// M		
Designated Record keeper	1 / /	// (U Date 7/25/12		
Type or Print Name	Signature			
Candidate BRIAN L. MACKIE	1 An	n Marky Date 7-25-12		
Type or Print Name	Signature			

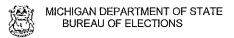


1. Committee I.D. Number C130214

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name BRIAN L. MACKIE FOR PROSECUTOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$0.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$783.31
IN-KIND CONTRIBUTIONS & EXPENDITURES		·
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$200.00	(21.) \$ \$949.35
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$162.48</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.) \$ \$162.48	(23.) \$ \$636.96
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
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.) \$ \$16,599.40	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$_\$0.00	
	(15.) = \$ <u>\$16,599.40</u>	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$162.48	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$16,436.92	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number <u>C13</u>0214

		 COMMI	
/ A A	1 I X I I X <i>F</i>	 / · / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 1 1 1 1 1 1 1 1
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2. Committee Name BRIAN L. MACKIE FOR PROSECUTOR

CANDIDATE COMM	I LE 2. Committee Name		
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.	Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services wer purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: CITIZENS FOR JUSTICE 1175 MOREHEAD CT ANN ARBOR, MI 48103 If over \$100.00 cumulative, please provide:	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-LOAI Description FILING FEE	_{\$} _100.00	_{\$} 16,100.00
Occupation: Employer Name & Business Address: Fund Raiser Contribution	5. Date Of Receipt: 02/22/12 6. Vendor Name & Address: WASHTENAW COUNTY CLERK PO BOX 8645 ANN ARBOR, MI 48107	Click Here for Memo	Itemization
Contribution # 2 PAC Receipt? Yes Name & Address CITIZENS FOR JUSTICE 1175 MOREHEAD CT ANN ARBOR, MI 48103	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-LOA	\$ 100.00	\$ 16,200.00
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description ADVERTISING SPONSORSHIP 5. Date Of Receipt: 06/01/12 6. Vendor Name & Address: KIWANIS OF MICHIGAN FOUNDATION PO BOX 231 MASON, MI 48854-0231	Click Here for Memo	Itemization
Fund Raiser Contribution 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-LOA Description 5. Date Of Receipt: 6. Vendor Name & Address:	.N _ Click Here for Memo	Itemization
Fund Raiser Contribution			
	Page Subf	total \$200.00	\$16,200.00
	Grand Total of all Schedules (Complete on last page of Sched		_,

Enter this total on line 6 of Summary Page

Page ______ of _____



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number C130214

2. Committee Name BRIAN L. MACKIE FOR PROSECUTOR

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name UNITED STATES POSTAL SERVICE		02/29/12	\$ 86.00
Address	Purpose: BOX RENTAL	Date	
ANN ARBOR, MI 48107	· · · · · · · · · · · · · · · · · · ·	Here for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
Name INTERNAL REVENUE SERVICE		03/10/12	. 10 10
MAI FLAME LITA FLAGE OFFICE	INCOME TAX	Date	\$ <u>13.48</u>
Address	Purpose: INCOME TAX		
	Click I	Here for Memo I	temization Type
·	Check box if this expenditure is payment of	•	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name BANK OF ANN ARBOR		07/17/12	* 63.00
,	Purpose: ACCUMULATED BANK FEES	Date	\$ <u>63.00</u>
Address			
125 S FIFTH AVE ANN ARBOR, MI 48107	 - 		temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			\$
Address	Purpose:	Date	*
	Click	Here for Memo I	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name	1		ø.
Address	Purpose:	Date	\$
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	<u> </u>	otal this page	\$162.48
	Grand Total of all	Schedules 1B	
	(Complete on last pag		\$162.48

Enter this total on line 8a of Summary Page

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