



**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
C130214

2. Committee Name
BRIAN L. MACKIE FOR PROSECUTOR

4. Candidate Last Name **MACKIE** First Name **BRIAN** M.I. **L**

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) 327-7927

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.

6. Treasurer's Name & Residential Address
**MARK KNEISEL
434 S. MAIN ST.
ANN ARBOR, MI 48104**

Area Code & Phone (734) 358-1354

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. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
08/07/12

9c. Annual Statement (_____ Coverage Year)

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. Dissolution of Candidate Committee

Effective Date of Dissolution

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 MARK KNEISEL , *Mark Kneisel* Date 7/25/12
Type or Print Name Signature

Candidate BRIAN L. MACKIE , *Brian Mackie* Date 7-25-12
Type or Print Name Signature



1. Committee I.D. Number C130214

2. Committee Name BRIAN L. MACKIE FOR 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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$0.00</u>	(20.) \$ <u>\$783.31</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$200.00</u>	(21.) \$ <u>\$949.35</u>
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.) \$ <u>\$162.48</u>	(23.) \$ <u>\$636.96</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
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>\$16,599.40</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>\$16,599.40</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$162.48</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$16,436.92</u> *	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number C130214
2. Committee Name BRIAN L. MACKIE 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). Report <u>all</u> 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 checked="" type="checkbox"/> Yes Name & Address: CITIZENS FOR JUSTICE 1175 MOREHEAD CT ANN ARBOR, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	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>FILING FEE</u> 5. Date Of Receipt: <u>02/22/12</u> 6. Vendor Name & Address: WASHTENAW COUNTY CLERK PO BOX 8645 ANN ARBOR, MI 48107 <input type="checkbox"/> Fund Raiser Contribution	\$ <u>100.00</u> \$ <u>16,100.00</u>	
Contribution # 2 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: CITIZENS FOR JUSTICE 1175 MOREHEAD CT ANN ARBOR, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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>ADVERTISING SPONSORSHIP</u> 5. Date Of Receipt: <u>06/01/12</u> 6. Vendor Name & Address: KIWANIS OF MICHIGAN FOUNDATION PO BOX 231 MASON, MI 48854-0231 <input type="checkbox"/> Fund Raiser Contribution	\$ <u>100.00</u> \$ <u>16,200.00</u>	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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: <input type="checkbox"/> Fund Raiser Contribution	\$ _____ \$ _____	

Page Subtotal **\$200.00** \$16,200.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$200.00**

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C130214
2. Committee Name BRIAN L. MACKIE FOR PROSECUTOR

3. 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 Address ANN ARBOR, MI 48107 <input type="checkbox"/> Fund Raiser	Purpose: <u>BOX RENTAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/29/12</u> Date	<u>\$ 86.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name INTERNAL REVENUE SERVICE Address <input type="checkbox"/> Fund Raiser	Purpose: <u>INCOME TAX</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/10/12</u> Date	<u>\$ 13.48</u> Click Here for Memo Itemization Type
Expenditure #3 Name BANK OF ANN ARBOR Address 125 S FIFTH AVE ANN ARBOR, MI 48107 <input type="checkbox"/> Fund Raiser	Purpose: <u>ACCUMULATED BANK FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/17/12</u> Date	<u>\$ 63.00</u> Click Here for Memo Itemization Type
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	_____ Date	\$ _____ Click Here for Memo Itemization Type
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	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **\$162.48**
Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$162.48**

Enter this total on line 8a of Summary Page