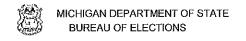
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	l signed by andidate.	3. This Statement covers From	7/21/15	to 10/20/1	15
1. Committee I.D. Number 6/30 2/4		4. Candidate Last Name Mackit	First Nai Bria.	me vi	M.I.
2. Committee Name		4a. Office Sought Including Dis	strict # or Community Se	rved (If applicable)	
Brian L. Mackie for Prosec	utor		ting Attorne Josh tenges	/	
5. Committee's Mailing Address		6. Treasurer's Name & Reside	4		
P.O. BOX 7025		Eric Grafe	inberg		
Ann Arbo (MI 48107		233 Crest Ave.			
Area Code and Phone 134 - 169 - 64 If the address in this box is different from the comm	ittee	Ann Arbor	MI 481	03	
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone 734-769-6458			
7. Treasurer's Business Address		Designated Record keeper's Designated Record keeper)	Designated Record keeper's Name and Mailing Address (If the committee has Designated Record keeper)		
P.O. Box 8643		g		元 5	THS
P.O. Box 8645 Ann Arbor, M.Z. 48	107				ENAW
•				SE SE	
	2			THE TO	M/003
Area Code and Phone 734 - 222 - 6	620	Area Code and Phone			
9. TYPE OF STATEMENT	Required ON	LY if candidate	9e. Dissolution of Ca	Indidate Committee	* X
9a. Pre-Election OR 9b. Post-Election	is not on the current year:	ballot for the	By checking this it	em I/We certify any c	outstanding debt
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.		
Primary	July Quart	erly			
General	October Q	uarterly	Further, if the dissolutio	n cannot be granted	, that this be
Convention			considered a request fo	r the Reporting Waiv	er.
Special	9c. Annua	l Statement ()	,		
School		Coverage Year	Effective date of dissolution		
Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition o Schedule 1B and the S		t be reported on
Date of Election, Convention or Caucus		,			
10. Verification: I/We certify that all reasonable dilige			lent and attached schedu	les (if any) and to the	e best of
my\our knowledge and belief the contents are true, a	accurate and co	mplete.			
Current Treasurer or Designated Record keeper Type or Print Name	nbë rg	/ Signature	D	ate (0(23)	15
Candidate BRIAW MAC	KIC	1 Dros	Marks D	Date /0 -2	J-/5
Type or Print Name		Signature			



1. Committee I.D. Number <u>C130214</u>

SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C130214</u>
2. Committee Name <u>Brian L. Mackie for Prosecutor</u>

CANDIDATE COMMINITIES		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	_	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>O</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 8 8 8 06	(19.) \$ 43.04
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 8,06	(20.) \$ 43.04
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>250.00</u>	(21.) \$ 965.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$ O
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ O	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ O	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$O	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$ 184.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ O	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$ O	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ O	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ O	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ O	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	BALANCE STATEMENT (13.) \$ 23,324.28 (14.) + \$ 8.06 (15.) = \$ 23,332.34 (16.) - \$ 0.00 (17.) \$ 23,332.34 *	



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number C130214

Result Markin for Prosecutor

	2. Co	ommittee Name <u>Scian L. M</u>	ackie for Frosecuto
3. Name & Address From Whom Received	• • • •	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt 7/2/115	Loan from a Lending Institu	s 2 . 24
Bank of Ann Arbor	,	Interest	Ф <u>. С</u>
125 S. FIFTH Ave.		Refund \Rebate	Click for Memo Itemization Type
Ann Arbor, MI 48107	Fund Raiser	Other (Specify)	
Receipt #2 Name & Address:	Date of Receipt 8 18 15	Loan from a Lending Instit	ution
Benkof Ann Arbor		Interest	s /2 79
125 S. Fifth Ave.		Refund \Rebate	Click for Memo Itemization Type
Ann Arbor, MI 48107	Fund Raiser	Other (Specify)	
Receipt #3	Date of Receipt 9 15 15	Loan from a Lending Institu	
Banket Ann Arbor		Interest	s /. 79
125 S. Fifth Ave		Refund \Rebate	Click for Memo Itemization Type
Ann Abor, MI	_	Other (Specify)	
48107	Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt 10/20/15	Loan from a Lending Institu	
Bank of Ann Arbor		Interest	\$ 2 . 27
125 S. Afth Ave		Refund \Rebate	Click for Memo Itemization Type
Ann Alber, MI		Other (Specify)	
48107	Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institu	tion
	•	Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #6 D Name & Address:	Pate of Receipt	Loan from a Lending Institu	ution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #7 D Name & Address:	Pate of Receipt	Loan from a Lending Instit	ution \$
		Interest	'
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
		<u>.</u>	Page Subtotal 8 06
		Grand Total of All So (Complete on last pag	
			Enter this total on

Enter this total on line 4 of Summary Page

Page_____ of ____



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number

C (30214

2. Committee Name Brian L: Markix For Prosecutor

CANDIDATE COMN	IITTEE 2. Committee Name 15/14 A 1.11042	(101 11230	
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.	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? Yes Name & Address: CHZENS for Justice		250,00 \$	6
1175 More head C+. Ann Arber, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	MEM LIGHE DUBLISH CHANGE	ick Here for Memo Ite	emization
Fund Raiser Contribution	218 Chapin Ana Arbor, MJ 48103		
Contribution # 2 PAC Receipt? Yes Name & Address	4.	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:		
	Cli	ck Here for Memo Ite	emization
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes Name & Address:	4.	\$_	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:		
Fund Raiser Contribution	CH	ick Here for Memo Ite	emization
	Page Subtotal	250.00	965.00
	Grand Total of all Schedules 1-li (Complete on last page of Schedule		

Enter this total on line 6 of Summary Page

Page _____ of ____