

# CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and	I signed by	3. This Statement covers From	· in la · lim	12/21/1	free-
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.		Candidate Last Name	10/21/15 to First Name	12/31/18	M.I.
1. Committee I.D. Number		4. Candidate Last Name  Macki'e	Brian		ivi.i.
C130214		• • • •	- ·	d (If applicable)	L-
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)  Prosecuting Afformey			
Brian L. Mackie For Prosecut	0	4b. County of Residence Wa			
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address			
PO BOX 7025		Eric Gutenberg			
Ann Arbor, MI 48107		233 Crest Ave.			
, , , , , , , , , , , , , , , , , , , ,		Ann Arbor, MI 48103			
Area Code and Phone 734) 769 -645	R	minima por jara	- 101 )		
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) 769-6458			
7. Treasurer's Business Address		8. Designated Record keeper's	s Name and Mailing Addres	ss (If the committee	has a
		Designated Record keeper)	o Hamo and Manny / Nareso (i. a.e cerminae nac a		
P.O. BOX 8645				~~ -	
Ann Arbor, MI 48107		,			5
					HS
		•			WASHTENA
Area Code and Phone (734) 222-662	D	Area Code and Phone			27
9. TYPE OF STATEMENT	T		9e. Dissolution of Candi	idate Committee	C.M.
9a. Pre-Election OR 9b. Post-Election  Required ONLY if candidate is not on the ballot for the current year:		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here			
Pre-Election or Post-Election Statement relates to:			by discharged and forgiver the committee. The comm	n, and no longer col	llectible from
Primary	July Quart	erly	owes no lates fees or has a		
	October Q	uarterly	- n - 160 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 1		L - 4 41-5 - 1 -
General			Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.		
Convention					
Special	coverage Year		Effective date of dissolution		
School					
Caucus Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus					
10. Verification: I\We certify that all reasonable dilige	anco was used	in the propagation of this stateme	ant and attached schedules	(if any) and to the I	neet of
mylour knowledge and belief the contents are true,	accurate and co	omplete.	and altached schedules	(ii arry) and to the t	CSt Gi
Current Treasurer or Designated Record keeper Fric Gutens Type or Print Name	lerg	/ Signature	Date	1/29/1	16
Candidate Brian Mackie		· Rnon n	7 dyr Date	1-29-	-16
Type or Print Name		Signature		•	



1. Committee I.D. Number C130214

# SUMMARY PAGE CANDIDATE COMMITTEE

# 2. Committee Name Brian L Mackie for Prosecutor

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		The state of the s
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.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$3.58	(19.) \$ \$46.62
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$3.58	(20.) \$ \$46.62
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$965.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <b>\$0.00</b>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$0.00	(23.) \$ \$92.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
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.) \$ \$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	•
13. Ending Balance of last report filed	(13.) \$ \$23,332.34	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ \$3.58	_
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$23,335.92	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$_ <del>+</del>	<del></del>
(Add lines 9 and 11)	(16.) - \$ \$0.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$23,335.92	<u></u> *



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#### ITEMIZED OTHER RECEIPTS **SCHEDULE 1A-1**

#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number C130214

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Page

2. Committee Name Brian L Mackie for Prosecutor 6. Amount 3. Name & Address From Whom Received 5. Type of Receipt Date of Receipt 11/17/15 Receipt #1 Loan from a Lending Institution Name & Address: s 1.79 Bank of Ann Arbor ✔ Interest 125 South Fifth Ave Refund \Rebate Click for Memo Itemization Type Ann Arbor, MI 48107 Other (Specify) \_\_\_ Fund Raiser Receipt #2 Date of Receipt 12/15/15 Loan from a Lending Institution Name & Address: Bank of Ann Arbor s 1.79 Interest 125 South Fifth Ave Refund \Rebate Click for Memo Itemization Type Ann Arbor, Ml 48107 Other (Specify) Fund Raiser Receipt #3 Name & Address: Date of Receipt Loan from a Lending Institution Interest Refund \Rebate Click for Memo Itemization Type Other (Specify) Fund Raiser Date of Receipt Receipt #4 Name & Address: Loan from a Lending Institution Interest Click for Memo Itemization Type Refund \Rebate Other (Specify) \_\_\_\_ Fund Raiser Receipt #5 Name & Address: Date of Receipt Loan from a Lending Institution Interest Refund \Rebate Click for Memo Itemization Type Other (Specify) Fund Raiser Receipt #6 Name & Address: Date of Receipt Loan from a Lending Institution Interest Click for Memo Itemization Type Refund \Rebate Other (Specify) Fund Raiser Receipt #7 Date of Receipt Name & Address: Loan from a Lending Institution Click for Memo Itemization Type Refund \Rebate Other (Specify) Fund Raiser Page Subtotal \$3.58 Grand Total of All Schedules 1A -1 \$3.58 (Complete on last page of Schedule) Enter this total on



Page \_\_\_\_ of \_\_\_\_

## **ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK**

1. Committee I. D. Number C130214

### CANDIDATE COMMITTEE

2. Committee Name Brian L Mackie for Prosecutor

CANDIDATE COMIN			
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.	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:	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	\$	965
If over \$100.00 cumulative, please provide: Occupation:	Description		
Employer Name & Business Address:	5. Date Of Receipt:  6. Vendor Name & Address: Clic	ck Here for Memo Ite	mization
Fund Raiser Contribution			
Contribution # 2 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 Goods or Services Purchased by Candidate or Others-LOAN	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description  5. Date Of Receipt:  6. Vendor Name & Address:	ck Here for Memo Ite	mization
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 Goods or Services Purchased by Candidate or Others-LOAN	\$_	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description  5. Date Of Receipt:  6. Vendor Name & Address;	ck Here for Memo Ite	mization
Fund Raiser Contribution	Cite	A Here to I Wester Ite	mza(W)
	Page Subtotal		\$965.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	1	nary



### **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

C130214

1. Committee I. D. Number

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	_		\$
Address	Purpose:	Date	<del></del>
	Click He	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		·
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name			\$
Address	Purpose:	Date	
	Click He	ere for Memo	Itemization Type
	<b></b>	or to twente	nomization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name			
Address	Burnana	Date	\$
Address	Purpose:		
		ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #4	statement		
Name			
	_		\$
Address	Purpose:	Date	T140
	Click He	ere for Memo	Itemization Type
	Check box if this expenditure is payment of	ic tol Memo	nemedian type
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	* ************************************		
Name			
Address	Purpose:	Date	\$
		oro for Marra	Itomization Type
	Check box if this expenditure is payment of	Omeivi ioi esc	Itemization Type
Fund Raiser	debt or obligation reported on previous statement		
	Subtota	ıl this page	\$0.00
	Grand Total of all So (Complete on last page of		\$0.00

Enter this total on line 8a of Summary Page

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