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: 07/18/16 to 08/22(16				
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.		
C130214		Mackie Brian L				
		4a. Office Sought Including District # or Community Served (If applicable)				
2. Committee Name Brian L. Mackie for Prosecutor 5. Committee's Mailing Address		Prosecuting Attorney				
		4b. County of Residence Wash tenaw				
		6. Treasurer's Name & Residential Address				
P.O. Box 7025		Erix Gutenberg				
Ann Arbor, MI 48107		Erix Gutenberg 233 Crest Ave.				
		Ann Arbor, MZ 48103 2 8 27				
Area Code and Phone 734 - 769 - 645 8	8	11.0011.2011	25			
If the address in this box is different from the committee						
mailing address on the Statement of Organization, r be sent to this address by the filing official.	mail may	Area Code & Phone 734.	-769 - 6458 BB	20		
7. Treasurer's Business Address	·	8. Designated Record keeper's Name and Mailing Address (If the committee has a				
P.O. BOY 8645		Designated Record keeper)	TO STATE OF THE ST			
Ann Arbor, MI 48107			gz	ملك		
, -	•					
Area Code and Phone 734-222-662	0	Area Code and Phone				
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee			
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the	ILY if candidate ballot for the	By checking this item I/We certify any c	utstanding debt		
Pre-Election or Post-Election Statement relates to:	current year:		by the committee to the candidate or his or by discharged and forgiven, and no longer of	collectible from		
cth	July Quart	erly	the committee. The committee has no oustanding assets, lowes no lates fees or has any oustanding debt.			
MPrimary	October Q	uarterly				
General			Further, if the dissolution cannot be granted, considered a request for the Reporting Waiv			
Convention						
Special	^{9c.} Annual Statement ()		Effective date of dissolution			
School	l ,	Coverage Year				
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						
8/2/16			·			
0/2/10						
				·		
10. Verification: IVWe certify that all reasonable dilige	ence was used	in the preparation of this stateme	ent and attached schedules (if any) and to the	best of		
		P H KT				
Current Treasurer or Designated Record keeper Type or Print Name	era	, SAULT		•		
Type or Print Name	ノ	Signature	Date 8/31/16 Markir Date 9-1-			
Candidate BRIAN MAC	CKIE	RAIN	naskis a-1-	10		
Candidate DITAN Type or Print Name		Signature	Date	<u>* </u>		

SUMMARY PAGE

1. Committee I.D. Number C130214 2. Committee Name Brian L. Mackie for Projecutor

CANDIDATE COMMITTEE	2. Committee Name Shan C. Mace		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle	
3. Contributions	This I chou	Outsidiative this election cycle	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0</u>		
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE		
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$	
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 3.56	(19.) \$ 62.23	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 3.56	(20.) \$ _ 62 . 23	
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$ 1907. 73	
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.) \$ O	(23.) \$ 194.00	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _		
b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$ O		
(Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>O</u>		
b. Owed to the Committee (Schedule 1E)	(12b.) \$ b		
 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) 	(14.) + \$ 3.56 (15.) = \$ 23,7	<u>145.91</u> <u>14</u> 9.53 <u>2</u> 49.53	



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

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

	2.	2. Committee Name Brian L. Markie for frage utor				
3. Name & Address From Whom Receive	d 4. Date of Receipt		5. Type of Receipt		6. Amount	
Receipt #1 Name & Address:	Date of Receipt 7/19/16		Loan from a Lending Ins	ititution	, 78	
Bank of Ann A-bor		X	Interest		\$1. 7 <u>8</u>	
125 SOUTH FIFTH AVE.			Refund \Rebate	Click for Memo	Itemization Type	
Ann 4-bor, MI 48107	Fund Raiser		Other (Specify)			
Receipt #2 Name & Address:	Date of Receipt 8/16/16	. 🔲	Loan from a Lending Ins	stitution	10 A A	
Bonk of Ann Arbor		$ ot\!$	Interest	!	1. 78 1. 7 x	
125 South Fifth Ave			Refund \Rebate	Click for Mem	o Itemization Type	
Ann Arbor, MI 48107	Fund Raiser		Other (Specify)			
Receipt #3 Name & Address:	Date of Receipt		Loan from a Lending Institution			
			Interest	\$		
			Refund \Rebate		o Itemization Type	
	Fund Raiser		Other (Specify)			
Receipt #4 Name & Address:	Date of Receipt		Loan from a Lending Institution			
name & Address.			Interest		<u> </u>	
			Refund \Rebate	Click for Mem	ltemization Type	
	Fund Raiser		Other (Specify)			
Receipt #5 Name & Address:	Date of Receipt		Loan from a Lending Institution			
Tanto a Maross.			Interest		\$	
			Refund \Rebate	Click for Mem	ltemization Type	
	Fund Raiser		Other (Specify)			
Receipt #6 D Name & Address:	ate of Receipt		Loan from a Lending Ins	titution		
			Interest		\$	
			Refund \Rebate	Click for Memo	Itemization Type	
	Fund Raiser		Other (Specify)			
Receipt #7 C. Name & Address:	ate of Receipt		Loan from a Lending Ins	efitution		
Name of Address.			-	diadon	\$	
			Interest	Click for Mome	Itemization Type	
			Refund \Rebate	CHOIL IOI MICHIO	nonneason Type	
· ** ****** ,	Fund Raiser		Other (Specify)			
				Page Subtotal	3.56	
			Grand Total of All ((Complete on last p		3.56	

Enter this total on line 4 of Summary Page

Page of ____