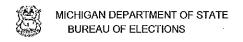


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and co	I signed by andidate.	3. This Statement covers From	1: 7-21-17 to 10-20-	17
1. Committee I.D. Number Cl 3 0214 2. Committee Name Brian L. Mackie for Prosecutor		4. Candidate Last Name	First Name	M.t.
		Macki'e Srian L 4a. Office Sought Including District # or Community Served (If applicable)		
		4a. Office Sought Including Dis		
		4b. County of Residence		
5. Committee's Mailing Address P.O. Box 7025 Ann Arbor, MT 48107		6. Treasurer's Name & Residential Address		
		Eric Go		
		233 Crest Ave		
1711-769-1 40	-a	Ann An	bor, MI 48103	
Area Code and Phone <u>134-169-6458</u> 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 <u>734 - 769 - 6458</u>		
P.O. Box 8645		. ,		
Ann Arbor, MI 48107			2011 Figure 1	WASHTENAM
			76 81	
	e 5			\$ = 1
Area Code and Phone 734-222-66	20	Area Code and Phone	<u> </u>	
9. TYPE OF STATEMENT	Paguired ON	ILY if candidate	9e. Dissolution of Candidate Committee	
9a. Pre-Election OR 9b. Post-Election Required Or is not on the current year.		ballot for the	By checking this item I/We certify any by the committee to the candidate or his or	
Pre-Election or Post-Election Statement relates to:	July Quart		by discharged and forgiven, and ho longer the committee. The committee has no ous owes no lates fees or has any oustanding d	collectible from Fanding assets,
Primary		•	lowes no lates lees of has any dustanding u	eut.
General	October Quarterly .		Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
Convention			solicion a request for the responding visi	
Special	9c. Annua	l Statement ()	Effective date of dissolution	
School	Coverage Year		ERCORVO GRAGO OF GRADUATION	
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			,	
		e e	· .	
10. Verification: I\We certify that all reasonable dilige			ent and attached schedules (if any) and to th	e best of
	/	O HILL		1
Current Treasurer or Designated Record keeper Eric Gutter	aberg	174UU		<u>'17 </u>
Type or Print Name	J	Signature		
Candidate RIMA MACK	1E	A non My	arkie Date 10/2	3/2017
Type or Print Name		Signature	Date	



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

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Brian L. Mackle for Prosecutor

CANDIDATE COMMITTEE	•	7
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	· ·	Cumulative this election by the
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u></u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 5.78	(19.) \$ 21.36
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>5</u> .78	(20.) \$ 21. 36
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 	(22.) \$ 0
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>O</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ O	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>O</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>O</u>	(23.) \$ 112.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ O	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ O	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0	(24.) \$ 0
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 BALANCE STATEMENT	
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)	(13.) \$ $23,158.90$ (14.) + \$ $5,78$ (15.) = \$ $23,164.68$ (16.) - \$ 0 (17.) \$ $23,164.68$	•



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number C130214

3. Committee Name Boland Markite Fox Practice to

Page

3. Name & Address From Whom Recei	ved 4. Date of Receipt	2. Committee Name />// UN L 1900(()) 5. Type of Receipt	6. Amount	
Receipt #1	Date of Receipt 8//5//7	Loan from a Lending Institution	o. Amount	
Name & Address: Bank of Ann Abo		Interest	\$ <u>/. 78</u>	
125 S. FIFTH AVE.		Refund \Rebate Click fo	or Memo Itemization Type	
Ann Arbor, MI 48107	Fund Raiser	Other (Specify)		
Receipt #2 Name & Address:	Date of Receipt 9/19/17	Loan from a Lending Institution		
Bunk of Ann Albor		Interest	\$ 2. ² 2	
125 S. Fifth Ave	2112	Refund \Rebate Click for	or Memo Itemization Type	
Ann Arbor, MI 48	Fund Raiser	Other (Specify)		
Receipt #3 Name & Address:	Date of Receipt 10/17/17	Loan from a Lending Institution	, 7 <u>8</u>	
Bank of Ann Arbur		Interest	<u>\$_/.78</u>	
125 S. Fifth Ave	ሳ <i>ሲል ሮግ</i>	Refund \Rebate Click fo	or Memo Itemization Type	
Ann Albor, MI 48		Other (Specify)		
Receipt #4	Fund Raiser Date of Receipt			
Name & Address:		Loan from a Lending Institution	\$	
		Interest		
		Refund \Rebate Click fo	or Memo Itemization Type	
	Fund Raiser	Other (Specify)		
Receipt #5 Name & Address:	Date of Receipt	- Loan from a Lending Institution	Loan from a Lending Institution	
· ·		Interest	\$	
		Refund \Rebate Click fo	or Memo Itemization Type	
		· · · · · · · · · · · · · · · · · · ·	· ·	
Docaria 40	Fund Raiser	Other (Specify)		
Receipt #6 Name & Address:	Date of Receipt	Loan from a Lending Institution		
•		Interest	\$	
		Refund \Rebate Click fo	r Memo Itemization Type	
	Fund Raiser	Other (Specify)		
Receipt #7 Name & Address:	Date of Receipt	Loan from a Lending Institution		
Name & Address.		-	\$	
		Interest		
		Refund \Rebate	Memo Itemization Type	
	Fund Raiser	Other (Specify)		
		Page St	ubtotal #5.78	
		Grand Total of All Schedules (Complete on last page of Sch		
	•	(Somplete on last page of Oth	Enter this total on	
·		· ·	line 4 of Summary	