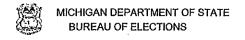


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVERTAGE				
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: 10-21-17 to 12-31-17 4. Candidate Last Name First Name M.I. MacKie Brian L		
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
C130214		Mackie	, Brian	<u></u>
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)		
Brian L. Mackie for Prosecutor		Ab. County of Residence Washtenaw		
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address		
P.O. Box 7025		Ericloutenberg		
Ann Arbor, MI 48107		233 Crost Ave.		
•		Ann Arbor, MI 48103		
Area Code and Phone 734 – 769 – 6458 If the address in this box is different from the committee				
malling 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 Name and Mailing Address (If the committee has a Designated Record keeper)		
P.O. BOX 8645			85.	
Ann Alber, MI 48107			N. C.	ASHTI
	į		S S	2 2 -
Area Code and Phone 734 - 222 - 66	20	Area Code and Phone	第四	AW C
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Com	mittee 20
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the		By checking this Iten certified by the committee to the care that or	∪
Pre-Election or Post-Election Statement relates to:	current year:		by the committee to the confidence or by discharged and forgiver and not the committee. The committee has	his or her spouse is nere larger collectible from oustanding assets,
Primary	July Quarterly		owes no lates fees or has any oustan	iding debt.
General	October Quarterly		Further, if the dissolution cannot be g	
Convention			considered a request for the Reportin	ig Waiver,
Special	9c. Annual Statement (2017) 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 of residual fund Schedule 1B and the Summary Page	
Date of Election, Convention or Caucus		·		
10. Verification: I/We certify that all reasonable dilige	nce was used in	n the preparation of this stateme	ı ent and attached schedules (if any) an	d to the best of
my\our knowledge and belief the contents are true, a	ccurate and col	O.H.L.		,
Current Treasurer or Designated Record keeper Type or Print Name	5	Signature		5/18
Candidate BAIAN MA	CKB	Main W	7 + 1 /	-25-18
Candidate 4 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	CK 16	Signature (Date	-20-10



SUMMARY PAGE

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

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		•
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>//</u>	(18.) \$ 0
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>4, 28</u>	(19.) \$ 600000 25.64
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 4, 28	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-lK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.)\$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
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.) \$	(23.) \$ 112.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ <i>O</i>	
b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.)\$	
(Add Line 10a + Line 10b)	(11.) \$ 0	(24.) \$ 0
DEBTS AND OBLIGATIONS 12. Debts and Obligations		(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.)\$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ <u>O</u>	
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, 164.68 (14.) + \$ 4.28 (15.) = \$ 23, 168, 96 (16.) - \$ 0 (17.) \$ 23, 168, 96 .	



Page _____ of ____

ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

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

2. Committee Name Royan 1. Marking for lease 1. Language

Page

3. Name & Address From Wh		2. Committee Name 6/4n L. Marker 10/10/10/10/10/10/10/10/10/10/10/10/10/1
Receipt #1	Date of Receipt 1/21/17	Loan from a Lending Institution
Name & Address: Rank of Ann Ar	600	Interest
Bank of Ann An 125 S. Fifth Al		Refund \Rebate Click for Memo Itemization Type
Ann Arbor, MI 4	8/07 Fund Raiser	Other (Specify)
Receipt #2 Name & Address:	Date of Receipt 12/19/17	Loan from a Lending Institution
Bankef Ann Arbo		Interest \$ 2.06
125 S. Fifth A		Refund \Rebate Click for Memo Itemization Type
Ann Arbor, MZ	18/07 Fund Raiser	Other (Specify)
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #4 Name & Address:	Date of Receipt	Loan from a Lending Institution
- Name & Address.		Interest \$
	·	Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #5	Date of Receipt	Loan from a Lending Institution
Name & Address:		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	_	Other (Specify)
Descint #6	Fund Raiser Date of Receipt	
Receipt #6 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #7 Name & Address:	Date of Receipt	Loan from a Lending Institution
Name & Address.		\$
		Interest Click for Memo Itemization Type
	—	Refund (Repate
	Fund Raiser	Other (Specify)
•		Page Subtotal 4.28
		Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) 4, 28
		Enter this total on line 4 of Summan