

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	d signed by andidate.	3. This Statement covers From	n: 01-01-18 to 07-20-18		
1. Committee I.D. Number C130214		Candidate Last Name MOCKI	First Name M.I. Brian L		
2. Committee Name Brian L. Mackie for Prosecutor		4a. Office Sought Including District # or Community Served (If applicable)			
5. Committee's Mailing Address		4b. County of Residence Washfenow 6. Treasurer's Name & Residential Address			
P.O. BOX 7025		Eric Gute			
Ann Arbor, MI 48	107	233 Cre	est Ave.		
Area Code and Phone 734-769-64. If the address in this box is different from the comm mailing address on the Statement of Organization,	ittee		1, WI 48103		
be sent to this address by the filing official.			1-769-6458		
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 Ann Arbor, MI 48	3107		FILE JUL 24 Y CLEAK		
			で COUL		
Area Code and Phone 734 - 222 - 6	620	Area Code and Phone	2 G S S S S S S S S S S S S S S S S S S		
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election	is not on the		9e. Dissolution of Candidate Committee		
Pre-Election or Post-Election Statement relates to:	current year:		by the committee to the candidate or his or her spouse is here 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 ☐General	October Q	uarterly			
Convention			Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.		
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 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 my\our knowledge and belief the contents are true, a	ence was used i	n the preparation of this statement	ent and attached schedules (if any) and to the best of		
Current Treasurer or Designated Record keeper Type or Print Name	715	, Establish Signature			
Candidate BRIAU MACA	< 1 R	/ Brian 7 Signature	Marké Date 7/24/2018		



1. Committee I.D. Number <u>C/302/4</u>

SUMMARY PAGE

2. Committee Name Briga L. Mack'e for Presecutor

CANDIDATE COMMINITEE		,
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.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 27.05	(19.) \$ 52.69
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>27.05</u>	(20.) \$ _ 52.69
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.) \$ 0	(22.) \$ O
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ /20.00	
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.) \$ /20.0	(23.) \$ 232 .00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(1000)	а
	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11) \$ 0	
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
	BALANCE STATEMENT	
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$ 23,168.96	
14. Amount received during reporting period	(14.) + \$ 27.05	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 23, 196.01	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ /20.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 23,076.01	•
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ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number	C130	214	/
_		•	

3. Name & Address From Whom Received			Macked for Proseruk
	A. Date of Receipt Date of Receipt //16/18	5. Type of Receipt Loan from a Lending Institu	6. Amount
Name & Address: Bank of Ann Arbae		Interest	\$ <u>2.67</u>
125 S. Fifth Ave	•	Refund \Rebate	Click for Memo Itemization Type
Ann Arbor, MI 481	07		
D	Fund Raiser	Other (Specify)	
	Date of Receipt 2/20/18	Loan from a Lending Institu	ution
Brak of Ana Arbor 125 S. Fifth Ave.		Interest	\$ <u>3.33</u>
Ann Abor MI 481	07	Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
	ate of Receipt 3/20/18	Loan from a Lending Institu	
Bunk of Ann Arbor		Interest	\$ 3.51
125 S. Fifth Ave.		Refund \Rebate	Click for Memo Itemization Type
Ann Arbor, MI 4810	27 7	Other (Specify)	
Receipt #4 Da	Fund Raiser ate of Receipt//17/10		
Name & Address:	ile of Necespi 4//////	Loan from a Lending Institut	tion
Benker Ann Arbur		Interest	\$ 5.31
125 S. FAA AVE.	~	Refund \Rebate	Click for Memo Itemization Type
Ann Arbor, MI 4810	1	Other (Specify)	,
	」Fund Raiser		
Receipt #5 Dat Name & Address:	le of Receipt <u>5/15/18</u>	Loan from a Lending Instituti	
Bank of Ann Arbor		Interest	\$ 5,31
125 S. FIFTH AVE.	aprenta.	Refund \Rebate	Click for Memo Itemization Type
Ann Abor, MI 4810	Fund Raiser	Other (Specify)	
Receipt #6 Date Name & Address:	of Receipt <u>6/19/18</u>	Loan from a Lending Institut	ion
Bunk of Ann Arbor		Interest	\$ <u>6.72</u>
125 S. Fifth Are. Ann Abog MI 4810	K (***)	Refund \Rebate	Click for Memo Itemization Type
HAN HIBO, MIL 1810	Fund Raiser	Other (Specify)	· .
Receipt #7 Date of	of Receipt		
Name & Address:		Loan from a Lending Institut	ion \$
		Interest	Ψ
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
		F	Page Subtotal 27.05
		Grand Total of All Sch	edules 1A -1
		(Complete on last page	or scriedule)

Enter this total on line 4 of Summary Page



Page _____ of ____

ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number C130214

2. Committee Name Briga 1. Markie for Preservitor

	Committee Name 15/14/12. Markete / C	1 10/6	uror
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name US Postmoster 200 E-Liberty Address Ann Arbor, MI 48104	Purpose: Renew P.O. Box	2 <u>/15/18</u> Date	\$ 120.00
Colo La Colo L	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2		100	
Name		· Date	\$
Address	Purpose:		
	Click I	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		÷
Expenditure #3			
Name			
Address	Purpose:	Date	\$
•	Click H	lere for Momo	Itemization Type
	Check box if this expenditure is payment of	CIG TO! MICHIO	Remization Type
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name			
Address	Purpose:	Date	\$
	Click H	ere for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		,,
Expenditure #5	- Control of the cont		
Name			•
Address	Purpose:	Date	\$
	Click H	ere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtota	al this page	120.00
	Grand Total of all S (Complete on last page		120.00
			Enter this total on line 8a of

Summary Page