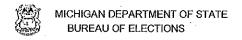
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE					
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.		3. This Statement covers Fron	n: 07-21-18 to 10-20-	-18	
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.	
C130214		Macki	e Brian	_	
01227		4a. Office Sought Including Dis	strict # or Community Served (If applicable)		
2. Committee Name		Prosecuting Attorney			
Brian L. Mackie for Prosecutor		4b. County of Residence Washtenan			
5. Committee's Mailing Address		6. Treasurer's Name & Reside		***************************************	
P.O. BOX 7025		Eric Gutenberg			
Ann Arbor, NI 48107		233 Crest Ave.			
Area Code and Phone 734-769-6458		Ann Arbor, MI 48103			
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		Designated Record Keeper Designated Record Keeper)	's Name and Address (If the committee has a		
P.O. Box 8645 Ann Arbor, MI 48107	= ;	Designated Record Respery			
Ann Arbor, MI 48107					
	ļ		,		
177 1/7	_				
Area Code and Phone 734-222-6620		Area Code and Phone			
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee		
9a. Pre-Election OR 9b. Post-Election is n		ILY if candidate ballot for the	By checking this item I/We certify any ou		
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven, and no longer co the committee. The committee has no oustar	ollectible from	
Primary	July Quarterly		owes no lates fees or has any oustanding det		
General General	October Quarterly		Further, if the dissolution cannot be granted, t	that this be	
Convention			considered a request for the Reporting Waive	r.	
☐Special 9c. [Annua	l Statement (E	
School	-	Coverage Year	Effective date of dissolution	<u> </u>	
Caucus 9d. C	Amend	dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to		<u> </u>	
		e which Statement is being	Note: The disposition of residual funds must Schedule 1B and the Summary Page	e reported on	
Date of Election, Convention or Caucus	******	ou.,	A STATE OF THE STA		
Date of Liection, Convention of Caucas				Ę	
	•	• 1	<u> </u>	X	
			l High g	3	
40. 1/	usad i	- the managed by of this platame	ont and attached schedules (if any) and to the		
10. Verification: IVWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete					
Current Treasurer or Ex. ()					
Designated Record keeper Frint Name Signature Date 10/23/18					
nni Air Aax -t		0 \ \	14 07	0.510	
Candidate DK/AN MACKIE / LAM MORO Date 10-25-2018 Type or Print Name Signature					



. 1. Committee I.D. Number <u>C130 214</u>

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Brank Mackie for Prosecutor

OANDIDATE COMMINTEL		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
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.) \$_ <i>D</i>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>26.35</u>	(19.) \$ 79.04
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 26.35	(20.) \$ 79.04
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0	(21.) \$ 0
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>Ø</u>	(22.) \$
EXPENDITURES		``
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>0</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>(</u>	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>(8c.)</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>O</u>	(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)	(10b.) \$ <u>6</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$ <u>6</u>	(24.) \$ _6
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 23,076.01	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 26.35	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period	(15.) = \$ 23, 102.36 (16.) - \$ 0	· ·
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$	
(Subtract line 16 from line 15)	(17.) \$ 23 , 102.36 *	



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number C130214

2. Committee Name Reine 1. Markie for Processing

3. Name & Address From Whom Receiv		Committee Name 18/10/10 C. MOUCH FOI 1 Often OF
Receipt #1	Date of Receipt Date of Receipt	5. Type of Receipt 6. Amount
Name & Address:	Date of Receipt	Loan from a Lending Institution
Bank of Ann Arbor		Interest \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
125 S. FIFTH Ave.		Refund \Rebate Click for Memo Itemization Type
Ann Arbor, MI 48107	Fund Raiser	Other (Specify)
Receipt #2 Name & Address:	Date of Receipt 8/21/18	Loan from a Lending Institution
Name & Address Bank of Han Arbor	- '	Interest \$ 7, 75
1258. Fifth Ave.		Refund \Rebate Click for Memo Itemization Type
Ann Arbor, MI 48107		Other (Specify)
	Fund Raiser	
Receipt #3 Name & Address:	Date of Receipt 9/18/18	Loan from a Lending Institution
Bank of Ann Arbor		▼ Interest \$ <u>6.20</u>
125 S. FIFTH Ave.		Refund \Rebate Click for Memo Itemization Type
Ann Arbor, MI 48107	П	Other (Specify)
Receipt #4	Fund Raiser Date of Receipt//_//2	·
Name & Address:	Date of Receipt 10/16/18	Loan from a Lending Institution
Bank of Ann Arbor		
125 S. FIFTH AVE.		Refund \Rebate Click for Memo Itemization Type
Ann Alber, NI 48107	•	
	Fund Raiser	Other (Specify)
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institution
, , , , , , , , , , , , , , , , , , ,		Interest \$
	•	Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #6 Name & Address:	Date of Receipt.	Loan from a Lending Institution
		Interest \$
	•	Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
	Date of Receipt .	
Name & Address:		Loan from a Lending Institution
		Interest
, · · -		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
		Page Subtotal # 74.35
		Grand Total of All Schedules 1A -1
•		(Complete on last page of Schedule)

Enter this total on line 4 of Summary Page

Page_____of