

COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE				
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	signed loct andicate.	211ThisAtalemenGovers Fron	1: 07-21-19 to	10-20-19
1. Committee I.D. Number	AWRENCE	AESCANDIDATE L'AST Name RK/REGISTER (C) C	Brian	M.I.
0(302.1	OUNT I GET	4a. Office Sought Including Dis		(If applicable)
2. Committee Name Brian L. Mackie for Prosecutor		Prosecuting Attorney		
Isrian L. Mackete for 1: osteroito.		4b. County of Residence Washferan		
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address		
P.O. BOX 7025 Ann Arbor, MI 48107		Eric Gutenberg		
		233 Crest Ave		
Area Code and Phone 734-769-6458 If the address in this box is different from the committee		Ann Arbor, MI 48103		
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		8. Designated Record Keeper's Name and Address (If the committee has a		
P.O. Box 8645		Designated Record Keeper)		
Ann Arbor, MI 48107				
,				
Area Code and Phone 734 - 222 - 6	620	Area Code and Phone		
9. TYPE OF STATEMENT		7 rea dode and 1 none	9e. Dissolution of Candid	late Committee
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the		By checking this item I/We certify any outstanding debt	
Pre-Election or Post-Election Statement relates to:	current year: July Quarte		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,	
Primary	Land Guard	ony	owes no lates fees or has ar	y oustanding debt.
General	October Q	uarterly	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
Convention			locitor de diregador for ano	responding realization.
Special	9c. Annua	Statement () Coverage Year	Effective date of d	lissolution
School				
Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of res Schedule 1B and the Summ	idual funds must be reported on lary 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	in the preparation of this stateme	ent and attached schedules (i	f any) and to the best of
Current Treasurer or		& HIL		12/19
Designated Record keeper Type or Print Name	(')	Signature	Date	10 (} > / 11]
Candidate RRIAN MAG	CKIE	1 Dain M	Tarky Date	10-27-2019
Type or Print Name		Signature		

SUMMARY PAGE

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

CANDIDATE COMMITTEE	2. Servinas Tranto	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	Tille I Silod	Carratative time election by the
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>O</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ D	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 14.23	(19.) \$ 153 . 62
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 14. 23	(20.) \$ 153 = 62
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ [(21.) \$ <u>*</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
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.) \$	(23.) \$ 366,00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ ①	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ O	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(II.) 5 <u>U</u>	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>(</u>)	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _ (
 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.) \$ $23,028.71$ (14.) + \$ 14.23 (15.) = \$ $23,042.94$ (16.) - \$ 0 (17.) \$ $23,042.94$ *	



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

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

	2. Co	ommittee Name Briga L	. Mackie for Prosecute
3. Name & Address From Whom Receive		5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt 08 - 20 - 19	Loan from a Lending Insti	
Bank of Ann Arbor		Interest	\$ 7.16
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 09-17-19	Loan from a Lending Inst	itution
Bank of Ann Aibor		Interest	\$ 4.42
125 S. Fifth Ave.	_	Refund \Rebate	Click for Memo Itemization Type
Ann Arbor, MI 4810	Fund Raiser	Other (Specify)	
Receipt #3 Name & Address:	Date of Receipt 10 - 15 - 19	Loan from a Lending Instit	
Bank of Ann Albor		Interest	\$ 2.65
125 S. Afth Ave.		Refund \Rebate	Click for Memo Itemization Type
Ann Aiber, MI 48107	Fund Raiser	Other (Specify)	No. of the last of
Receipt #4 Name & Address:	Date of Receipt	П	
Nume a Address.		Loan from a Lending Instit	ution \$
		Interest	Olish for Many Harris II. T
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institu	ution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	Name of the latest of the late
Receipt #6 D. Name & Address:	ate of Receipt	Loan from a Lending Instit	ution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #7 Di Name & Address:	ate of Receipt	Loan from a Lending Instit	
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
			Page Subtotal \$ 14.23
		Grand Total of All So (Complete on last page	
			Enter this total on

Enter this total on line 4 of Summary Page

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