



**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

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: 1/1/20 to 7/20/20

1. Committee I.D. Number C130214  
 2. Committee Name Brian L. Mackie for Prosecutor  
 4. Candidate Last Name Mackie First Name Brian M.I. L  
 4a. Office Sought Including District # or Community Served (If applicable) Prosecuting Attorney  
 4b. County of Residence Washtenaw

5. Committee's Mailing Address P.O. Box 7025  
Ann Arbor, MI 48107  
 Area Code and Phone \_\_\_\_\_  
 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.  
 6. Treasurer's Name & Residential Address Eric Gufenberg  
233 Crest Ave  
Ann Arbor, MI 48103  
 Area Code & Phone \_\_\_\_\_

7. Treasurer's Business Address P.O. Box 8645  
Ann Arbor, MI 48107  
 Area Code and Phone 734-222-6620  
 8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) \_\_\_\_\_  
 Area Code and Phone \_\_\_\_\_

FILED  
 WASHTENAW COUNTY, MI  
 2020 JUL 27 A 10:15  
 LAWRENCE KESTENBAUM  
 COUNTY CLERK/REGISTRAR

9. TYPE OF STATEMENT  
 9a. Pre-Election OR 9b. Post-Election  
 Pre-Election or Post-Election Statement relates to:  
 Primary  
 General  
 Convention  
 Special  
 School  
 Caucus  
 Date of Election, Convention or Caucus \_\_\_\_\_

Required ONLY if candidate is not on the ballot for the current year:  
 July Quarterly  
 October Quarterly  
 9c. Annual Statement (\_\_\_\_\_) Coverage Year \_\_\_\_\_  
 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee  
 By checking this item I/We certify any outstanding debt 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 outstanding assets, owes no late fees or has any outstanding debt.  
 Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  
 Effective date of dissolution \_\_\_\_\_  
 Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We 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 Designated Record keeper Eric Gufenberg , E Gufenberg Date 7/27/20  
 Type or Print Name Signature  
 Candidate BRIAN MACKIE , Brian Mackie Date 7-27-2020  
 Type or Print Name Signature



1. Committee I.D. Number C130214  
2. Committee Name Brian L. Mackie for Prosecutor

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ <u>0</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>8.61</u>	(19.) \$ <u>166.71</u>
5. <b>TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>8.61</u>	(20.) \$ <u>166.71</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>148.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. <b>TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>148.00</u>	(23.) \$ <u>514.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. <b>TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
<b>DEBTS AND OBLIGATIONS</b>		
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>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>23,047.42</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>8.61</u>	
15. <b>SUBTOTAL</b> Add lines 13 and 14	(15.) = \$ <u>23,056.03</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>148.00</u>	
17. <b>ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>22,908.03</u>	



**ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C130214  
2. Committee Name Brian L. Mackie for Prosecutor

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <u>Bank of Ann Arbor</u> <u>125 S. Fifth Ave.</u> <u>Ann Arbor, MI 48107</u>	Date of Receipt <u>1/21/20</u> Fund Raiser	Loan from a Lending Institution <input checked="" type="radio"/> Interest Refund \Rebate Other (Specify) _____	\$ <u>2.21</u>
Receipt #2 Name & Address: <u>Bank of Ann Arbor</u> <u>125 S. Fifth Ave.</u> <u>Ann Arbor, MI 48107</u>	Date of Receipt <u>2/18/20</u> Fund Raiser	Loan from a Lending Institution <input checked="" type="radio"/> Interest Refund \Rebate Other (Specify) _____	\$ <u>1.77</u>
Receipt #3 Name & Address: <u>Bank of Ann Arbor</u> <u>125 S. Fifth Ave.</u> <u>Ann Arbor, MI 48107</u>	Date of Receipt <u>3/17/20</u> Fund Raiser	Loan from a Lending Institution <input checked="" type="radio"/> Interest Refund \Rebate Other (Specify) _____	\$ <u>1.77</u>
Receipt #4 Name & Address: <u>Bank of Ann Arbor</u> <u>125 S. Fifth Ave.</u> <u>Ann Arbor, MI 48107</u>	Date of Receipt <u>4/21/20</u> Fund Raiser	Loan from a Lending Institution <input checked="" type="radio"/> Interest Refund \Rebate Other (Specify) _____	\$ <u>1.10</u>
Receipt #5 Name & Address: <u>Bank of Ann Arbor</u> <u>125 S. Fifth Ave.</u> <u>Ann Arbor, MI 48107</u>	Date of Receipt <u>5/19/20</u> Fund Raiser	Loan from a Lending Institution <input checked="" type="radio"/> Interest Refund \Rebate Other (Specify) _____	\$ <u>0.88</u>
Receipt #6 Name & Address: <u>Bank of Ann Arbor</u> <del>Bank of Ann Arbor</del> <u>125 S. Fifth Ave.</u> <u>Ann Arbor, MI 48107</u>	Date of Receipt <u>6/16/20</u> Fund Raiser	Loan from a Lending Institution <input checked="" type="radio"/> Interest Refund \Rebate Other (Specify) _____	\$ <u>0.88</u>
Receipt #7 Name & Address:	Date of Receipt _____ Fund Raiser	Loan from a Lending Institution Interest Refund \Rebate Other (Specify) _____	\$ _____

Page Subtotal \$ 8.61  
 Grand Total of All Schedules 1A -1  
 (Complete on last page of Schedule) \$ 8.61

Enter this total on  
line 4 of Summary  
Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number C130214  
2. Committee Name Brian L Mackie for Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>U.S. Postmaster</u> Address <u>200 E. Liberty St.</u> <u>Ann Arbor, MI 48104</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Renew P.O. Box</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/11/28</u> Date	\$ <u>148.00</u>
Expenditure #2 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page \$148.00  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) \$148.00

Enter this total on line 8a of Summary Page