



STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEE

FILED
WASHTENAW COUNTY, MI

MAY 17 1 37 PM '96

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

PEGGY H. HAINES
COUNTY CLERK/REGISTRAR

96-179

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THIS FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. <i>130797</i>		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s) _____	
2. Full Name of Committee <i>Elect Catherine McClary COUNTY TREASURER</i>		Date Change Took Place Month _____ Day _____ Year _____	
4. Candidate Name <i>Catherine McClary</i> Office Sought (include district or jurisdiction served) <i>County Treasurer</i>		County of Residence <i>Washtenaw</i> Party (if applicable) <i>Democrat</i>	
5. Committee Street Address (street, city, state, zip code) <i>4395 Kearney Rd Whitmore Lake MI 48189</i>		5a. Committee Mailing Address (if different from street address) <i>same</i>	
6. Date Committee Was Formed Mo. <i>5</i> Day <i>14</i> Yr. <i>96</i>	8. Full Name and Mailing Address of Treasurer <i>JAN COLLINS-ENGLIN 620 Collegewood Ypsilanti, MI 48197</i>		Area Code and Phone <i>313-485-6819</i>
7. Committee Area Code and Phone <i>313-449-2971</i>			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name: <i>Treasurer</i> Mailing Address: _____ Area Code/Phone: _____			

10. REPORTING WAIVER SECTION
 The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.

11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). <i>University Bank 959 Marden Lane Ann Arbor MI 48105</i>	12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
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13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Treasurer: <i>JAN COLLINS-ENGLIN</i> Type or Print Name	<i>Jean Collins-Englin</i> Signature	Date: <i>5/15/96</i> Mo. Day Year
Candidate: <i>Catherine McClary</i> Type or Print Name	<i>Catherine McClary</i> Signature	Date: <i>5/15/96</i> Mo. Day Year

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address