



STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

96-219

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

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|---|--|---|--|
| 1. Committee Identification No. 130797 | | 3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 9, 13 | |
| 2. Full Name of Committee Elect Catherine McClary County Treasurer | | Date Change Took Place 5/29/96 Month Day Year | |
| 4. Candidate Name Catherine McClary Office Sought (include district or jurisdiction served) County Treasurer | | County of Residence Washtenaw Party (if applicable) Democrat | |
| 5. Committee Street Address (street, city, state, zip code) 9395 Kearney Rd. Whitmore Lake, MI 48189 | | 5a. Committee Mailing Address (if different from street address) same | |
| 6. Date Committee Was Formed Mo. 5 Day 14 96 | 8. Full Name and Mailing Address of Treasurer Henry Johnson 303 Detroit St, Suite 203 Ann Arbor MI 48104 Area Code and Phone 313-662-1330 | | |
| 7. Committee Area Code and Phone 313-449-2971 | | | |
| 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 Treasurer 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.

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|--|--|---|
| 11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). University Bank 959 Maiden Lane Ann Arbor MI 48105 | | PEGGY H. JAMES COUNTY CLERK/REGISTRAR MAY 29 3 29 PM '96 WASHTENAW COUNTY, MI FILED This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if the committee intends to seek qualifying contributions for public funding. |
| 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. | | |

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|-----------|--------------------------|--------------------------|------|----------------|
| Treasurer | HENRY JOHNSON | <i>Henry Johnson</i> | Date | 5/29/96 |
| | Type or Print Name | Signature | Mo. | Day |
| Candidate | Catherine McClary | <i>Catherine McClary</i> | Date | 5/29/96 |
| | Type or Print Name | Signature | Mo. | Day |

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

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| 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 |
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