



FILED

WASHTENAW COUNTY, MI

JAN 28 12 56 PM '99

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE
COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

PERIOD OF COVERAGE
Campaign Statement covers PERIOD 1-1-98 To: 12-31-98
Mo Day Year Mo Day Year

1. Committee I.D. Number <u>130797</u>	4. Candidate Last Name <u>McClary</u> First Name <u>Catherine</u> M.I. 4a. Office Sought Including District # or Community Served (If applicable) 4b. County of Residence <u>Washtenaw</u> Driver License # (Optional)
2. Committee Name <u>Elect Catherine McClary County Treasurer</u>	6. Treasurer's Name & Residential Address <u>Henry Johnson</u> <u>1250 Westport Ann Arbor MI</u> Area Code & Phone <u>734-996-48103</u> Driver License # (Optional) <u>9482</u>
5. Committee's Mailing Address <u>9395 Kearney Rd.</u> <u>Westmore Lake MI 48189</u> Area Code and Phone <u>734-449-2971</u> 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.	8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) <u>Ellen Bunting</u> <u>2474 Hickman Ann Arbor MI 48105</u> Area Code and Phone <u>734-483-3934</u> Driver License # (Optional)
7. Treasurer's Business Address <u>303 Detroit St Ste 203</u> <u>Ann Arbor MI 48104</u> Area Code and Phone <u>734-662-1330</u>	

<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus</p> <p>Month Day Year</p>	<p>9c. <input checked="" type="checkbox"/> Annual Statement (19<u>98</u> Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, or 9c to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution</p> <p>Month Day Year</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

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 Recordkeeper Henry Johnson Signature Henry Johnson Date 01/7/99
Type or Print Name Signature Mo Day Year

Candidate Catherine McClary Signature Catherine McClary Date 12/31/98
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

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C-1307970009001



1. Committee I.D. Number 10797

2. Committee Name
Elect Catherine McClary
COUNTY Treasurer

**SUMMARY PAGE
CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ _____	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _____	
b. Itemized Get-Out-the-Vote (Schedule B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _____	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
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 (Enter zero if no previous reports have been filed.)	(13.) \$ <u>44,744</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + _____	
15. SUBTOTAL Add lines 13 and 14	(15.) = _____	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - _____	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>44,744</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.