



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

WASHTENAW COUNTY REGISTER
APR 24 2 35 PM '00

**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: 1-1-99 To: 12-31-99
Mo Day Year Mo Day Year

1. Committee I.D. Number
130797
2. Committee Name
Elect Catherine McClary
County Treasurer

4. Candidate Last Name First Name M.I.
McClary Catherine
4a. Office Sought Including District # or Community Served (If applicable)
4b. County of Residence Driver License # (Optional)
Washtenaw

5. Committee's Mailing Address
9395 Kearney Rd
Whitmore Lake MI
Area Code and Phone 48189
734-449-2971

6. Treasurer's Name & Residential Address
Henry Johnson
1250 Westport Ann Arbor MI
Area Code & Phone 734-996-9482 48103
Driver License # (Optional)

7. Treasurer's Business Address
303 Detroit St. Ste 203
Ann Arbor MI 48104
Area Code and Phone 734-662-1330

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Ellen Bunting 2474 Hickman
Ann Arbor MI 48105
Area Code and Phone 734-483-3934
Driver License # (Optional)

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

9c. Annual Statement (99 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
Effective Date of Dissolution
Month Day Year
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.

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 cannot 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 Record keeper Henry Johnson Signature Date Mo Day Year
Candidate Catherine McClary Signature CMC Date 4-24-00 Mo Day Year

Authority granted under P.A. 388 of 1976

C-1307976012001



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 1-30797
2. Committee Name

Elect Catherine McClary County Treasurer

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
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 1B-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>4744-</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>4,744-</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.