



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

WASHTENAW COUNTY, MI

CANDIDATE COMMITTEE
COVER PAGE

JUL 28 11 30 AM '00

FOR OFFICIAL USE ONLY

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

At This Statement Covers From: 12-31-99 To: 7/23/00
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number <u>130797</u></p> <p>2. Committee Name <u>Elect Catherine McClary County Treasurer</u></p>	<p>4. Candidate Last Name First Name M.I. <u>McClary Catherine</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>County Treasurer</u></p> <p>4b. County of Residence Driver License # (Optional) <u>Washtenaw</u></p>
<p>5. Committee's Mailing Address <u>9395 Kearney Rd Whitmore Lake MI 48189</u> Area Code and Phone <u>734-449-2971</u></p> <p>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.</p>	<p>6. Treasurer's Name & Residential Address <u>Henry Johnson 1250 Westport Ann Arbor MI 48103</u> Area Code & Phone <u>734-996-9482</u> Driver License # (Optional) _____</p>
<p>7. Treasurer's Business Address <u>Henry Johnson 1250 Westport Ann Arbor MI 48103</u> Area Code and Phone <u>734 996 9482</u></p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>Colleen Holder 2134 Bomber Ave Ypsilanti MI 48198</u> Area Code and Phone <u>734 484-1090</u> Driver License # (Optional) _____</p>

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
8-8-00
Month Day Year

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
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 Colleen Holder Colleen Holder Date 7/28/00
Type or Print Name Signature Mo Day Year

Candidate Catherine McClary Catherine McClary Date 7/28/00
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

C-1307970014001



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 130797
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.) \$ _____		
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____		
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____		
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____		
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____		
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.) \$ _____		
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.) \$ _____		
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>\$ 4,744 -</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>\$ 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.