



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

OCT 21 10 11 AM '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: 7/24/00 To: 10/22/00
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number <u>130797</u></p> <p>2. Committee Name <u>Elect Catherine McClary</u> <u>County Treasurer</u></p>	<p>4. Candidate Last Name <u>McClary</u> First Name <u>Catherine</u> M.I.</p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>County Treasurer</u></p> <p>4b. County of Residence <u>Washtenaw</u> Driver License # (Optional)</p>
<p>5. Committee's Mailing Address <u>9395 Kearney Road</u> <u>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</u> <u>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</u> <u>1250 Westport</u> <u>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</u> <u>2134 Bomber Ave. Ypsilanti, MI 48198</u> Area Code and Phone <u>734-484-1090</u> Driver License # (Optional)</p>

<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" 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 checked="" 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 <u>11/7/00</u> Month Day Year</p>	<p>9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution ____ 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 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 10/23/00
Type or Print Name Signature Mo Day Year

Candidate Catherine McClary McClary Date 10/26/00
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

1. Committee I.D. Number 1797
 2. Committee Name

Elect Catherine McClary County Treasurer

OHIO DEPARTMENT OF STATE
 Bureau of Elections

**SUMMARY PAGE
 CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
CONTRIBUTIONS		
1. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1085-</u>	
2. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ _____	
3. Subtotal of "Contributions"	(3c.) \$ <u>1085-</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1085-</u>	(20.) \$ <u>2085-</u>
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>5,744.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>1085-</u>	
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>\$6,829 -</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.
 CFR Rev 7/1999c-sum Authority granted under P.A. 388 of 1976



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/00</u> Name: <u>Warren Faust</u> Address: <u>3467 Yellowstone Dr. Ann Arbor, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/00</u> Name: <u>Laverne Jackson Barker</u> Address: <u>3652 Elizabeth Rd., Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/00</u> Name: <u>Kirsten Osborn</u> Address: <u>3106 Hilltop Dr., Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/00</u> Name: <u>Rich Kato</u> Address: <u>424 Little Lake Dr. #22, Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	10.00	10.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	185.00 185.00	

Enter this total on
line 3a of
Summary Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/00</u> Name: <u>Parma Yarkin</u> Address: <u>2330 Adare Rd., Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>Susan McGee</u> Address: <u>5245 Saline-Waterworks Rd., Saline, MI 48176</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/00</u> Name: <u>Maxine McClary</u> Address: <u>1603 S. Grove, Ypsilanti, MI 48198</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>clerk</u> Employer <u>University of Michigan</u> Business Address <u>Ann Arbor, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	1,025.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/7/00</u> Name: <u>Barbara Bergman</u> Address: <u>2045 Geddes Ave, Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	150.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/00</u> Name: <u>Jean Barnard</u> Address: <u>1810 Charlton, Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/5/00</u> Name: <u>Janis Bobrin</u> Address: <u>407 Keech, Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/00</u> Name: <u>Henry Johnson</u> Address: <u>1250 Westport, Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	30.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/00</u> Name: <u>Lloyd Powell</u> Address: <u>PO Box 7722, Ann Arbor, MI 48107</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	255.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/00</u> Name: <u>Walter Scheider</u> Address: <u>1016 Woodbridge Blvd., Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/00</u> Name: <u>Michael Morris</u> Address: <u>1023 Young Place, Ann Arbor, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	75.00	75.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/00</u> Name: <u>Augustine Amaru</u> Address: <u>375 Hazelwood, Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/00</u> Name: <u>Marcia Federbush</u> Address: <u>2000 Anderson Court, Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	15.00	15.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	135.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/00</u> Name: <u>Susan Morrison</u> Address: <u>1124 Brooks St, Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>Rena Soifer</u> Address: <u>631 Second St, Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/9/00</u> Name: <u>Wilfred Kaplan</u> Address: <u>1308 Olivia Ave, Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/2/00</u> Name: <u>Richard Bailey</u> Address: <u>1609 Cambridge, Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	150.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 130797
2. Committee Name ReElect

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/4/00</u> Name: <u>Robert Gunn</u> Address: <u>3935 Ridgmar Square, Ann Arbor, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>James Michener</u> Address: <u>2115 Devonshire, Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/00</u> Name: <u>Fay Edsall</u> Address: <u>3314 Burbank Dr., Ann Arbor, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/11/00</u> Name: <u>Martha Kern</u> Address: <u>1659 Sheffield, Ypsilanti, MI 48198</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	145.00	

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9/10/00

Name: Susan Greenberg
Address: 1315 Culver Rd, Ann Arbor MI 48103

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
25.00	25.00

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 9/10/00

Name: Myrtle Hall
Address: 10105 Church, Augusta Twp., MI 49012

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

20.00	20.00
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3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt _____

Name: Jeff Irwin
Address: 323 Packard AZ 48104

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

20.00	20.00
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3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt _____

Name: _____
Address: _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

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Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

65-

#1085

Enter this total on line 3a of Summary Page