



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

JAN 23 3 15 PM '02

**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: <u>11/28/00</u> To: <u>12/31/2001</u> 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. _____ |
| 2. Committee Name <u>Elect Catherine McClary County Treasurer</u> | 4a. Office Sought Including District # or Community Served (If applicable) <u>County Treasurer</u> |
| 5. Committee's Mailing Address <u>9395 Kearney Road Whitmore Lake, MI Area Code and Phone <u>(734) 449-2971</u></u> | 4b. County of Residence <u>Washtenaw</u> Driver License # (Optional) _____ |
| 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. | 6. Treasurer's Name & Residential Address <u>Henry Johnson 1250 Westport, Ann Arbor, MI 48103 Area Code & Phone <u>(734) 996-9482</u> Driver License # (Optional) _____</u> |
| 7. Treasurer's Business Address <u>1250 Westport Ann Arbor, MI 48103 Area Code and Phone <u>(734) 996-9482</u></u> | 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>Colleen Holder 234 Bomber Ave Ypsilanti, MI 48198 Area Code and Phone <u>(734) 484-1090</u> Driver License # (Optional) _____</u> |

| | |
|---|--|
| 9. TYPE OF STATEMENT | |
| 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election | 9c. <input checked="" type="checkbox"/> Annual Statement (<u>2001</u> Coverage Year) |
| Pre-Election or Post-Election Statement relates to: | 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | 9e. <input type="checkbox"/> Dissolution of Candidate Committee |
| <input type="checkbox"/> Convention <input type="checkbox"/> School | Effective Date of Dissolution |
| <input type="checkbox"/> Special <input type="checkbox"/> Caucus | Month _____ Day _____ Year _____ |
| Date of Election, Convention or Caucus | 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. |
| Month _____ Day _____ Year _____ | |

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 | <u>Colleen Holder</u> Type or Print Name | <u>Colleen Holder</u> Signature | Date <u>1/29/02</u> Mo Day Year |
| Candidate | <u>Catherine McClary</u> Type or Print Name | <u>Catherine McClary</u> Signature | Date <u>1/29/02</u> Mo Day Year |

Authority granted under P.A. 388 of 1976

C-1307970020001



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 2797
2. Committee Name

Elect Catherine McCarty 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.) \$ <u>100 -</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ _____ | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>100.00</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>100.00</u> | (20.) \$ <u>100.00</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.) \$ <u>103 -</u> | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>103.00</u> | (23.) \$ <u>103.00</u> |
| 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>6,829.00</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + <u>100.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = <u>6,929.00</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - <u>-103.00</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>6,826.00</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 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>Jan 10, 01</u> Name: <u>Steven Runzini</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation <u>president</u> Employer <u>University Bank</u> Business Address <u>Ann Arbor, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | 100.00 | 100.00 |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: Address: 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 type="checkbox"/> Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: Address: 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 type="checkbox"/> Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: Address: 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 type="checkbox"/> Fund Raiser | | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | 100.00 <hr/> 100.00 | |

Enter this total on
line 3a of
Summary Page