



**CANDIDATE COMMITTEE
COVER PAGE**

2004 JUL 23 A B: 35 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: 7-18-04 to <u>7-18-04</u> Mo Day Year	
COUNTY CLERK/REGISTER	
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 Rd Westport MI 48189</u> Area Code and Phone <u>734-449-2971</u> <small>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.</small>	4b. County of Residence <u>Washtenaw</u>
7. Treasurer's Business Address <u>1250 Westport Ann Arbor MI 48103</u> Area Code and Phone <u>734 996-9482</u>	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>
	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</u> Area Code and Phone <u>734-484-1090</u> <u>48196</u>

<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 checked="" 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 <u>Aug 3 04</u> Month Day Year</p>	<p>9c. <input checked="" type="checkbox"/> Annual Statement (_____ Coverage Year) <u>Wa</u></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. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. 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 Type or Print Name <u>Catherine McClary</u> Signature <u>[Signature]</u> Date <u>7-23-04</u> Mo Day Year
Candidate Type or Print Name <u>Catherine McClary</u> Signature <u>[Signature]</u> Date <u>7-23-04</u> Mo Day Year

C-1307970023