

-- CAMPAIGN FINANCE COMPLIANCE AFFIDAVIT -- POST ELECTION --

- This form must be filed by any candidate subject to Michigan's Campaign Finance Act who is elected to a state, county, city, township, village or school office. The form must be filed *before* the candidate assumes office. Exceptions: an elected candidate whose Candidate Committee did not receive or expend more than \$1,000.00 during the election cycle is *not* required to submit this form. In addition, this form does not have to be filed by an individual elected to a U.S. Senate, U.S. House or precinct delegate position.
- An elected candidate who is required to file this Campaign Finance Compliance Affidavit must submit this form to the filing official designated to receive the elected candidate's campaign finance disclosure filings. (The attestation stipulated below may not be altered in any way).
- An elected candidate subject to the Campaign Finance Compliance Affidavit filing requirement who fails to submit this form prior to assuming office is guilty of a misdemeanor.
- If you need information on your current compliance status under the Michigan Campaign Finance Act, contact the Michigan Department of State's Bureau of Elections and/or the appropriate county clerk as necessary.

FILED
WASHBURN COUNTY, MI
2011 FEB - 22 12:14
AFFIDAVIT
CLERK

By signing this affidavit, I swear (or affirm) that the facts contained in the statement set forth below are true.

At this date, all statements, reports, late filing fees, and fines due from me or any Candidate Committee organized to support my election to office under the Michigan Campaign Finance Act, PA 388 of 1976, have been filed or paid.

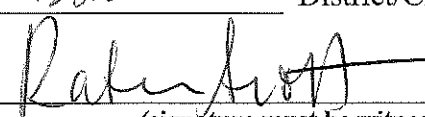
I further acknowledge that making a false statement in this affidavit is perjury – a felony punishable by a fine up to \$1,000.00 or imprisonment for up to 5 years, or both. (MCL 168.848, 933 and 936)

Printed Name of Candidate: CATHERINE SCOTT - KATIE SCOTT

Committee ID Number(s): _____

Telephone Number or Email: 734-657-5980

Office You Will Assume: Commissioner District/Circuit #: 9

Signature of Candidate: 
(signature must be witnessed by Notary Public)

Michigan Notary Public, County of: _____ Acting in the County of: _____

My commission expires: _____

Subscribed and sworn to (or affirmed) before me on this date: _____

by: _____ (Name of Elected Official).

(Name of Notary Public)

(Signature of Notary Public)