

-- POST-ELECTION CAMPAIGN FINANCE COMPLIANCE STATEMENT --

- This form must be filed by any candidate assuming a state, county, city, township, village or school 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 the affidavit prior to assuming office. In addition, the requirement does not apply to 1.) an individual elected to a U.S. Senate, U.S. House or precinct delegate position 2.) a candidate elected to a public office which is certified on the city, township, village or school level or 3.) an elected school board candidate who is exempt from the filing requirements of Michigan's Campaign Finance Act.
- An elected public official who is required to file a post-election campaign finance compliance statement must submit this form to the appropriate filing official *prior to assuming office*.
- Candidates subject to the filing requirement who were elected to an office certified on the *county level* file this form with the county clerk; candidates subject to the filing requirement who were elected to an office certified on the *state level* file this form with the Michigan Department of State's Bureau of Elections.
- An elected public official subject to the post-election campaign finance compliance statement requirement who fails to file the statement prior to assuming office is guilty of a misdemeanor.

I swear (or affirm) that on this date, all statements, reports, error or omission notice responses, late filing fees and fines required of me or any Candidate Committee organized to support my election to office and registered under Michigan's 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, punishable by a fine of up to \$1,000.00 or imprisonment for up to 5 years, or both.

Signature of Candidate: Diana McKnight Morton

Printed Name of Candidate: DIANA MCKNIGHT MORTON

Residential Address: 2073 GARDEN CIRCLE

ANN ARBOR MI 48103

Phone: 734 994 4298

Office You Will Assume: TRUSTEE WASHINGTON COMMUNITY COLLEGE

WASH COUNTY CLERK/REGISTRAR  
DEC 7 8 52 PM '00  
FILED

Subscribed and sworn to before me this 17<sup>th</sup> day of December, 2000

Name of Notary: Melanie Weidmayer

County: Deputy Clerk

Commission Expires: 12/31/00  
(Type, Print or Stamp)

Melanie Weidmayer  
(Signature of Notary Public)  
Deputy Clerk



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FILED

DEC 7 3 00 PM '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.

COUNTY: Washtenaw REGISTERED TO: NOV 7 2000  
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number <u>130600</u></p> <p>2. Committee Name <u>Committee to Re-elect Diana McKnight-Morton</u></p>	<p>3. This Statement covers From: <u>DEC 23 2000</u> To: <u>NOV 7 2000</u> Mo Day Year Mo Day Year</p> <p>4. Candidate Last Name: <u>MCKNIGHT-MORTON</u> First Name: <u>DIANA</u> M.I.:</p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>Washtenaw Community College Trustee</u></p> <p>4b. County of Residence: <u>Washtenaw</u> Driver License # (Optional):</p>
<p>5. Committee's Mailing Address <u>2013 GARDEN CIRCLE ANN ARBOR MI 48103</u> Area Code and Phone: <u>(734) 994-4298</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 &amp; Residential Address <u>Daniel A. James 292 FERRIS DR YPSILANTI MI 48197</u> Area Code &amp; Phone: <u>(734) 434-1552</u> Driver License # (Optional): <u>J 520 135 044 559</u></p>
<p>7. Treasurer's Business Address <u>Same as 6</u></p> <p>Area Code and Phone ( ) -</p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone ( ) -</p> <p>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  
NOV 7 2000  
 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: Daniel A. James Signature: Daniel A. James Date: 12/7/2000  
 Type or Print Name Signature Mo Day Year

Candidate: DIANA MCKNIGHT MORTON Signature: Diana M. Morton Date: 12 07 2000  
 Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 130600  
2. Committee Name

Committee To Re-elect Diana McKnight-Norton

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>225.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ _____	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>225.00</u>	(20.) \$ <u>1355.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1102.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>63.54</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1165.54</u>	(23.) \$ <u>1253.54</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1042.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>225.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>1267.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>1165.54</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>102.46</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. Authority granted under P.A. 388 of 1976



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 130600

2. Committee Name Committee To Re-elect  
DICK MCKELWEE M.D.

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 _____		
Name: <u>DAVID RUTLEDGE ENTERPRISES</u> Address: <u>8535 Durham Ct.</u> <u>Ypsilanti, MI 48198</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	50.00
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-2-02</u>		
Name: <u>MARTIN, S. RENAULT</u> Address: <u>4240 Persimmon Dr.</u> <u>Ypsilanti, MI 48197</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ 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 # 3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-1-02</u>		
Name: <u>Meadows, Theodore R.</u> Address: <u>P.O. Box 130680</u> <u>Ann Arbor, MI 48113</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	50.00
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____		
Name: <u>ELLIS, O. HERBERT</u> Address: <u>2772 Lowell St</u> <u>Ann Arbor, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		25.00	25.00
Page Subtotal			
Grand Total of All Schedules 1A (Complete on last page of Schedule)		225.00	
		225.00	

Enter this total on  
line 3a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 130600  
2. Committee Name COMMITTEE TO RE-ELECT  
DICKIE MCKAIGHT MORTON

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>WEST HAWK INDUSTRIES</u> Address <u>1717 SOUTH STATE ANN ARBOR MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>NAME BADGES</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/00</u>	<u>134.20</u>
Expenditure #2 Name <u>WEST HAWK INDUSTRIES</u> Address <u>1717 SOUTH STATE ANN ARBOR MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABEL PRINTING</u> Expenditure Code <u>PA</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/30/00</u>	<u>65.80</u>
Expenditure #3 Name <u>ANN ARBOR NEWS</u> Address <u>340 E. HURON ANN ARBOR MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/00</u>	<u>900.00</u>
Expenditure #4 Name <u>EASTERN MICH UNIVERSITY</u> Address <u>1000 COLLEGE AVE YPSILANTI MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PARKING</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/00</u>	<u>2.00</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

1102.00  
1102.00  
Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES