



MICHIGAN DEPARTMENT OF STATE
Elections Division
Campaign Finance Reporting
Type or Print Clearly

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

1. Committee Identification No. 13064	2. Full Name of Committee COMMITTEE TO RE-ELECT MELVIN C. McNALLY FOR KAWKAWLIN TWP. TRUSTEE	3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment Effective date of amendment. <u>6-15-88</u> Mo. Day Yr.	If amendment, complete items 1, 2, 13 and item(s) being amended Indicate by item number(s) which item(s) are being changed: <u>2</u>
4. Candidate Name; Office Sought, including District and Community; County of Residence MELVIN C. McNALLY FOR KAWKAWLIN TWP. TRUSTEE			

5. Committee Street Address (Street, City, State, Zip Code) MELVIN C. McNALLY 2081 S. Fraser Road Kawkawlin, MI. 48631	5a. Committee Mailing Address (If different from street address)	6. Date Committee was formed Mo. Day Yr. 7. Committee area code and phone
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8. Full Name and Mailing Address of Treasurer Area code and phone:	9. Identify the Principal Officers of this Committee, other than the Treasurer. <table border="1"> <thead> <tr> <th>Name</th> <th>Title or Position</th> <th>Mailing Address</th> <th>Area Code/Phone</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Name	Title or Position	Mailing Address	Area Code/Phone				
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10. Check if item applies (see instructions) <input checked="" type="checkbox"/> The Committee does not expect to receive or expend in excess of <u>\$1,000</u> in an election	12. This Item Applies Only To A gubernatorial Candidate Committee <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding, or make qualifying expenditures.
11. List depositories or intended depositories of committee funds, indicating official depository first, and then the secondary depositories. Name of Bank or Other Depository Mailing Address and Zip Code	

13. Verification:
I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Treasurer _____ Type or Print Name	_____ Signature	Date _____ Mo. Day Year
Candidate <u>MELVIN C. McNALLY</u> Type or Print Name	<u>Melvin C. McNally</u> Signature	Date <u>6 13 1988</u> Mo. Day Year

14. Officeholder - Complete only if you have an officeholder expense fund (see instructions) 14a. Full Name, Mailing Address and Zip Code of Treasurer of Officeholder Expense Fund:	14b. Officeholder Expense Fund Depository Name and Mailing Address:
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