

**STATEMENT OF CANDIDACY**

(see reverse side for instructions)

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COMMISSION MAR 10 1998

MAR 17 12 05 PM '98

|                                                                                                              |                                                |                                                        |                          |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------|--------------------------|
| 1. (a) Name of Candidate (in full)<br><b>MICHELLE A. McMANUS</b>                                             |                                                |                                                        | 2. Identification Number |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed<br><b>7883 East Alpers</b> |                                                |                                                        |                          |
| (c) City, State, and ZIP Code<br><b>Lake Leelanau MI 49653</b>                                               |                                                |                                                        |                          |
| 3. Party Affiliation<br><b>Republican</b>                                                                    | 4. Office Sought<br><b>U.S. Representative</b> | 5. State & District of Candidate<br><b>MICHIGAN 01</b> |                          |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby authorize the following named political committee as my Principal Campaign Committee for the 1998 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed below.

|                                                                         |
|-------------------------------------------------------------------------|
| (a) Name of Committee (in full)<br><b>Michelle McManus for Congress</b> |
| (b) Address (number and street)<br><b>P.O. Box 2032</b>                 |
| (c) City, State, and ZIP Code<br><b>Traverse City, MI 49685-2023</b>    |

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(including Joint Fundraising Representatives)

7. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

|                                 |
|---------------------------------|
| (a) Name of Committee (in full) |
| (b) Address (number and street) |
| (c) City, State, and ZIP Code   |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

|                                                      |                        |
|------------------------------------------------------|------------------------|
| Signature of Candidate<br><i>Michelle A. McManus</i> | Date<br><b>2-20-98</b> |
|------------------------------------------------------|------------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

**CANDIDATES FOR THE OFFICE OF:**

U.S. Senate mail to:  
Secretary of the Senate  
Office of Public Records  
222 Hart Senate Office Bldg.  
Washington, DC 20510-7118

All other candidates  
mail to:  
Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20543

For further information contact:  
Federal Election Commission  
Toll-free 800/434-9530  
Local 202/218-3429

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**FEC FORM 2**

(revised 4/87)

FEB 26 1998

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

|                                                                                     |                                      |
|-------------------------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Hand Delivered                                             | Date of Receipt                      |
| <input checked="" type="checkbox"/> First Class Mail                                | POSTMARKED<br>3/13/98                |
| <input type="checkbox"/> Registered/Certified Mail                                  | POSTMARKED                           |
| <input type="checkbox"/> No Postmark                                                |                                      |
| <input type="checkbox"/> Postmark Illegible                                         |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                      |
| <input type="checkbox"/> Other ( Specify):                                          | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing                                          |                                      |
| <p>J.A.C.</p> <p>PREPARER</p>                                                       |                                      |
| <p>3/17/98</p> <p>DATE PREPARED</p>                                                 |                                      |