

# Annual Local Unit Fiscal Report for Fiscal Years Ending Between July 1, 2013 through June 30, 2014

Issued under the authority of PA 71 of 1919, PA 2 of 1968 and PA 140 of 1971. Filing is mandatory.

<b>Local Unit Identification</b>		<b>Special Instructions:</b>		
	<b>Unit Type:</b> County: <input type="checkbox"/> City: <input type="checkbox"/> Township: <input checked="" type="checkbox"/> Village: <input type="checkbox"/>	Please read the enclosed instructions before completing this report. This report is based on descriptions from the Uniform Chart of Accounts for Counties and Local Units of Government in Michigan and must be used in preparing this report. Please complete all six worksheet tabs before filing.  <b>Important:</b> The information supplied in this report will be used by Michigan Department of Treasury and by the U.S. Census Bureau in its ongoing statistical programs.  <b>DUE DATE:</b> This report is due six months after the close of the fiscal year, but may be extended if an approval has been granted for the local unit's annual audit report. This report must be filed annually by all local units.  <b>Failure to file or failure to file timely may result in a loss of revenue sharing under Public Act 140 of 1971.</b>		
<b>County Name:</b>	LIVINGSTON			
<b>Local Unit Name:</b>	COHOCTAH TOWNSHIP			
<b>Address:</b>				
10518 ANTCLIFF ROAD FOWLERVILLE, MI 48836				
We strongly recommend that you submit your completed report online as an e-mail attachment to: <a href="mailto:lafd_audits@michigan.gov" style="color: white;">lafd_audits@michigan.gov</a>				

Or, If submitting by U.S. mail, return your completed report to	Michigan Department of Treasury Local Audit and Finance Division Austin Building--P.O. Box 30728 Lansing, MI 48909-8228	<b>FISCAL YEAR END</b>	Month <b>MARCH</b>	Day <b>31</b>	Year <b>2014</b>
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## Part I: STATEMENT OF OPERATIONS

Line No.	Description of Account	Account Number	General Fund (a)	All Other Governmental Funds (b)	Enterprise Funds (c)	Component Units (d)	Total (e)
	<b>REVENUES</b>		101-Funds	102-499 Funds	500-599 Funds		101-599 Funds + (d)
	<b>TAX REVENUES</b>						
101	Property Tax (includes, delinquent taxes, penalties, interest, fees)	400-449 Except below	81,370	150,918		T01	232,288
102	Tax Reverted Property	424				U99	-
103	Commercial Facilities Tax (Act 255 of 1978)	434				T01	-
104	Trailer Taxes (Act 243 of 1959)	434				T99	-
105	Hotel/Motel Tax (Act 263 of 1974)	435				T19	-
106	Industrial Facilities Tax (Act 198 of 1974)	437				T01	-
107	Income Tax	438				T40	-
	<b>LICENSES AND PERMITS</b>						
108	Business Licenses and Permits	450-475	2,107			T99	2,107
109	Non-Business Licenses and Permits	476-500				T99	-
	<b>INTERGOVERNMENTAL REVENUE FROM FEDERAL GOVERNMENT</b>						
110	General Government	501-504				B89	-
111	Public Safety	505-509				B89	-
112	Streets and Highways	510-512				B46	-
113	Sanitation	513-515				B89	-
114	Health and/or Hospitals	516-518				B42	-
115	Welfare	519-522				B79	-

## Part I: STATEMENT OF OPERATIONS - Continued

Line No.	Description of Account	Account Number	General Fund (a)	All Other Governmental Funds (b)	Enterprise Funds (c)	Component Units (d)	Total (e)
			101-Funds	102-499 Funds	500-599 Funds		101-599 Funds + (d)
	<b>REVENUES-Continued</b>						
	INTERGOVERNMENTAL REVENUE FROM FEDERAL GOVERNMENT-Continued						
116	Culture and Recreation	523-527				B89	-
117	Housing & Community Development	529-538				B50	-
118	Water	529-538				B91	-
119	Electric	529-538				B92	-
120	Transit	529-538				B94	-
121	All Other Federal Aid Grants	529-538				B89	-
	INTERGOVERNMENTAL REVENUE FROM STATE						
122	State Revenue Sharing	574-579	244,708			C89	244,708
123	General Government excluding line 122	539-542				C30	-
124	Payment in-Lieu-of Taxes (PILoT)	424-431				C30	-
125	Swamp Land Taxes, Forest Reserve	424-431				C30	-
126	Public Safety	543-545				C89	-
127	Streets and Highways (Act 51)	546-551				C46	-
128	Streets and Highways (Non-Act 51)	546-551				C46	-
129	Sanitation	552-554				C89	-
130	Health and/or Hospitals	555-560				C42	-
131	Welfare	561-565				C79	-
132	Culture and Recreation	566-568				C89	-
133	Housing & Community Development	570-572				C50	-
134	Water	570-572				C91	-
135	Electric	570-572				C92	-
136	Transit	570-572				C94	-
137	Other General/All Other State Aid Grants	539-569, 573				C89	-
	CONTRIBUTIONS FROM LOCAL UNITS						
138	General Government	581				D89	-
139	Public Safety	582				D89	-
140	Street and Highways	583				D46	-
141	Sanitation	584				D89	-
142	Health and/or Hospitals	585				D42	-
143	Welfare	586				D79	-
144	Culture and Recreation	587				D89	-
145	Housing & Community Development	588-599				D50	-
146	Gas, Water and Electric Utilities	588-599				D89	-
147	Transit	588-599				D94	-
148	All other	588-599				D89	-
	CHARGES FOR SERVICES						
149	Court Ordered Fees and Charges	601-606				A89	-
150	Statutory Court Fees and Costs	607-625				A89	-
151	Clerk's Office	607-625				A89	-
152	Elections	607-625	950			A89	950
153	Register of Deeds	607-625				A89	-

**Part I: STATEMENT OF OPERATIONS - Continued**

Line No.	Description of Account	Account Number	General Fund (a)	All Other Governmental Funds (b)	Enterprise Funds (c)	Component Units (d)	Total (e)
			101-Funds	102-499 Funds	500-599 Funds		101-599 Funds + (d)
<b>REVENUES-Continued</b>							
<b>CHARGES FOR SERVICES-Continued</b>							
154	All Other Statutory Fees	607-625				A89	-
155	Fire Runs	626-641				A89	-
156	Police/Sheriff	626-641				A89	-
157	All Other Services Rendered Charges	626-641	100,990			A89	100,990
158	Parks and Recreation	642-654				A61	-
159	Parking Facilities (garages, meters, etc.)	642-654				A60	-
160	All Other Sales, Use, & Admission Fees	642-654				A89	-
<b>FINES AND FORFEITS</b>							
161	All Fines, Penalties & Forfeits	655-663				U99	-
<b>INTEREST AND RENTS</b>							
162	Interest & Dividends	664-666	1,905	209		U20	2,114
163	Rents & Royalties	667-670				U40	-
<b>OTHER REVENUE</b>							
164	Miscellaneous Other Revenue	671	5,747	4,134		U99	9,881
165	Special Assessments	672				U01	-
166	Sale of Fixed Assets	673				U11	-
167	Public and Private Contributions	674-675				U99	-
168	Emergency Services (Ambulance)	676-686				A89	-
169	All Other Refunds & Rebates	676-692				U99	-
170	Proceeds from Bond/Note Issuance	698					-
171	Extraordinary/Special Items						-
172	Transfers In	699		338,465			338,465
<b>TOTAL REVENUES</b>			437,777	493,726	-	-	931,503
Line No.	Description of Account	Activity Number	General Fund (a)	All Other Governmental Funds (b)	Enterprise Funds (c)	Component Units (d)	Total (e)
			101-Funds	102-499 Funds	500-599 Funds		101-599 Funds + (d)
<b>EXPENDITURES</b>							
<b>CURRENT EXPENDITURES</b>							
<b>GENERAL GOVERNMENT</b>							
201	Legislative (Council, Board, Commission)	100-129	26,648			E29	26,648
202	Judicial	130-169				E25	-
203	Chief Executive	170-190	17,500			E29	17,500
204	Treasurer	253-256	27,851			E23	27,851
205	Assessing Equalization	243-247 and 257	78,478			E23	78,478
206	Clerk	215-219	20,414			E29	20,414
207	Elections	262	2,778			E89	2,778
208	Finance and Tax Administration	191-214, 220-242, 248-256, 258-260				E23	-
209	Building and Grounds	265	12,253			E31	12,253
210	All Other General Government	261-264, 266, 267, 268-274, 275-299	16,248			E89	16,248

## Part I: STATEMENT OF OPERATIONS - Continued

Line No.	Description of Activity	Activity Number	General Fund (a)	All Other Governmental Funds (b)	Enterprise Funds (c)	Component Units (d)	Total (e)
<b>EXPENDITURES - Continued</b>			101-Funds	102-499 Funds	500-599 Funds		101-599 Funds + (d)
<b>PUBLIC SAFETY</b>							
211	Police/Sheriff	301-335				E62	-
212	Fire	336-344	-			E24	-
213	Combined Public Safety Department	345				E89	-
214	Emergency 911 Dispatch Activities	346-350				E89	-
215	Corrections/Jail	351-370				E05	-
216	Building Inspection & Regulation Activities	371-399				E66	-
217	All Other Public Safety Activities	400-439				E89	-
<b>PUBLIC WORKS</b>							
218	Public Works & Infrastructure (non-Act 51)	440-448	7,519	321,272		E44	328,791
219	Road Commission/Street Dept. (Act 51)	449-520		-		E44	-
220	Sanitation/Landfill/Solid Waste	521-535	88,681			E81	88,681
221	Water and/or Sewer Systems(Combined Fund)	536				E80	-
222	Electric Utilities	537-599	5,970			E92	5,970
223	Airports	537-599				E01	-
224	Public Transportation	537-599				E94	-
225	Water (Separate Fund)	537-599				E91	-
226	All Other Public Works Enterprise-Activities	537-599	18,993			E89	18,993
<b>HEALTH AND WELFARE</b>							
227	Health Departments, Boards and Clinics	601-619				E32	-
228	Alcoholism and Substance Abuse	630-634				E32	-
229	Hospital	635-647				E36	-
230	Medical Examiner	648				E62	-
231	Mental Health	649				E32	-
232	Emergency Services (Ambulance)	651				E32	-
233	Child Care Activities/Human Services	662-669				E79	-
234	Human Services & Medical Care Facility	670-671				E79	-
235	Area Agency on Aging	672				E89	-
236	Veteran's Programs	681-689				E89	-
237	All Other Health & Welfare	620-629,652 661,673-680				E32	-
<b>COMMUNITY/ECONOMIC DEVELOPMENT</b>							
238	Redevelopment & Public Housing	690-705				E50	-
239	Community Planning and Zoning	721-727	8,322			E29	8,322
240	Economic Development	728-731				E89	-
241	All Other Development Activities	732-746				E89	-
<b>RECREATION AND CULTURE</b>							
242	Parks and Recreation	751-789	12,342			E61	12,342
243	Library	790-792				E52	-
244	Various Cultural Activities, Fine Arts, Historical Society, Museums, etc.	793-849				E61	-
<b>OTHER</b>							
245	Fringes, Benefits, FICA, Insurances, etc.	850-899	8,331			E89	8,331
246	Capital Outlay	900-904					-
247	Debt Service	905-929	1,874				1,874
248	Transfers (Out)	965-999	338,465				338,465
249	Extraordinary/Special Items						-
<b>TOTAL EXPENDITURES</b>			692,667	321,272	-	-	1,013,939

Name of Unit:

COHOCTAH TOWNSHIP

**PART II: STATEMENT OF OPERATIONS--CAPITAL OUTLAY**

List Capital Outlay Expenditures from all funds (included in expenditures in the Statement of Operations) by category:

Line No.	CATEGORY	Land, Equipment and Buildings	Construction
401	Legislative	G29	F29
402	Judicial	G25	F25
403	General Government	G89	F89
404	Police	G62	F62
405	Fire	G24	F24
406	Combined Public Safety	G89	F89
407	Parking Meters, Off-Street Parking	G60	F60
408	Corrections	G05	F05
409	Other Public Safety	G89	F89
410	Streets & Highways	G44	F44
411	Sanitation/Solid Waste	G81	F81
412	Sewerage	G80	F80

Line No.	CATEGORY	Land, Equipment and Buildings	Construction
413	Water	G91	F91
414	Electric Utilities	G92	F92
415	Airports	G01	F01
416	Public Transportation	G94	F94
417	Hospital & Hospital Operations	G36	F36
418	Welfare	G79	F79
419	Housing & Redevelopment	G50	F50
420	All Other Health & Welfare Activities	G32	F32
421	Parks & Recreation	G61	F61
422	Library	G52	F52
423	Other Recreation & Culture	G61	F61
424	Other Functions	G89	F89
425	TOTAL ALL CAPITAL OUTLAY	-	
	(Total BOTH Columns, lines 401-424. Should equal line 246, column e on page 4.)		

## Part III: STATEMENT OF POSITION

Line No.	Description of Account	Account Number	General Fund (a)	All Other Governmental Funds (b)	Enterprise Funds (c)	Component Units (d)	Total (e)
<b>ASSETS</b>							
<b>CASH AND INVESTMENTS</b>							
501	Cash & Certificates (101-299 Funds only)	001-016	1,078,138	157,647		W61	1,235,785
502	Cash & Certificates (300-399 Funds only)	001-016				W01	-
503	Cash & Certificates (400-499 Funds only)	001-016				W31	-
504	Investment in Securities (101-299 Funds)	017				W61	-
505	Investment in Securities (300-399 Funds)	017				W01	-
506	Investment in Securities (400-499 Funds)	017				W31	-
<b>RECEIVABLES</b>							
507	Tax, Utility, & Assessment Receivables	018-070	1,019	14,807			15,826
508	Due from Other Governments & Units	071-082	35,889				35,889
509	Due from Other Funds	084-086					-
510	All Other Receivables	083, 087-088	14,829				14,829
511	INVENTORY	101-110					-
512	LONG-TERM INVESTMENTS	111-122				W61	-
513	Prepays and Other Deferred Expenses	123-129					-
<b>CAPITAL ASSETS</b>							
514	Land & Improvements	130-135					-
515	Buildings & Office Equipment	136-147					-
516	Vehicles	148-149					-
517	Water System	152-153					-
518	Sewer System	154-155					-
519	All Other Capital Assets	150-151, 156-179					-
520	Other Debits	180-199					-
521	<b>TOTAL ASSETS</b>		1,129,875	172,454	-	-	1,302,329
<b>LIABILITIES</b>							
<b>CURRENT LIABILITIES</b>							
522	Due to Other Funds	214	24				24
523	Accrued Wages & Benefits	257-261					-
524	All Other Accounts Payable & Liabilities	200-299	15,042				15,042
<b>LONG-TERM LIABILITIES</b>							
525	Long-Term Debt	300-310					-
526	Advances from Other Funds	314					-
527	Deferred Revenue	339					-
528	Accrued Benefits & Compensation	343-344					-
<b>FUND EQUITY</b>							
529	Investment in Capital Assets	399					-
530	Fund Balance/Net Assets	395					-
531	- Nonspendable	365					-
532	- Restricted	366/386		172,454			172,454
533	- Committed	367	207,088				207,088
534	-Assigned	368					-
535	-Unassigned/Unrestricted	369/387	907,721				907,721
536	<b>TOTAL EQUITY</b>		1,114,809	172,454	-	-	1,287,263
537	<b>TOTAL LIABILITIES AND EQUITY</b>		1,129,875	172,454	-	-	1,302,329
<b>OTHER BALANCE SHEET INFORMATION</b>							
538	GENERAL CAPITAL ASSETS		768794				
539	GENERAL LONG-TERM DEBT						

**Part IV: OTHER SUPPLEMENTARY INFORMATION**

Property Tax Detail			Millage Rate		
Line No.	Purpose	Authorization	Original Maximum	Headlee Rollback	Millage Levied
601	TOWNSHIP OPERATIONS	STATUTE	1.0000	0.1914	0.8086
602	ROADS	ELECTED	1.5000	-	1.5000
603					
604					
605					
606					

Report the adopted millage rate for general operating purposes, bonded indebtedness and any extra voted mills levied for other purposes such as refuse collection, police/fire, retirement, library, hospital authority and dial-a-ride during the calendar year. Show the total mills your unit levied during the calendar year ended 2013.

**INTERGOVERNMENTAL EXPENDITURES**

NOTE: Please report any payments your government made to other governments for goods or services performed on a reimbursement or cost sharing basis (Also include information from expenditure pages on this worksheet).

Line No.	Description	Paid to Other Governments		Paid to State	
607	Corrections	M05	L05		
608	Local Schools	M12	L12		
609	Financial Administration	M23	L23		
610	Health	M32	L32		
611	Hospitals	M38	L38		
612	Housing and Urban Renewal	M50	L50		
613	Highways	M44	L44		
614	Transit Subsidies	M94	L94		
615	Police	M62	L62		
616	Sewerage	M80	L80		
617	Sanitation	M81	L81		
618	All Other	M89	L89		

Line No.	City Income Tax Detail
619	a. Amount collected from residents
	b. Amount collected from nonresidents
	c. Other income tax collections

Personnel Statistics	
620	a. Number of police personnel
	b. Number of fire personnel
	c. Combined public safety personnel
	d. All other personnel
	Total wage and salary costs

Report salaries, wages, and per diems paid to all full-time and part-time employees of your local unit. These amounts may be taken from W-3 and 1099 forms filed by your local unit at the end of the calendar year.  
**Show total amount on the line for total wage and salary costs.**

Investment Information	
621	Do all investments comply with P.A. 20 of 1943? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
622	Does the unit have an investment policy approved by the governing body? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
623	Does the investment policy allow mutual funds with net asset values other than \$1? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Retirement Systems	
624	Does your unit have an employee retirement system(s)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, is it administered by: (mark all that apply below)
625	Insurance Company <input type="checkbox"/> Financial Institution <input type="checkbox"/> MERS <input type="checkbox"/> Self <input type="checkbox"/>
626	Employer's share (all funds) of retirement cost for the fiscal year.
627	Was the employer's share paid to the retirement system? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
628	If No, total employer's share of retirement premium due the retirement system? \$
629	Did you defer or decrease the required employer's contribution? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
630	If yes, amount of contribution deferred or decreased?

Other information	
631	Are there non-pension funds invested in derivatives at fiscal year-end? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
632	Are there pension funds invested in derivatives at fiscal year-end? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
633	Derivatives: Attach a schedule, or list on the next page all derivative investments held at fiscal year end. This includes derivatives held by a pension fund, by the government, or by any component unit included in this filing. [MCL 141.424 (4)(c)(d)(e)]





Name of Unit: COHOCTAH TOWNSHIP

**PENSION AND HEALTH BENEFIT PLANS**

**Pension Plan Information**

List Pension Plan Name(s) (Enter None if no partially or fully employer-funded plan)

1	NONE
2	
3	
4	
5	
6	
7	
8	
9	
10	

Plan Fiscal Year End (Enter "Various" if not uniform for all plans)

**Types of Pension Plans**

	Closed (To New Hires)	Open
Number of Defined Benefit Plans		
Number of Defined Contribution Plans		
Number of Combined (Hybrid Plans)		

**Participants in Pension Plans**

	Defined Benefit	Defined Contribution	Combined (Hybrid)
Number of Active Members			
Number of Inactive Vested Members			
Number of Retirees and Beneficiaries			

A Summary retirement plan description may be found in the most recent audit report or Comprehensive Annual Financial Report (CAFR)  
 Audit reports and CAFRs may be found at [www.michigan.gov/Treasury](http://www.michigan.gov/Treasury)

Name of Unit: COHOCTAH TOWNSHIP

**PENSION AND HEALTH BENEFIT PLANS**

**Health Benefit Information**

List Health Benefit Plan Name(s) (Enter None if no partially or fully employer-funded plan)

1	NONE
2	
3	
4	
5	
6	
7	
8	
9	
10	

Plan Fiscal Year End (Enter "Various" if not uniform for all plans)

**Participants in Health Benefit Plans**

	# of Participants
Participants Receiving Retirement Health	

A Summary health benefit plan description may be found in the most recent audit report or Comprehensive Annual Financial Report (CAFR)  
 Audit reports and CAFRs may be found at [www.michigan.gov/Treasury](http://www.michigan.gov/Treasury)

Name of Unit: COHOCTAH TOWNSHIP

**PENSION AND HEALTH BENEFIT PLANS**

**Additions, Deductions, and Market Value**

**Additions and Deductions (Market Value) for the Plan Year**

Note: For Hybrid Plans, show DB and DC portions separately. Combine "like" plans.

12

	Pension Plans		Retiree Health Benefits	
	Defined Benefit	Defined Contribution	Defined Benefit	Defined Contribution
<b>Additions</b>				
Employer Contributions	-			
Member Contributions				
Transfers into the Plan (due to member transfers in)				
Net Investment Income				
Total Additions	-	-	-	-
<b>Deductions</b>				
Benefits Paid Out				
Periodic Payments				
Lump Sums (including refunds)				
Transfers out of the Plan (due to member transfers out)				
Administrative Expenses				
Total Deductions	-	-	-	-
<b>Market Value</b>				
Market Value at Beginning of Plan Year				
Market Value at End of Year	-	-	-	-

Name of Unit: COHOCTAH TOWNSHIP

**Pension and Health Benefit Plans**

**Pension Funds-Actuarial**

Date of Most Recent Actuarial Valuation (Note: Enter "Various" if not uniform for all plans or "NA" if no plan exists.)

	Date
Pension Plan-Defined Benefit	N/A
Retire Health Benefit Plan-Defined Benefit	N/A

**Most Recent Actuarial Valuation Results**

Note: For Hybrid Plans, show DB and DC portions separately. Combine "like" plans.

	Pension Plans		Retiree Health Benefits	
	Defined Benefit	Defined Contribution	Defined Benefit	Defined Contribution
<b>Actuarial Accrued Liability</b>				
Current Retirees:				
Other Participants:				
Total	-		-	
<b>Actuarial Value of Assets</b>				
Actuarial Value of Assets				
Asset Smoothing Period (in years), if applicable (weighted average over all plans)				
<b>Unfunded Accrued Liability</b>	-		-	
<b>Annual Required Contribution (ARC):</b>				
Employer Normal Cost:				
Amortization Payment:				
Total	-		-	
<b>Annual Covered Active Member Payroll</b>				
Assumed Rate of Investment Return (weighted average over all plans)				
Assumed Rate of Wage Inflation (weighted average over all plans)				

Name of Unit: COHOCTAH TOWNSHIP

**PENSION AND HEALTH BENEFIT PLANS**

**Pension Funds-Actuarial**

**Pension Obligation Bonds (POB) and Other Post Employment Benefit Obligation Bonds (OOB)**

	<b>POB</b>	<b>OOB</b>
Outstanding Principal Balance (as of most recent actuarial valuation date)		
Annual Debt Service (for year following most recent actuarial valuation date)		

Note: This should include principal and interest combined

**Part V: INDEBTEDNESS**

Report special obligations of all agencies of your government as well as general obligation debt.

**LONG-TERM DEBT**

Bonds, mortgages, etc with an original term of more than one year issued in the name of your government or of particular agencies. Exclude lease purchase installment contracts and amounts for compensated absences.

Line No.	Description	Total Outstanding at Beginning of Fiscal Year (a)	Issued During Fiscal Year (Include all refunding issues) (b)	Retired During Fiscal Year (Include all refunded debt) (c)	Total Outstanding at End of Fiscal Year (Column (a) + (b) - (c) = (d)
636	Public debt for privately owned housing or industrial or business purposes	19T	24T	34T	44T -
637	All other purposes	19U 1,846	29U	39U 1,846	44U -

**SHORT -TERM (Interest-Bearing) DEBT**

Tax anticipation notes, bond anticipation notes, interest-bearing warrants, and other obligations with a term of one year or less. Exclude accounts payable and other noninterest-bearing obligations.

Line No.	Description	Total Amount Outstanding (a)
638	Balance beginning of fiscal year	61V
639	Balance end of fiscal year	64V

**INTEREST ON DEBT**

Amount of interest paid on long and short-term debt by purpose.

Line No.	Description	Amount (a)
640	Interest on water supply system debt	191
641	Interest on electric power system debt	192
642	Interest on transit system debt	194
643	Interest on all other debt	189 28

**Remarks**

Empty box for remarks.

Name of Unit:

COHOCTAH TOWNSHIP

Remarks:

**Part V: Certification: This is to certify that all information contained in this report is accurate to the best of my knowledge and belief:**

Signature of Official: (No signature required if electronically filed.)	Printed Name of Official:	Date:
	BRENDA MEEK	8/25/2014
Title:	Telephone Number:	
CLERK	517-546-8307	