

FEC  
LAW OFFICES OF ROBERT JUNE, P.C. ALTERNATIVE DISPUTE  
RESOLUTION OFFICE

124 Pearl Street, Suite 201  
Ypsilanti, MI 48197-5374  
Phone: (734) 481-1000  
Fax: (734) 481-1732

2003 APR 23 A 10:02

Robert B. June  
*Attorney at Law*

April 12, 2004

Mr. Allan D. Silberman  
Director, ADR Office  
Federal Elections Commission  
999 E. Street, NW  
Washington, DC 20463

Re: Washtenaw County Democratic Party  
ADR/MUR # 5312

Dear Mr. Silberman:

Enclosed with regard to this matter please find:

- Check in the amount of \$750.00 payable to the Federal Election Commission
- Copy of a letter certifying attendance of Deb Hoadley, Washtenaw County Democratic Party Treasurer, at the Federal Election Commission's Conference on Campaign Finance Laws held on February 11-12, 2004.
- Copy of Statement of Organization submitted to the FEC for registration of the Washtenaw County Democratic Party, together with a copy of the application for employer identification number and a copy of the bank account deposit opening the federal account.

The Washtenaw County Democratic Party has also begun maintaining a library of information on Federal Election laws including information books on candidate committees, political party committees, political action committees, federal election laws, and regulation books. We have been telling our members that we have this material available and that they should contact either Ms. Hoadley or me if they have questions about federal election activities.



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

February 12, 2004

This letter certifies your attendance at the Federal Election Commission's conference on campaign finance laws, held on February 11-12, 2004, at the Wyndham Harbour Island in Tampa, FL. This conference included 675 minutes of instruction.

This conference was directed and advertised to members of the FEC's regulated community, including attorneys and accountants for candidate committees, political party committees and corporate/labor/trade PACs. There were no admission restrictions. The method of presentation was faculty in room with participants, and the conference was evaluated by the attendees using an evaluation form.

If you need additional assistance from the FEC with your application for educational credits, please contact Kathy Carothers in the Information Division, at 800/424-9530 (press 1) or locally at 202/694-1100.

Sincerely,

Greg Scott  
Assistant Staff Director  
Information Division

Form SS-4

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

► See separate instructions for each line. ► Keep a copy for your records.

EIN 42-1625089

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>WASHTENAW COUNTY DEMOCRATIC COMMITTEE-FEDERAL ACCT</b>																
	2 Trade name of business (if different from name on line 1)																
	3 Executor, trustee, "care of" name																
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>212 LAKEVIEW DR</b>																
	5a Street address (if different) (Do not enter a P.O. box.) <b>SAME AS MAILING ADDRESS</b>																
	4b City, state, and ZIP code <b>WHITMORE LAKE MI 48189</b>																
	5b City, state, and ZIP code																
	6 County and state where principal business is located <b>WASHTENAW MI</b>																
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>DEBORAH HAODLEY TREASURER</b>																
	7b SSN, ITIN, or EIN <b>379540104</b>																
8a Type of entity (check only one box) <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Sole proprietor (SSN) _____</td> <td><input type="checkbox"/> Estate (SSN of decedent) _____</td> </tr> <tr> <td><input type="checkbox"/> Partnership _____</td> <td><input type="checkbox"/> Plan administrator (SSN) _____</td> </tr> <tr> <td><input type="checkbox"/> Corporation (enter form number to be filed) ► _____</td> <td><input type="checkbox"/> Trust (SSN of grantor) _____</td> </tr> <tr> <td><input type="checkbox"/> Personal service corp. _____</td> <td><input type="checkbox"/> National Guard <input type="checkbox"/> State/local government</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization _____</td> <td><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) ► _____</td> <td><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (specify) ► <b>POLITICAL COUNTY COM</b></td> <td>Group Exemption Number (GEN) ► _____</td> </tr> </table>			<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____	<input type="checkbox"/> Partnership _____	<input type="checkbox"/> Plan administrator (SSN) _____	<input type="checkbox"/> Corporation (enter form number to be filed) ► _____	<input type="checkbox"/> Trust (SSN of grantor) _____	<input type="checkbox"/> Personal service corp. _____	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	<input type="checkbox"/> Church or church-controlled organization _____	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other nonprofit organization (specify) ► _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	<input checked="" type="checkbox"/> Other (specify) ► <b>POLITICAL COUNTY COM</b>	Group Exemption Number (GEN) ► _____	
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8b If a corporation, name the state or foreign country (if applicable) where incorporated		State _____															
		Foreign country _____															
9 Reason for applying (check only one box) <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Started new business (specify type) ► _____</td> <td><input type="checkbox"/> Banking purpose (specify purpose) ► _____</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12.)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) ► _____</td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (specify) ► <b>REGISTERING AS A FEDERAL POLITICAL COMM</b></td> <td><input type="checkbox"/> Created a trust (specify type) ► _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) ► _____</td> </tr> </table>			<input type="checkbox"/> Started new business (specify type) ► _____	<input type="checkbox"/> Banking purpose (specify purpose) ► _____	<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ► _____	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input checked="" type="checkbox"/> Other (specify) ► <b>REGISTERING AS A FEDERAL POLITICAL COMM</b>	<input type="checkbox"/> Created a trust (specify type) ► _____		<input type="checkbox"/> Created a pension plan (specify type) ► _____					
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	<input type="checkbox"/> Created a pension plan (specify type) ► _____																
10 Date business started or acquired (month, day, year) <b>04/05/04</b>		11 Closing month of accounting year <b>DECEMBER</b>															
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► <b>00/00/00</b>																	
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".		Agricultural <b>0</b> Household <b>0</b> Other <b>0</b>															
14 Check one box that best describes the principal activity of your business. <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental &amp; leasing</td> <td><input type="checkbox"/> Transportation &amp; warehousing</td> <td><input type="checkbox"/> Health care &amp; social assistance</td> <td><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance &amp; insurance</td> <td><input type="checkbox"/> Accommodation &amp; food service</td> <td><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td colspan="5"><input checked="" type="checkbox"/> Other (specify) <b>PARTICIPATING LOCAL FEDERAL ELECTIONS</b></td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other	<input checked="" type="checkbox"/> Other (specify) <b>PARTICIPATING LOCAL FEDERAL ELECTIONS</b>				
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15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>PARTICIPATING LOCAL FEDERAL ELECTIONS</b>																	
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.																	
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ► <b>ROBERT A FICANO COMMITTEE</b> Trade name ► <b>SAME</b>																	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____ <b>06/01/01</b> <b>DETROIT</b> <b>MI</b>																	
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form																
	Designee's name _____																
	Designee's telephone number (include area code) ( ) _____																
Address and ZIP code _____																	
Designee's fax number (include area code) ( ) _____																	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete Name and title (type or print clearly) ► <i>Deborah Haodley, Treasurer</i>																	
Applicant's telephone number (include area code) ( ) <b>7344498427</b>																	
Applicant's fax number (include area code) ( ) <b>7344498427</b>																	

Signature ► **DEBORAH HAODLEY TREASURER**Signature ► **WATSON DED TRS NOTICE 2000-19**Date ► **04/05/04**

# National City.

All deposits or payments are credited subject  
to verification by the bank and final payment.

PLEASE RETAIN THIS RECEIPT

Need Money?  
Ask About Home Equity Loans.  
The Smart way to borrow.



## Washtenaw County Democratic Comm-Federal Acct.

30309 72 18 981441371 CKG1DEP 100.00  
APR 06 04 12:46

PRINT LINE	001	02	123	12	123456789	CKG DEP	100.00
DESCRIPTION	OFFICE/ CSR	TRANS#	SORT ITEM#	ACCOUNT#	TRANS TYPE	AMOUNT	FDIC
71-0608-00 (Rev 09/01)	Jan 01 01	TODAYSDATE	15:00	TIME			

71-0608-00 (Rev 09/01)

1  
2  
3  
4  
5  
6  
7  
8  
9  
0  
-

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full) (Check if name  
is changed) Example: If typing, type  
over the lines 12FE4M5

W.A.S.H.T.E.N.A.W. C.O.U.N.T.Y. D.E.M.O.C.R.A.T.I.C. - F.E.D.E.R.A.L A.C.C.O.U.N.T

ADDRESS (number and street) 212 LAKEVIEW DR

(Check if address  
is changed)

WHITMORE LAKE MI 48189-1

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

dhoadley@comcast.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

W.A.S.H.T.E.N.A.W. C.O.U.N.T.Y. D.E.M.S. .COM

COMMITTEE'S FAX NUMBER

934-1449-8427

2. DATE 04 ' 03 ' 2004

3. FEC IDENTIFICATION NUMBER ► C

4. IS THIS STATEMENT  NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer

Deborah A. Hoadley

Signature of Treasurer

Deborah A. Hoadley

Date 04 ' 03 ' 2004

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only  
FESAN042 PDF

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

## 5. TYPE OF COMMITTEE (Check One)

(a)  This committee is a principal campaign committee. (Complete the candidate information below.)

(b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State  
District

(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party

(e)  This committee is a separate segregated fund.

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

## 6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

 - 

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative



9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

NATIONAL CITY BANK

Mailing Address

1600 WOODWARD AVE

LOCATOR R-330

DETROIT

MI

48226-1

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲