

LAW OFFICES OF ROBERT JUNE, P.C.

FEC
ALTERNATIVE DISPUTE
RESOLUTION OFFICE

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Ypsilanti, MI 48197-5374
Phone: (734) 481-1000
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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,

A handwritten signature in black ink, appearing to read "Greg Scott", is written over a large, stylized "X" mark.

Greg Scott
Assistant Staff Director
Information Division

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 WASHTENAW COUNTY DEMOCRATIC COMMITTEE-FEDERAL ACCT				
	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) 212 LAKEVIEW DR		5a Street address (if different) (Do not enter a P.O. box.) SAME AS MAILING ADDRESS		
	4b City, state, and ZIP code WHITMORE LAKE MI 48189		5b City, state, and ZIP code		
	6 County and state where principal business is located WASHTENAW MI				
	7a Name of principal officer, general partner, grantor, owner, or trustor DEBORAH HAODLEY TREASURER		7b SSN, ITIN, or EIN 379540104		
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ POLITICAL COUNTY COM			<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____		
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) <input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ REGISTERING AS A FEDERAL POLITICAL COMM			<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
10 Date business started or acquired (month, day, year) 04/05/04			11 Closing month of accounting year DECEMBER		
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) ▶ 00/00/00					
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	Household	Other
			0	0	0
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) PARTICIPATING LOCAL FEDERAL ELECTIONS			<input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. PARTICIPATING LOCAL FEDERAL ELECTIONS					
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 ▶ ROBERT A FICANO COMMITTEE Trade name ▶ SAME					
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 06/01/01 DETROIT MI					

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) ▶ **DEBORAH HAODLEY TREASURER**
Signature ▶ **WATVEN DEP TRS NOTICE 2000-10** Date ▶ **04/05/04**

Applicant's telephone number (include area code) **7344498427**
Applicant's fax number (include area code) **7344498427**

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
DESCRIPTION

71-0608-00 (Rev 09/01)

001 02
OFFICE / CSR

123
TRANS #

12
SORT ITEM #

123456789
ACCOUNT #

CKG DEP
TRANS TYPE

100.00
AMOUNT

Jan 01 01
TODAY'S DATE

15:00
TIME

FDIC

2004-04-06 12:46

**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

WASHTENAW COUNTY DEMOCRATIC - FEDERAL ACCOUNT

ADDRESS (number and street)

1212 LAKEVIEW DR

(Check if address
is changed)

WHITMORE LAKE

MI

48189-

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

dghoadley@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

WASHTENAW COUNTY DEMS.COM

COMMITTEE'S FAX NUMBER

234-4491-8422

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

FEC FORM 1
(Revised 02/2003)

- (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

Write or Type Committee Name

Washtenaw County Democratic Committee - Federal Act.

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name

DEBORAH A. NOADLEY

Mailing Address

212 LAKEVIEW DR

WHITMORE LAKE

MI

481891

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

734-449-8427

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

DEBORAH A. NOADLEY

Mailing Address

212 LAKEVIEW DR

WHITMORE LAKE

MI

481891

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

734-449-8427

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

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-530

DETROIT

MI

48226

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲