

## STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY, AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. C-2000 - 189	Li unicari la palicipació stando bro en 2 se il signo.	
2. Type of Filing a. Original OR b. Amendment to Iter	m(s)# 3, \$8 c. Date Change(s) Took Place 7.1.5 / 0	26
3. Full Name Of Committee Committee to Re-Elect Ric	hard J. Landau WCC Trustee	Ψ.
4 C	irst Name Richard M.I. J.	
4a. County of Residence Washtenaw	4b. Political Party (If applicable) N/A	
4c. Driver License # (Optional)	which was to prove a super the recent desire and the	
4d. Office Sought: (Check one)	consequent de la company de la	
Pd of Passata Little   Day 17   1   1   Day 17	epresentative	ation
5. Date Committee Was Formed 6/27/06 Mo/Day/Yr)	6. Committee Area Code and Phone Number 734–214–7669	
7. Committee Mailing Address (May be P. O. Box) Include Zip Code 2723 S. State St., Suite 400 Ann Arbor, MI 48104	7a. Committee Street Address (Maynot be P. O. Box) 2723 S. State St., Suite 400 Ann Arbor, MI 48104	
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)  Jerry Jernigan  2700 Gladstone Ave.  Ann Arbor, MI 48104  Area Code and Phone 734-665-0121  Driver License # (Optional)	9. Designated Record keeper. Name and address of the person (of than the treasurer) who will be responsible for the committee's record Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.  Area Code and Phone  Oriver License # (Optional)	her s and
\$1,000.00 Reporting Waiver threshold.) Funds left over from one election correquest for a Reporting Waiver is not received on or before the filing dea cannot be waived.	or expend in excess of \$1,000.00 in an election. The Reporting Waiver of the in-kind contributions, expenditures and outstanding debt count against out toward the "amount received" for the next election Please note: If a dline of a required Campaign Statement, that Campaign Statement	will be the
<ol> <li>Names and Addresses of depositories or intended depositories of comm (Bank, Credit Union or Savings &amp; Loan Association)</li> </ol>	nittee funds.  12. This item applies only to a Guberna Candidate Committee.	torial
11a. Official Depository: United Bank & Trust 2723 S. State St. Ann Arbor, MI 48104	Check if this committee intends to signalifying contributions for public funding	eek Ig.
13. Verification: I/We certify that all reasonable diligence was used in the prepopulate to the best of my/our knowledge or belief.	paration of the above statement, and that the contents are true, accurate a	and
Treasurer DENALD JERNIGHN, Kerall	Muniger Date 6 27 200	6
Type or Print Name  Signature  Candidate Nichard J. Landon  All 18	Mo. Day Year	-
Type or Print Name Signatur	re Date 6 27 200	0
	All Control of the Co	