

## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## **ORIGINAL OR AMENDED**

STATEMENT OF ORGANIZATION F	FORM FOR CANDIDATE COMMITTEES
D#: /- 1900 - 189	10. REPORTING WAIVER REQUEST: If the co

1. Committee ID #: (- 2000 - 189  2. Type of Filing:  Original 64-4,74-5,859  VAmendment to Items: Eff. Date: 91112  3. Full Name of Committee (must include Candidate's first and last name): Committee to Re-Elect Richard J.	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.  11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
Landay WCL Trustee  4a. Candidate Full Name (Last, First, M.I.):	a. Official Depository
4b. Political Party (if applicable):	b. Secondary Depository
4c. County of Residence:	b. Secondary Depository
4d. Office Sought (Check one):	
Governor Lt. Governor State Senator	
State Rep. Sec. of State Attorney Gen. State Bd. of Ed. UofM Reg. MSU Trustee WSU Gov. Supreme Court Appeals Court Circuit Court District Court Probate Court	12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.
Municipal Court Local or other please specify:	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not
4e. District/Circuit # or Jurisdiction:	apply to Candidate Committees that file with the County Clerk's office.
5. Date Committee was Formed:	The Campaign Finance Act requires any committee that files with the
6a. Committee Phone #: 734 - 865 - 1585	Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to
6b. Committee Fax #: 734 - 865 - 1595	you free of charge to assist you in meeting this requirement.
6c. Committee E-mail Address: <u>RJLANDAUG RJL BLOM</u>	
6d. Committee Website Address: N/A	excess of \$20,000 and is required to file electronically.  ** OR **
7a. Complete Comm. Mailing Address (May be PO Box): 5340 Plymonth Rd., Ste 200 Ann Arbor, MI 48105	** OR **  Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
7b. Complete Comm. Street Address (May not be PO Box): 5340 Ply mouth Rd., Ste 200	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are
Ann Arbor, MI 48105	true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and
8. Treasurer Name and Complete Address: Robert Chapman 2723 South State St. Ann Aubor, MI 48 104 Phone #: 734-214-3801	completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)
E-mail Address: RCHAPMANEUBAT-COM	Candidate
9. Designated Record Keeper Name and Complete Address: RICHARN J. LANDAU 5340 PLYMOUTH RD. STE ZDD Ann Arbor, MI 48105	Current Treasurer 9/7/2012
Phone #: 734 - 865 - 1585 E-mail Address: RJLANDAUGRJLPS. LOW	Designated Record Keeper (Required only if filing electronically)