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July 17, 1997

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Touma for Congress Committee

Gentlemen:

I enclose a Statement of Organization for the above-referenced committee, to be filed with your office. Thank you for your attention to this matter.

Very truly yours,

Laura Miron Napiewocki
Laura Miron Napiewocki

LMN/chg

Enclosure

cc: Ms. Leslie Touma
Herold Deason

W:\JAN\TOUMA\PROSEC\JUL 17

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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JUL 22 12 03 PM '97

1. (a) NAME OF COMMITTEE IN FULL Touma for Congress Committee	<input type="checkbox"/> (Check if name is changed)	2. DATE July 14, 1997
(b) Number and Street Address P.O. Box 100	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code Royal Oak, MI 48068-0100		4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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
Leslie Touma | Candidate Party Affiliation
Republican | Office Sought
U.S. House | State/District
MI / 12th |
|--|--|------------------------------------|------------------------------------|
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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	Mailing Address	Title or Position - Treasurer
Richard M. Gabrys	600 Renaissance Ctr., Ste. 900 Detroit, MI 48243-1704	

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	Mailing Address	Title or Position - Treasurer
Richard M. Gabrys	Deloitte & Touche LLP 600 Renaissance Ctr., Ste. 900 Detroit, MI 48243-1704	

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.	Mailing Address and ZIP Code
Standard Federal Bank	2600 W. Big Beaver Rd., P.O. Box 3703 Troy, MI 48007-3703

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 Richard M. Gabrys	SIGNATURE OF TREASURER <i>Richard M. Gabrys</i>	DATE 7-17-97
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §137g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-218-3423

FEBAN053

FEC FORM 1
(revised 4/87)

Federal Election Commission
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