

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL  (Check if name is changed)  
 13th Congressional District African-American Democratic Caucus  
 (b) Number and Street Address  (Check if address is changed)  
 1849 Saxon Rd  
 (c) City, State and ZIP Code  
 Ann Arbor, MI 48103-5628

NOV 24 11:19 AM  
 PRE-REGISTRATION NUMBER  
 C00307496

4. IS THIS STATEMENT AN AMENDMENT?  
 YES  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 | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |
- (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 *None*

- 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 |
|-----------|-----------------|-------------------|
|           |                 |                   |

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 |
|--------------|---|-------------------|
| Robert White | 1849 Saxon Rd<br>Ann Arbor, MI 48103-5628 | Treasurer         |

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                 |
|--------------------------------|--|
| First of America Bank          | 27 South Huron Street<br>Ypsilanti, MI 48197 |

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 | SIGNATURE OF TREASURER | DATE     |
|---------------------------------|------------------------|----------|
| Robert White                    | <i>Robert White</i>    | 11-19-95 |

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.

|  |  |  |  |
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For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9530  
 Local 202-376-3120

**FEC FORM 1**  
 (revised 4/87)

95030084913

**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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Other (Specify): POSTMARKED  
and/or DATE OF RECEIPT

*SLB*  
 PREPARER

11-24-95  
 DATE PREPARED

9503008494