

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Michel Powell1 the only one for the job President 2008 and beyond		3. FEC Identification Number C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 375 chalfont dr		
(c) City, State and ZIP Code athens GA 30606		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Individual filers only	Name of Employer Homespring llc	Occupation Real estate agent

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice

July 15 Quarterly Report

October Quarterly Report

January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM M M / D D / Y Y Y Y
 0 1 / 1 5 / 2 0 0 8

THROUGH

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 8

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 209900.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee of its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Ms Michel Anissa Powell, I	_____	04/03/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.

For further information, contact:
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Michel Powell1 the only one for the job President 2008 and beyond

Full Name (Last, First, Middle Initial) of Payee Ms Michel Anissa Powell, I		Date M M / D D / Y Y Y Y 05 / 14 / 2007
Mailing Address 375 chalfont dr		Amount 149900.00
City athens	State Zip Code GA 30606	
Purpose of Expenditure Lease Rental property	Category/ Type	Office Sought: <input type="checkbox"/> House State: <u>GA</u> <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Presidential District: <u>08</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Ms Michel Anissa Powell, I		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Convention</u>

Full Name (Last, First, Middle Initial) of Payee Michel Powell1 the only one for the job 2008 and beyond for President		Date M M / D D / Y Y Y Y 05 / 31 / 2008
Mailing Address P.O. box 48765		Amount 60000.00
City athens	State Zip Code GA 30606	
Purpose of Expenditure Campaign office	Category/ Type	Office Sought: <input type="checkbox"/> House State: <u>GA</u> <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Presidential District: <u>08</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Ms Michel Anissa Powell, I		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	209900.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	209900.00
(carry total from last page forward to Line 7)	

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Webform # 189</i>	Date of Receipt or Postmarked <i>4/3/08</i>

SW
 PREPARER *4/4/08*
 (3/2005) DATE PREPARED

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