FEC FORM 1

Only

FE3AN042.PD

STATEMENT OF ORGANIZATION

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2008 AUG 25 AM 11: 50

(Revised 12/2007)

Office Use Only 1. NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ADDRESS (number and street) 8.45 (Check if address 8.2 is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS SUSOM, COM COMMITTEE'S WEB PAGE ADDRESS (URL) WSUSOM. Com COMMITTEE'S FAX NUMBER 08 22 2008 C00452961 **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) OR AMENDED (A) 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 Date Signature of Treasurer 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. Office For further information contact: **FEC FORM 1** Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

5.

FEC	, FOI	m 1 (Revised 12/2007)	Page Z					
TYPE OF COMMITTEE								
Candidate Committee:								
(a)	P 7	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								
Candidat Party Aff		on Sought: House Senate President	tate					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.								
Name of Candidat								
Party (Com	nmittee:						
(d)			ocratic, olican, etc.) Party.					
Politica	al A	ction Committee (PAC):						
(e)	: :	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:					
ĸ.		The state of the s	or Organization					
		Membership Organization Trade Association Cod	perative					
(f) \(\)	Z	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)						
•		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fundraising Representative:								
(g)	. :	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.						
		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
Committees Participating in Joint Fundraiser								
1	۱.	FEC ID number: C						
2	2.	FEC ID number C						
3	3.	FEC ID number C						
4	4.	FEC ID number C	i ************************************					
5	5.	FEC ID number C						

FEC Form 1 (Revised 12	Page 3									
Write or Type Committee Name										
Friends o	+ WSUSOM									
6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative										
None		<u>, </u>								
Mailing Address										
		<u> </u>								
	CITY STATE	STATE ZIP CODE								
Relationship:										
Connected Organization	Affiliated Committee Leadership PAC Sponsor Joint Fu	indraising Representative								
7. Custodian of Records: Identicular books and records. Full Name	tify by name, address (phone number optional) and position of the person $a \cdot a \cdot 5 \cdot S \cdot S$									

-	CITY	STAT	E ZIP CODE
Title or Position Treasurer		Telephone number	586-381-0678

 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 of Treasurer

Mailing Address

P. D. BOX 44406

Petroit

CITY

STATE

ZIP CODE

Title or Position
Tregguest

Telephone number

586-381-0679

MI 48144 0406

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CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 12/2007)

Full Name of Designated

9821476

2803

(3/2005)

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