Image# 27980010541

01/03/2007 15 : 28

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines 12FE4M5

THE SCOTTS MIRACLE-GRO COMPANY STEWARDSHIP PAC

ADDRESS (number and street) 14111 SCOTTSLAWN ROAD

☐ (Check if address is changed)

MARYSVILLE | OH | 43041

CITY | STATE | ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Holly_J_Morris@Comerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2483717272

2. DATE M M 01 / D D 03 / Y Y Y Y 2007

3. **FEC IDENTIFICATION NUMBER** C C00365254

4. 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 **JAMES W. HOEBERLING**

Signature of Treasurer Electronically Filed by **JAMES W. HOEBERLING** Date M M 01 / D D 03 / Y Y Y Y 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

Image# 27980010542

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: ☐ House ☐ Senate ☐ President

State

District

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican,etc.) Party.

(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 party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

THE SCOTTS MIRACLE-GRO COMPANY

Mailing Address **14111 SCOTTSLAWN ROAD**

MARYSVILLE | **OH** | **43041** –

CITY **STATE** **ZIP CODE**

Relationship **CONNECTED**

Type of Connected Organization:

☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

THE SCOTTS MIRACLE-GRO COMPANY STEWARDSHIP PAC

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: **JAMES W. HOEBERLING**

Mailing Address: **COMERICA BANK PAC SERVICES**

P.O. BOX 75000

DETROIT | **MI** | **48275** – **2250**

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: **RECORDKEEPER**

Telephone number: **248** – **371** – **5562**

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 of Treasurer: **JAMES W. HOEBERLING**

Mailing Address: **COMERICA BANK PAC SERVICES**

P.O. BOX 75000

DETROIT | **MI** | **48275** – **2250**

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: **TREASURER**

Telephone number: **248** – **371** – **5562**

Full Name of Designated Agent: **CHRISTIANE SCHMENK**

Mailing Address: **THE SCOTTS COMPANY**

14111 SCOTTSLAWN ROAD

MARYSVILLE | **OH** | **43041** –

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: **ASSISTANT TREASURER**

Telephone number: **937** – **644** – **7606**

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.

COMERICA BANK

Mailing Address **P.O. BOX 75000**

MC 2250

DETROIT **MI** **48275** – **2250**

CITY **STATE** **ZIP CODE**