FEC

STATEMENT OF

FORM 1	ORGANIZ	ATION		
1 Onto	(See instructi	ions)		Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
BOSPAC				
ADDRESS (number and	street) 501 Capitol Court N	IE		
(Check if addres	Suite 100	11111111	<u> </u>	11111111
X is changed)	Washington		PC	20002 - [
		CITY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e	e-mail address)		
(Check if addres is changed)	jeff@kieloch.com			
io dilangua)		11111111		
(Check if addres is changed)	PAGE ADDRESS (URL) s LIIIIII			
2. DATE 03	31 / 2009		-	
3. FEC IDENTIFICA	ATION NUMBER	C C00433177		
4. IS THIS STATEM	MENT X NEW (N) OR	AMENDED (A)		
I certify that I have exam	ined this Statement and to the best of my kn	nowledge and belief it is true, corre	ct and complete	
	Coul MaCuina			
Type or Print Name of	Treasurer Carl McGuire			
Signature of Treasure	r Electronically Filed by Carl McG	Guire	Date 0 4	03 2009
NOTE: Submission of fa	alse, erroneous, or incomplete information m.	ay subject the person signing this		
Office Use Only		For further informat Federal Election Com Toll Free 800-424-95	nmission	FEC FORM 1 (Revised 02/2009)

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5.		COMMITTEE (Check One) Committee:	
	(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 th information below.)	e candidate
	Name of Candidate		
	Candidate Party Affilia		State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Con	(Nethernal Otella	
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political A	ction Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
		Corporation Corporation w/o Capital Stock Lab	or Organization
		Membership Organization Trade Association Co	pperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fund	raising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Co	mmittees Participating in Joint Fundraiser	
		1. FEC ID number	
		2. FEC ID number	
		3. Hilling FEC ID number C	
		EEC ID number C	

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 Carl McGuire Mailing Address Lamoni Lamoni IA 50140 Treasurer CITY A STATE A Treephone number 641 - 784 - 6782 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 Carl McGuire Mailing Address Lamoni IA 50140 Treasurer STATE A ZIP CODE A Treasurer Carl McGuire Mailing Address Carl McGuire Title or Position ▼ CITY A STATE A ZIP CODE A Treasurer STATE A ZIP CODE A	FEC Form 1 (Revised 0	2/2009)		Page 3
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Leonard L. Boswell Mailing Address 4323 Grand Aye. Des Moines CITY A STATE A ZIP CODE A Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative X Leadership PAC Sponsor 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Carl McGuire Full Name Mailing Address 224 S. Main St. Lamoni I.A 50140 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 Carl McGuire Mailing Address 224 S. Main St. Lamoni I.A 50140 Title or Position ▼ Carl McGuire Lamoni Lamoni Lamoni Lamoni Lamoni La Solido Treasurer Carl McGuire Alla Solido Treasurer Treasurer Carl McGuire Title or Position ▼ Carl McGuire Carl McGuire Treasurer Carl McGuire Treasurer Carl McGuire Treasurer Carl McGuire Title or Position ▼ Carl McGuire Treasurer Carl McGuire Title or Position ▼ Carl McGuire Treasurer Carl McGuire Treasurer Carl McGuire Treasurer Carl McGuire Treasurer Carl McGuire	Write or Type Committee Name			
Leonard L. Boswell Mailing Address Des Moines	BOSPAC			
Mailing Address A323 Grand Ave.	6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fu	ndraising Representative, or L	eadership PAC Sponsor
Treasurer Des Moines LA 50312 -	Leonard L. Boswell			
Treasurer Des Moines LiA 50312 -				
CITY A STATE A ZIP CODE A Relationship: Connected Organization	Mailing Address	4323 Grand Ave.		
CITY A STATE A ZIP CODE A Relationship: Connected Organization				
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative X Leadership PAC Sponsor 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 Carl McGuire Mailing Address 224 S. Main St. Lamoni IA 50140 Treasurer Treasurer 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 224 S. Main St. Lamoni IA 50140 Title or Position X Leadership PAC Sponsor		Des Moines		50312
Affiliated Committee		CITY▲	STATE ▲	ZIP CODE 🛦
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 Carl McGuire Mailing Address Lamoni Lamoni IA 50140 Treasurer Treasurer Treasurer Carl McGuire City A STATEA Treasurer Telephone number 641 - 784 - 6782 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 Mailing Address Lamoni Lamoni IA 50140 Treasurer All Name of Treasurer Carl McGuire Mailing Address Carl McGuire Title or Position ▼ CITY A STATE A ZIP CODE A Treasurer Title or Position ▼ CITY A STATE A ZIP CODE A	Relationship:			
possession of Committee books and records. Full Name Mailing Address 224 S. Main St. Lamoni LiA 50140 Title or Position ▼ CITY A STATEA Treasurer Telephone number 641 - 784 - 6782 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 Carl McGuire Mailing Address 224 S. Main St. Lamoni IA 50140 - Title or Position ▼ CITY A STATEA ZIP CODE A Treasurer Treasurer CITY A STATEA ZIP CODE A	Connected Organization	Affiliated Committee Jo	oint Fundraising Representative	X Leadership PAC Sponsor
Lamoni IA 50140 Title or Position ▼ CITY A STATE A ZIP CODE A 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 Carl McGuire Lamoni IA 50140 Title or Position ▼ CITY A STATE A ZIP CODE A Treasurer Treasurer A STATE A ZIP CODE A Treasurer Treasurer CITY A STATE A ZIP CODE A Treasurer Treasurer	possession of Committee Full Name Carl N	e books and records. IcGuire	er optional), and position of	of the person in
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Treasurer Treasurer 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 Carl McGuire Mailing Address Lamoni IA 50140 – Title or Position ▼ CITY A STATE A ZIP CODE A Treasurer		Lamoni	IA	50140
name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address Carl McGuire 224 S. Main St. Lamoni IA 50140 – Title or Position ▼ CITY A STATE A ZIP CODE A Treasurer	_		044	
Carl McGuire Mailing Address 224 S. Main St. Lamoni IA 50140 - Title or Position ▼ CITY A STATE A ZIP CODE A				nmittee; and the
Lamoni IA 50140 – Title or Position ▼ CITY A STATE A ZIP CODE A Treasurer 641 784 6782	011	I lcGuire		
Title or Position ♥ CITY A STATE A ZIP CODE A Treasurer 641 784 6782	Mailing Address	224 S. Main St.		
Treasurer 641 784 6782		Lamoni		50140
Treasurer Telephone number 641 _ 784 _ 6782	Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
	Treasure	r	Telephone number64	1 _ 784 _ 6782

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Full Name of Designated Agent	Carl McGuire		
Mailing Address	224 S. Main St.		
	Lamoni	IA	50140
Title or Position ▼	CITY A	STATE A	ZIP CODE A
		elephone number 641	
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