

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2008 AUG 18 AM 9:02

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

SHELLEY FOR CONGRESS

ADDRESS (number and street)

19311 SEMINOLE



(Check if address
is changed)

REDFORD

MI

41240

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

SHELLEYFORCONGRESS@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.SHELLEYFORCONGRESS@gmail.com

COMMITTEE'S FAX NUMBER

-

2. DATE

07/26/2008

3. FEC IDENTIFICATION NUMBER

C

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

Theresa Marie Storm

Signature of Treasurer

Theresa Marie Storm

Date

08/06/2008

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
Use
Only

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

FEC FORM 1
(Revised 12/2007)

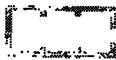
5. TYPE OF COMMITTEE

Candidate 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 the candidate information below.)

Name of Candidate

ERIK W. SHELLEY

Candidate
Party AffiliationOffice
Sought:

House



Senate



President

State

MT

District

11

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

Name of
Candidate

ERIK W. SHELLEY

Party Committee:

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

Political Action Committee (PAC):

NONE

- (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



Labor Organization



Membership Organization



Trade Association



Cooperative

- (f) ☐ 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.
- (h) ☐ 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. | NONE | FEC ID number | C NONE |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| 5. | | FEC ID number | C |

28039814265

Write or Type Committee Name

SHELLEYFORCONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:



Connected Organization



Affiliated Committee



Leadership PAC Sponsor



Joint Fundraising Representative

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

THERESE M STORM

Mailing Address

25112 DOCKSIDE LANE

HARRISON TOWNSHIP

MI

48045-

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

586-872-0608

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

THERESE STORM

Mailing Address

25112 DOCKSIDE LN

MI

48045-

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

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

Name of Bank, Depository, etc.

Mailing Address

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.

☐ Hand Delivered	Date of Receipt
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☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
ΣΣ	8/19/08
PREPARER (3/2005)	DATE PREPARED

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