

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

M i a m i C o u n t y N e i g h b o r s F o r C h a n g e

ADDRESS (number and street)

1 E . M a i n S t r e e t



(Check if address is changed)

T r o y O H 4 5 3 7 3

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

s t e v e @ m i a m i c o u n t y n e i g h b o r s f o r c h a n g e . o r g

COMMITTEE'S WEB PAGE ADDRESS (URL)

m i a m i c o u n t y n e i g h b o r s f o r c h a n g e . o r g

COMMITTEE'S FAX NUMBER

9 3 7 - 3 3 9 - 8 8 8 0

2. DATE

0 7 / 3 0 / 2 0 0 8

3. FEC IDENTIFICATION NUMBER

C 0 0 4 5 2 6 4 9

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

Stephen T. McLain

Signature of Treasurer

[Handwritten Signature]

Date

0 7 / 3 0 / 2 0 0 8

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.

Table with 5 columns for 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)

28039810468

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 _____

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 _____

Party Committee:

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

Political Action 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 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.	_____	FEC ID number	C
2.	_____	FEC ID number	C
3.	_____	FEC ID number	C
4.	_____	FEC ID number	C
5.	_____	FEC ID number	C

28039810469

Write or Type Committee Name

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

NONE

Mailing Address

[Mailing address grid]

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

Stephen T. McLain

Mailing Address

317 Public Square SW

[Mailing address grid]

Troy OH 45373

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

937-339-8100

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

Stephen T. McLain

Mailing Address

317 Public Square SW

[Mailing address grid]

Troy OH 45373

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

937-339-8100

28039810470

Full Name of Designated Agent

K, e, n, t, F, r, a, u, e, n, b, e, r, g, e, r

Mailing Address

[Empty address line]

3, 2, 0, W., F, r, a, n, k, l, i, n, S, t.

T, r, o, y, O, H, 4, 5, 3, 7, 3

CITY

STATE

ZIP CODE

Title or Position

A, s, s, i, s, t, a, n, t, T, r, e, a, s, u, r, e, r,

Telephone number

9, 3, 7 - 3, 3, 5 - 5, 2, 0, 9

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.

C, h, a, s, e

Mailing Address

1, 0, 1, 1, W., M, a, i, n, S, t.

[Empty address line]

T, r, o, y, O, H, 4, 5, 3, 7, 3

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty name line]

Mailing Address

[Empty address line]

[Empty address line]

[Empty address line]

CITY

STATE

ZIP CODE

28039810471

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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No Postmark

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Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

JMS
PREPARER

8/6/08
DATE PREPARED

28039810472