

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

FRIENDS OF ROSEMARY PALMER AND PAUL HACKETT

ADDRESS (number and street)

4758 RIDGE ROAD #132

(Check if address is changed)

CLEVELAND

OH

44144

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

PAUL@ROSEMARYPALMERFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.ROSEMARYPALMERFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

 - -

2. DATE

08 31 2007

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

PAUL E. SCHROEDER

Signature of Treasurer

Paul E. Schroeder

Date

08 31 2007

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 02/2003)

27039520559

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 Rosemary Palmer

Candidate Party Affiliation DEM 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

Rosemary Palmer FOR CONGRESS

Mailing Address 4758 RIDGE ROAD #132

CLEVELAND OH 44144
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliate

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

27039520560

Write or Type Committee Name

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 PAUL E SCHROEDER

Mailing Address 4758 RIDGE ROAD #132

CLEVELAND OH 44144

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 216-351-6958

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 PAUL E SCHROEDER

Mailing Address 4758 RIDGE ROAD #132

CLEVELAND OH 44144

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 216-351-6958

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

27039520561

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.

NATIONAL CITY BANK

Mailing Address

7430 MEMPHIS

CLEVELAND

OH

44144-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039520562

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.

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ER

9/5/07

PREPARER
(3/2005)

DATE PREPARED

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