

# 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

Lear Corporation PAC a/k/a LearPAC

ADDRESS (number and street)

2157 Telegraph Road

(Check if address is changed)

Southfield

MI

48034

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

slming@comerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

03 / 09 / 2006

3. FEC IDENTIFICATION NUMBER

C C00297242

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 Mel Stephens

Signature of Treasurer Electronically Filed by Mel Stephens

Date 03 / 09 / 2006

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)

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

**Lear Corporation**  
 \_\_\_\_\_

Mailing Address **21557 Telegraph Road**

\_\_\_\_\_

**Southfield** **MI** **48034** - \_\_\_\_\_

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

**Lear Corporation PAC a/k/a LearPAC**

- 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 **Comerica Bank, PAC Services**

Mailing Address **P.O. Box 75000**

**MC 2250**

**Detroit MI 48275 - 2250**

Title or Position ▼ **Des Recordkeeper** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **248 371 7268**

- 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 **Mel Stephens**

Mailing Address **21557 Telegraph Road**

**Southfield MI 48034 -**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **248 447 1624**

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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.

**Comerica Bank**

Mailing Address

**P.O. Box 75000**

**MC 2250**

**Detroit**

**MI**

**48275**

**2250**

CITY ▲

STATE ▲

ZIP CODE ▲

**Image# 26970105681**

Form/Schedule: **F1** amending to change Treasurer  
Transaction ID: **C00297242**

\*\*\*\*\*