

BOOMER AGENDA

RECEIVED
THE PAC FOR AMERICAS LARGEST GENERATION
COMMISSION

APR 23 1 47 PM '98

April 25, 1998

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear FEC:

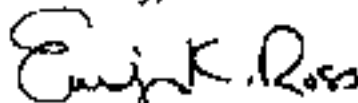
This letter is in response to your correspondence dated April 15 regarding the Statement of Organization I submitted March 30, 1998 on behalf of the Boomer Agenda. The information I submitted left unclear the question of whether or not the Boomer Agenda is a connected or non-connected committee.

The Boomer Agenda is a non-connected committee. It has no connections to any other organization. On Line 6, it should have read "NONE."

I am enclosing a copy of your letter dated April 15, a copy of the Statement of Organization I submitted on March 30 and an amendment to my original submission.

If you have any questions, please feel free to contact me at the number or address below.

Sincerely,



Emily K. Ross
Treasurer



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-1

Emily Karen Ross, Treasurer
The Boomer Agenda
1275 K Street NW, Suite 602
Washington, DC 20005

APR 15 1998

Identification Number: C00335422

Reference: Statement of Organization

Dear Ms. Ross:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Any affiliated or connected organization must be identified on your Statement of Organization. For further guidance on affiliated committees and connected organizations, please refer to 11 CFR §§100.5(g) and 100.6. If there are no other committees or organizations with which you share control or financing, please indicate "None" on Line 6. If you do share control or financing with other committees or organizations, please list their names, addresses, and relationships on Line 6. 11 CFR §102.2

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,

Alicia K. Richardson
Reports Analyst
Reports Analysis Division

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 29 1 47 PM '98

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) The Boomer Agenda	2. DATE 3/30/98
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 1275 K St, NW, Suite 602	3. FEC Identification Number
(c) City, State and ZIP Code Washington DC 20005	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
 - (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
 - (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
Emily Karen Ross	1275 K St, NW, Ste. 602, Wash. DC 20005	Treasurer

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	Mailing Address	Title or Position
Emily Karen Ross	1275 K St, NW, Suite 602 Wash., D.C. 20005 (202) 789-0470	Treasurer

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 and ZIP Code
Crestar Bank	1445 New York Ave NW Washington, D.C. 20005-2108

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 Emily K. Ross	SIGNATURE OF TREASURER 	DATE 3/30/98
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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.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>4-27-98</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>led</i> PREPARER	<i>4-29-98</i> DATE PREPARED

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION HALL ROOM

APR 29 1 47 PM '98

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Boomer Agenda	2. DATE 4/25/98
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 1275 K Street, NW Suite 602	3. FEC Identification Number C00335422
(c) City, State and ZIP Code Washington DC 20005	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
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(National, State or subordinate) (Democratic, Republican, etc.)
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- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

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None		

Type of Connected Organization

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

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	Mailing Address	Title or Position
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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	Mailing Address	Title or Position
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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 and ZIP Code
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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 Emily K. Ross	SIGNATURE OF TREASURER Emily K. Ross	DATE 4/25/98
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE6AN055

FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	<i>4-29-98</i> DATE PREPARED