SECRETARY OF THE SENATE

08 SEP -2 PM 1: 42

## STATEMENT OF ORGANIZATION

FORM 1 J	UNGANIZ	ALION	}	
				Office Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M	15
COMMITTEE	TO ELEGT S	COTTY BOMA	.N	
ADDRESS (number and street)	47,17 DUDL	EY		
(Check if address				
山 is changed)	DEARBORN	HEIGHTS	MIT	481251-1
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDR				
SCOTTYELLUC	iat ronglaho	200 COM	<del>1</del>	
		<u> </u>	<u> </u>	
COMMITTEE'S WEB PAGE A	DDRESS (URL)			
1BOMAINOS INCIC	M			
	<u> </u>	<del></del>		
COMMITTEE'S FAX NUMBER				
13,131-14,171-19.9	<u>(128)</u>			
2. DATE 0.8	3008			
3. FEC IDENTIFICATION N	NUMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the best	t of my knowledge and belief it	is true, corre	ect and complete.
Type or Print Name of Treasur	er Scott A	very Bom	an	
,	11-1-			
Signature of Treasurer	SOMI	Som	Date 0	8 25 2008
NOTE: Submission of false, erro	neous, or incomplete information	may subject the person signing	this Statement	to the penalties of 2 U.S.C. §437g.
	ANY CHANGE IN INFORMATI	ON SHOULD BE REPORTED W	ITHIN 10 DAY	S.
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 12/2007)

	FEC Form	m 1 (Revised 12/2007)					Page 2
5.	TYPE OF CO	OMMITTEE Committee:	commi	ttee to	Elect	Scotty !	Bomua
	(a) V	This committee is a pri	ncipal campaign	committee. (Com	plete the candidate	information below	v.)
	(b)	This committee is an a information below.)	uthorized commit	tee, and is NOT	a principal campai	gn committee. (Co	mplete the candidate
	Name of Candidate	Scotiti	LVERY	BOMAN	<u> </u>	<u> </u>	
	Candidate Party Affiliation	n LIB	Office Sought:	House	✓ Senate	President	State M (
	(c)	This committee suppor	ts/opposes only o	one candidate, ar	d is NOT an autho	rized committee.	
	Name of Candidate						
	Party Com	mittee:					
	(d)	This committee is a		(National, State or subordinate)	committee of the		(Democratic, Republican, etc.) Party.
	Political Ad	ction Committee (P.	AC):				
	(e)	This committee is a se	parate segregate	d fund. (Identify c	onnected organizati	on on line 6.) Its co	onnected organization is a:
		Corporation		Corpo	ration w/o Capital	Stock	Labor Organization
		Membership O	rganization	Trade	Association		Cooperative
	(f)	This committee suppor committee. (i.e., noncor			I candidate, and is	NOT a separate	segregated fund or party
		In addition, this	committee is a Le	adership PAC. (Id	lentify sponsor on li	ne 6.)	
	Joint Fund	raising Representa	tive:				
	(g)	This committee collects committees/organization	contributions, pay ns, at least one of	s fundraising exp which is an autho	enses and disburse rized committee of a	s net proceeds for a federal candidate	two or more political
	(h)	This committee collects committees/organization	contributions, pay s, none of which i	s fundraising expo s an authorized c	enses and disburses ommittee of a feder	s net proceeds for a	two or more political
	Comn	nittees Participating in	n Joint Fundrais	ser			
	1.				FEC ID	number C	
	2.					number <b>C</b>	
	3.	]			FEC ID	number <b>C</b>	
		<del>,</del>	<del> </del>	<del>                                     </del>	<del></del>	number <b>C</b>	
	4.	<u> </u>		<u> </u>		_	
	5.				FEC ID	number C	

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FEC Form 1 (Revised 12/2007)	Page 3
Write or Type Committee Name	r ago o
Committee to Elect Scotty Boman	
Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraisin	ng Representative
Name of Any Confliction Organization, Annualed Committee, Leadership ( Ac Charles of Conflict and Island	ig riepresentative
<u> </u>	
Mailing Address	
CITY STATE	ZIP CODE
Relationship:	
Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundrais	ing Representative
Custodian of Records: Identify by name, address (phone number optional) and position of the person in pobooks and records,	essession of committee
Full Name Gregory Scott Stempifile	<u>, , , , , , , , , , , , , , , , , , , </u>
Mailing Address 4717 DUDLEY	
Language	
DEARBORN HELIGHTS MY 1481	25-1
CITY STATE	ZIP CODE
Title or Position  IMA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	129-47.89
MAMAGER Telephone number 8/131-19	110 11 - 1210 11
Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	ame and address of
Full Name of Treasurer S.C.O.T.T. A.V.E.R.Y. B.O.M.A.M.	
Mailing Address 4877 BALFOUR ROAD	
DETROITE STATE	12.41-13.40.31 ZIP CODE
Title or Position  [CAMDIDATE   1   1   1   1   1   1   1   1   1	197-B052

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Public Recor

Alexandria, 1/1 2230/

SECRETARY OF THE SENATE

PAMELA B. GAVIN SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: [202] 224-0322

## United States Senate

OFFICE OF THE SECRETARY

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OVERNIGHT DELIVERY SERVICE: SHIPPING DATE NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS
UPS
DHL
AIRBORNE EXPRESS
RECEIVED FROM FEDERAL ELECTION COMMISSION  Date of Receipt
POSTMARK ILLEGIBLE \( \bigcap \) NO POSTMARK \( \bigcap \)
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OTHER_
Date of Receipt or Postmark

2802046073

DATE PREPARED 09-02-08



