

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER

2008 OCT 24 AM 9:00

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

SPRING LAKE PRO-LIFE FRIENDS OF FEDERAL ELECTION CANDIDATES

ADDRESS (number and street) 1401 THIRD AVENUE

(Check if address is changed) SPRING LAKE

WI 52262-1442

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 10 15 2008

3. FEC IDENTIFICATION NUMBER C 00278481

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 MARY REILLY

Signature of Treasurer [Signature] Date 10 15 2008

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.

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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 |

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Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

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

JOHN S. MAC GOWAN

Mailing Address

1401 THIRD AVENUE  
SPRING LAKE

CITY

STATE

ZIP CODE

Title or Position

PRESIDENT

Telephone number

232-245-5731

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

MARY REILLY

Mailing Address

1401 THIRD AVENUE  
SPRING LAKE

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

232-685-6011

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Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

JP MORGAN CHASE BANK

Mailing Address

P.O. Box 260180

[Grid for Mailing Address Line 2]

BATON ROUGE LA 70826-0189

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

28039893752

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.

|  |                               |
|--|-------------------------------|
| <input type="checkbox"/> Hand Delivered  | Date of Receipt               |
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| <input type="checkbox"/> USPS Express Mail                                       | Postmarked                    |
| <input checked="" type="checkbox"/> Postmark Illegible                           |                               |
| <input type="checkbox"/> No Postmark   |                               |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                 |
| Next Business Day Delivery <input type="checkbox"/>                              |                               |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt               |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt               |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt               |
| <input type="checkbox"/> Other (Specify):  | Date of Receipt or Postmarked |

*Jmus*  
 PREPARER

*10/20/08*  
 DATE PREPARED

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