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FEC FORM 1

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STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2008 FEB -4 AM 10: 34

					Office Use Only
NAME OF COMMITTEE (in full)	(Check if no is changed)		ample:If typing, type or the lines.	12FE4M5	
COMMITTEE, TO ELE	CT DAVID BO	SWELL TO	CONGRESS		
					
ADDRESS (number and street)	5591 PANTE	IER CREE	K PARK DRIVE	1_1_1_1_1	
(Check if address is changed)	OWENSBORO			KY 4	2301
COMMITTEE'S E-MAIL ADDRE	99	CITY		STATE	ZIP CODE
jhancock@rineyha					
			<u> </u>	<u></u>	
					
COMMITTEE'S WEB PAGE AD	DRESS (URL)				
		<u> </u>		 	
<u> </u>				 	
COMMITTEE'S FAX NUMBER					
2,70 - 926 - 149	94.				
2. DATE	D " / . Y . Y . Y . Y . Y				
3. FEC IDENTIFICATION N	JMBER	С			
4. IS THIS STATEMENT	NEW (N)	OR ;	AMENDED (A)		
I certify that I have examined the	his Statement and to	the best of my	knowledge and belief i	t is true, correct a	nd complete.
Type or Print Name of Treasure	JOSEPH A.	HANCOCI	ζ		
Signature of Treasurer	June	Home	<u> </u>	Date I	
NOTE: Submission of false, errone	•	•	ould be reported w		e penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 12/2007)

TYPE OF COMMITTEE Candidate Committee: (a) X 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 DAVID E. BOSWELL Candidate DEM Office X House Senate President (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Committee: (National, State or subordinate) committee of the	
(a) X This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Party Affiliation DEM Office Sought: X House Senate President Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State or subordinate) committee of the	State District
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Committee information below.) Name of Candidate Candidate Party Affiliation Candidate DEM Office Sought: X House Senate President Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State or subordinate) committee of the	State District
Information below.) Name of Candidate DAVID E, BOSWELL Candidate Party Affiliation DEM Office Sought: X House Senate President (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State or subordinate) committee of the	State K
Candidate Candidate Party Affiliation Candidate Party Affiliation Candidate Party Affiliation Candidate Party Committee: (National, State or subordinate) committee of the	State District
Party Affiliation DEM Sought: X House Senate President (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State or subordinate) committee of the	State District
Name of Candidate Party Committee: (National, State or subordinate) committee of the	
Party Committee: (National, State or subordinate) committee of the	
Party Committee: (National, State or subordinate) committee of the	
(National, State (d) This committee is a or subordinate) committee of the	
(d) This committee is a or subordinate) committee of the	(Domocratic
	(Democratic, Republican, etc.) Par
Political Action Committee (PAC):	
Membership Organization Trade Association (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	Cooperative segregated fund or par
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 committees/organizations, at least one of which is an authorized committee of a federal candidate	two or more political
h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for a committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number C	
2. FEC ID number C	
3.	
4.	o en esperado de la comunidad d La comunidad de la comunidad d

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Write or Type Committee Name				
			···	
6. Name of Any Connected (Organization, Affiliated Committee	, Leadership PAC Spons	or or Joint Fundrais	ing Representative
	1111111111			
Mailing Address				
			ليا ليا	
	CITY		STATE	ZIP CODE
Relationship: Connected Organization	Affiliated Committee	Leadership PAC Sponse	or Joint Fundra	ising Representative
7. Custodian of Records: Ide	ntify by name, address (phone numb	per ontional) and positi	on of the person in r	nossession of committee
books and records.	iny by halite, audiess (phone halin	ooi optionally and positi	on or the person in p	ossession of committee
Full Name JOSE	PH A. HANCOCK, TRE			
Mailing Address	RINEY, HANCOCK &	CO., PSC		<u> </u>
	2900 VRACH ROAD	SUTTE 2		
	OWENSBORO		KY42	303 -
Title or Position	CITY		STATE	ZIP CODE
TREASURER		Telephone num	nber 270 -	926 - 4540
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optiona assistant treasurer).	al) of the treasurer of the	committee; and the	name and address of
Full Name of Treasurer JOSEPI	H.A. HANCOCK, TREAS	URER		
Mailing Address	RINEY, HANCOCK &	CO., PSC		
	2900 VEACH ROAD, S	UTTE: 2	1 1 1 1 1 1 1	
	OWENSBORO	لتبيين	للللا لللا	303 -
Title or Position	CITY		STATE	ZIP CODE
TREASURER		Telephone num	ber 270 - [926 - 4540
FE3AN042.PDF				-

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Full Name of Designated Agent				1 1 1 1 1 1 1	
Mailing Address				 	
Title or Position	<u></u>	 	CITY Tele	STATE	ZIP CODE
safety deposit be	oxes or maint	ains funds.	her depositories in which th	ne committee deposits	funds, holds accounts, rents
safety deposit be	oxes or maint	ains funds. c.	her depositories in which the	he committee deposits	funds, holds accounts, rents
safety deposit bo Name of Bank, I	oxes or maint Depository, et	ains funds. c.	her depositories in which the	he committee deposits	funds, holds accounts, rents
safety deposit bo Name of Bank, I	oxes or maint Depository, et	ANK			
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safety deposit bo Name of Bank, I	oxes or maint Depository, et	ANK			
safety deposit bo	Depository, et	ains funds. c. BANK 230 FREDER OWENSBORO	ICA STREET!	KY KY	42301
safety deposit be Name of Bank, I Mailing Address	Depository, et	ains funds. c. BANK 230 FREDER OWENSBORO	CITY	KY KY	42301
safety deposit be Name of Bank, I Mailing Address	Depository, et	ains funds. c. BANK 230 FREDERI OWENSBORO c.	CITY	KY STATE	42301
safety deposit be Name of Bank, I Mailing Address Name of Bank, I	Depository, et	ains funds. c. BANK 230 FREDERI OWENSBORO c.	CITY	KY STATE	42301
Banks or Other safety deposit be Name of Bank, I Mailing Address	Depository, et	ains funds. c. BANK 230 FREDERI OWENSBORO c.	CITY	STATE	21P CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indic	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 1/2-8/09
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Co	onfirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	iness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
Int	2/4/08
(3/2005)	DATE PREPARED