

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

12 MAY 29 PM 3:31

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

COMMITTEE TO ELECT SCOTT BOMAN

ADDRESS (number and street)

4877 BALFOUR RD

✓ (Check if address
is changed)

DETROIT

MI

48224-3403

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

SCOTT.BOMAN@KOTMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

BOMAN12.ORG

2. DATE

05' 21' 2012

C00454496

3. FEC IDENTIFICATION NUMBER

C00504274

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

Scott Avery Boman

Signature of Treasurer

Scott Avery Boman

Date

05' 21' 2012

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

12020381799

5. TYPE OF COMMITTEE

*Committee to Elect Scotty Boman***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

*SCOTT AVERY BOMAN*Candidate Party Affiliation
*Changed**LIB*

Office Sought:



House



Senate



President

State

MI

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:
- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (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 Lobbyist/Registrant PAC.
- ☐ 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. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |

12020381800

Write or Type Committee Name

Committee to Elect Scotty Boman

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

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

GREGORY SCOTT STEMPFLE

Mailing Address

1726 PEARSON

FERNDALE

MI

48220

Title or Position

CITY

STATE

ZIP CODE

MANAGER

Telephone number

313-929-1789

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

SCOTT AVERY BOMAN

Mailing Address

4877 BALFOUR RD.

DETROIT

MI

48229-3403

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

313-247-2052

12020381801

Committee to Elect Scotty BomanFull Name of
Designated
AgentGREGORY SCOTT STEMPLE

Mailing Address

1726 PEARSONFERNDALE

CITY

MI

STATE

48220

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

313-929-1789

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.

CHARTER ONE BANK

Mailing Address

19307 MACK AVENUEGROSSE POINTE WOODS MI

CITY

STATE

48234

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12020381802

Comm. Heats Elect Scotty Bowman
4872 Balfour Rd.
Detroit, MI
48224

Office of Public Records



22 MAY 2012 PM 3:31

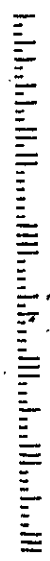
METROPOLITAN 441 4810

RECEIVED
ARY OF THE SENATE
UBLIC RECORDS

MAY 29 PM 3:31

SCREENED BY THE SENATE
POST OFFICE
Box 2517
Alexandria, VA 22301-0517
Secretary of the Senate

22301051717



30818302021

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL 05-22-12
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

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 ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 05-29-12

12020381804

12020381805

