

MicroSun Technologies PAC

1925 Ohio Street
Lisle, IL 60532
(630) 968-5000
(630) 968-5034 fax

RECEIVED
FEC MAIL CENTER
2008 MAR 24 AM 10:08

March 17, 2008

Federal Election Commission
Attn: Allen Norfleet
999 E Street, N.W.
Washington, D.C. 20463

Identification number: **C00445247**

RE: Amended Statement of Organization

Dear Mr. Norfleet:

Thank you for speaking with me last week to discuss your most recent notice regarding our filing (copy enclosed). As you suggested, enclosed please find an amended Statement of Organization reflecting MicroSun Technologies LLC as the connected organization and MicroSun Electronics Corporation as the affiliate.

I hope this clears up any remaining questions regarding our filing, however, should any matters remain open, do not hesitate contacting me at the above numbers at your convenience.

Sincerely,

Nancie El Shafei

Nancie Elshafei
Treasurer

Cc: File

28039661855

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL CENTER
2008 MAR 24 AM 10:08

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

MICROSOFT TECHNOLOGIES PAC

ADDRESS (number and street)

1925 OHIO STREET



(Check if address
is changed)

415 LE

IL

60532-

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

TG@MCRSUNTECH.COM

WELSHAF@MCRSUNTECH.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

630-968-5034

2. DATE

03/18/2008

3. FEC IDENTIFICATION NUMBER

C00445247

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

NANCIE ELSHAFFI

Signature of Treasurer

Nancie Elshaffi

Date

03/18/2008

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.

Office
Use
Only

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

FEC FORM 1
(Revised 12/2007)

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 AffiliationOffice
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:
- | | | |
|--|--|---|
| <input checked="" 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 |
- (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. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 5. | <input type="text"/> | FEC ID number | <input type="text"/> |

Write or Type Committee Name

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

MICROSVN TECHNOLOGIES LLC

Mailing Address

1925 OHIO STREET

LISLE

IL

60532-

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

NANCIE ELSHAFFI

Mailing Address

1925 OHIO STREET

LISLE

IL

60532-

CITY

STATE

ZIP CODE

Title or Position

CFO

Telephone number

630-968-5000

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

NANCIE ELSHAFFI

Mailing Address

1925 OHIO STREET

LISLE

IL

60532-

CITY

STATE

ZIP CODE

Title or Position

CFO

Telephone number

630-968-5000

Write or Type Committee Name

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

MICROSON ELECTRONICS CORPORATION

Mailing Address

688-A WELLS ROAD

BOULDER CITY

CITY

NV

STATE

89005-

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

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

Full Name of
Designated
Agent

THOMAS GOLAR

Mailing Address

1925 OHIO STREET

CHICAGO

CITY

IL

STATE

60532-

ZIP CODE

Title or Position

VICE PRESIDENT

Telephone number

630-968-5000

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.

AMERICAN CHARTERED BANK

Mailing Address

385 S. MAIN STREET

BARTLETT

CITY

IL

STATE

60103-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 3/17/08
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input 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

Jms
PREPARER
(3/2005)

3/24/08
DATE PREPARED

28039661859