

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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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 MIKE BOYCE

ADDRESS (number and street)

PO BOX 681448

X

(Check if address
is changed)

MARIETTA

GA

30060

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

INFO@MIKEBOYCE4CONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

MIKEBOYCE4CONGRESS.COM

COMMITTEE'S FAX NUMBER

703-303-9947

2. DATE

01 08 2008

3. FEC IDENTIFICATION NUMBER ▶

C00442012

4. IS THIS STATEMENT

NEW (N)

OR

X

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

JUDY MOON BOYCE

Signature of Treasurer

Date

01 08 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 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (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 MICHAEL HART BOYCE

Candidate Party Affiliation REP Office Sought: House Senate President State GA District 06

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

28038583859

Write or Type Committee Name

COMMITTEE TO ELECT MIKE BOYCE

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 JUDY MOON BOYCE

Mailing Address PO BOX 681448

MARIETTA GA 30068

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 404-468-8212

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 JUDY MOON BOYCE

Mailing Address PO BOX 681448

MARIETTA GA 30068

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 404-468-8212

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

28039583860

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.

WACHOVIA

Mailing Address

11329 JOHNSON FERRY RD, GA 30131

MARIETTA GA 30068

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

28039583861

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.

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1/7/08

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Other (Specify): Date of Receipt or Postmarked


PREPARER

1/11/08
DATE PREPARED