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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

THE MANITOWOC COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2400 SOUTH 44TH STREET

☐ (Check if address is changed) P.O. BOX 66

MANITOWOC WI 54221-0066

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

claurino@manitowoc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

920-652-9275

2. DATE 03 03 2005

3. FEC IDENTIFICATION NUMBER ▶ C00287847

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 Carl J. Laurino

Signature of Treasurer X [signature] Date 03 07 2005

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)

FEC-FN012.PDF

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

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

(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

THE MANITOWOC COMPANY, INC.

Mailing Address 2400 SOUTH 44TH STREET
P.O. BOX 66
MANITOWOC WI 54221-0066

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED

Type of Connected Organization:

☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
☐ Membership Organization ☐ Trade Association ☐ Cooperative

FEC Form 1 (Revised 02/2003)

Write or Type Committee Name

The Manitowoc Company Political Action Committee

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: MAURICE D JONES

Mailing Address: 2400 SOUTH 44th STREET
P O BOX 66
MANITOWOC WI 54221-0066

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

CORPORATE SECRETARY

Telephone number 920-652-1741

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: CARL J LAURINO

Mailing Address: 2400 SOUTH 44th STREET
P O BOX 66
MANITOWOC WI 54221-0066

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER

Telephone number 920-652-1720

Full Name of Designated Agent: ROBERT P HERRE

Mailing Address: 1600 ELY STREET
MARINETTE WI 54143-

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASST TREASURER

Telephone number 715-735-9341

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.

ASSOCIATED BANK

Mailing Address

1000 FRANKLIN ST

P O BOX 1205

MANITOWOC WI 54221-1205

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	DATE PREPARED 3/4/05

(5/2004)