25038683112

RECEIVED
FEC MAIL
OPERATIONS CENTER

2005 JAN 10 A 10:45

1/5/05

To whom it concerns

I placed an ad in my local newspaper supporting George Bush for president of the USA.

I hope I filled this out properly; I did not understand the directions any better than the form.

Patricia J Kirchner
N222 Vanity Dr
Stoddard WI
54658

25038683113

FEC FORM 5

FEC MAIL OPERATIONS CENTER

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

2005 JAN 10 A 10:45

1. (a) Name of Individual, Organization or Corporation
PATRICIA J. KIRCHNER

(b) Address (number and street) ☐ check if different than previously reported
N222 VANITY DR

(c) City, State and ZIP Code
STODDARD WI 54658

3. FEC Identification Number
C

2. Corporate filers only
Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only
Name of Employer: (none)
Occupation: Homemaker

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ 24-Hour Notice ☐ 48-Hour Notice
☐ 12-Day Report preceding the election ▼
Type of Election | Date of Election | State
☐ 30-Day Report following the General Election ▼
Date of Election: 11-2-04 State: WI

b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 10 01 2004
THROUGH
10 31 2004

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES 569.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

PATRICIA J. KIRCHNER
TYPE OR PRINT NAME OF PERSON COMPLETING FORM | SIGNATURE | DATE
Patricia J. Kirchner | Patricia J. Kirchner | 1/4/05

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

FE5ANHD.PDF

FEC Form 5 (Rev. 02/2003)

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

A. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

B. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

C. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

D. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page carry total to Line 6) ▶

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 7 OF FORM 5

NAME OF FILER (in Full)
PATRICIA J. Kirchner

Full Name (Last, First, Middle Initial) of Payee
the Catholic Times

Date
10 / 11 / 2004

Mailing Address
3710 East Ave S

Amount
569.00

City LaCrosse State WI Zip Code 54601

Purpose of Expenditure
Newspaper Ad.

Category/Type

Office Sought: House State: ____ Senate District: ____ President

Name of Federal Candidate Supported or Opposed by Expenditure:
George W. Bush

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/Type

Office Sought: House State: ____ Senate District: ____ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/Type

Office Sought: House State: ____ Senate District: ____ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 569.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶

(c) **TOTAL** Independent Expenditures (carry total from last page forward to Line 7) ▶ 569.00

FEC Schedule 5-E (rev. 02/2003)

FE3AN145.PDF

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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.

Date of Receipt

☐ Hand Delivered

Postmarked

☑ USPS First Class Mail 1/5/05

Postmarked (R/C)

☐ USPS Registered/Certified

Postmarked

☐ USPS Priority Mail

Delivery Confirmation ™ Label ☐

Postmarked

☐ USPS Express Mail

☐ Postmark Illegible

☐ No Postmark

Shipping Date

☐ Overnight Delivery Service (Specify):

Date of Receipt

☐ 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 or Postmarked

☐ Other (Specify):

1/10/05

PREPARER

DATE PREPARED

(5/2004)