

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

2006 DEC 19 A 9:24

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

NORTH SHORE PAC

ADDRESS (number and street)

15700 WEST BLUEMOUND ROAD

(Check if address  
is changed)

BRADFIELD

WI

53005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

NSR\_PAC@northshorebank.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

12 13 2006

3. FEC IDENTIFICATION NUMBER ▶

C002205138

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

Jay McKenna

Signature of Treasurer

Date

12 13 2006

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)

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

NORTH SHORE BANK F.S.B. \_\_\_\_\_

Mailing Address 115700 WEST BLUEMOUND ROAD  
 \_\_\_\_\_  
 BIRDAFIELD MA 01301-1511  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED \_\_\_\_\_

Type of Connected Organization:

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

2003031309

Write or Type Committee Name

NORTH SHORE BANC PAC

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 EAY F MCKENNA

Mailing Address 15700 WEST BLUEMOUND ROAD  
BROOKFIELD WI 53005

Title or Position CITY STATE ZIP CODE  
TREASURER Telephone number 262-797-3887

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 EAY F MCKENNA

Mailing Address 15700 WEST BLUEMOUND ROAD  
BROOKFIELD WI 53005

Title or Position CITY STATE ZIP CODE  
TREASURER Telephone number 262-797-3882

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE  
Telephone number

26039313127

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.

NORTH SHORE BANK FSB

Mailing Address

15700 WEST BLUEMOUND ROAD

BROOKFIELD ILL 53005-1

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26039313128

**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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<input type="checkbox"/> USPS Express Mail	Postmarked
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<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 12-19-04  
 (3/2005) DATE PREPARED

26039313128