24962507155

10/15/2004 15 : 15

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Republican Party of Wisconsin

ADDRESS (Number and Street)

148 E. Johnson Street

(Check if address is changed)

P.O. Box 31

Madison | WI | 53703 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

loehmen@wisgop.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.wisgop.org

COMMITTEE'S FAX NUMBER

6082574141

2. DATE 04 23 2004

3. **FEC IDENTIFICATION NUMBER** C C00074450

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 Buck Schilling

Signature of Treasurer Electronically Filed by Buck Schilling Date 10 15 2004

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) X This committee is a STA (National, State (or subordinate) committee of the REP (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

2004 Joint State Victory Committee

Mailing Address 228 S Washington St. STE 340

Alexandria VA 22314 -

CITY STATE ZIP CODE

Relationship Joint Cmte. Rep

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

Republican Party of Wisconsin

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: Leslie Oehmen

Mailing Address: 5018 Paulson Court #3

McFarland | WI | 53558 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

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: Buck Schilling

Mailing Address: 601 7th Avenue South

Park Falls | WI | 54552 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number ____ – ____ – ____

Full Name of Designated Agent

Mailing Address

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number ____ – ____ – ____

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 Bank

Mailing Address 1753 Pinnacle Dr., 3rd FL

McLean VA 22102 –

CITY STATE ZIP CODE

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. **[ADDITIONAL]**

Wachovia Bank

Mailing Address 1753 Pinnacle Dr., 3rd FL

McLean VA 22102 -

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Joint State Victory Committee '04

Mailing Address 228 South Washington Street

Suite 115

Alexandria VA 22314

CITY STATE ZIP CODE

Relationship Joint Fundraising Re

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ **CITY ▲** **STATE▲** **ZIP CODE ▲**

Telephone number _____ – _____ – _____