

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

Office Use Only  
2009 MAR 10 P 12:14

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

REPUBLICAN PARTY AND CONG DISTRICT WI

ADDRESS (number and street) 11830 THORSTRAND ROAD

X (Check if address is changed)

MADISON WI 53705-1

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

lcmakaj@kw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

608-1230-4048

2. DATE 02'15'2009

3. FEC IDENTIFICATION NUMBER C00164236

4. IS THIS STATEMENT X 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 Christine Makey

Signature of Treasurer Christine Makey

Date 02'15'2009

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.

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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 12/2007)

29030050220

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (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 \_\_\_\_\_

**Party Committee:**

(d)  This committee is a Congressional district (National, State or subordinate) committee of the REP (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation \_\_\_\_\_ Corporation w/o Capital Stock \_\_\_\_\_ Labor Organization \_\_\_\_\_
  - Membership Organization \_\_\_\_\_ Trade Association \_\_\_\_\_ Cooperative \_\_\_\_\_
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C
5. \_\_\_\_\_ FEC ID number C

29030050221

Write or Type Committee Name

Republican Party 2nd Congressional District Wisconsin

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

Grid lines for organization name

Mailing Address

Grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

CHRISTINE MAKEY

Mailing Address

11830 THORSTRAND ROAD

MADISON

WI

53705

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

608-236-4048

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

CHRISTINE MAKEY

Mailing Address

11830 THORSTRAND ROAD

MADISON

WI

53705

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

608-236-4048

22205005062

REPUBLICAN PARTY 2ND CONG DISTRICT WISCONSIN

Full Name of Designated Agent

CHRISTINE MAKEY

Mailing Address

11830 THORSTRAND ROAD

MADISON

WI

53705

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

608-236-4048

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.

WELLS BANK MIDDLETON

Mailing Address

7447 UNIVERSITY AVENUE

MIDDLETON

WI

53562

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030050223

**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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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No Postmark

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 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

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Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*JMP*  
 PREPARER

*3/10/07*  
 DATE PREPARED

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