

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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FEC MAIL ROOM

2001 MAY -9 P 1:21

1. (a) NAME OF COMMITTEE IN FULL Wisconsin Leadership PAC	<input type="checkbox"/> (Check if name is changed)	2. DATE 5/4/01
(b) Number and Street Address 1667 K St. NW, Suite 700	<input checked="" type="checkbox"/> (Check if address is changed)	3. FEC Identification Number 600345744
(c) Ctr. State and ZIP Code Washington DC 20006	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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.)
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
- (d) This committee is a _____ committee of the _____ 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 a party committee.

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

B. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation with Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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: **Joan Atkins** Mailing Address: **1667 K St NW, Suite 700 Wash. DC 20006** Title or Position: **Treasurer**

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: **Joan Atkins** Mailing Address: **same as above** Title or Position: **Treasurer**

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.: **Sequoia National Bank** Mailing Address and ZIP Code: **13th & K DC 20006**

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 Joan Atkins	SIGNATURE OF TREASURER <i>Joan Atkins</i>	DATE 5-4-01
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

