

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

Democratic Party of Wisconsin Federal Account

ADDRESS (number and street)

222 W. Washington Avenue Suite 150

(Check if address is changed)

Madison

WI

53703

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

lwell@wisdems.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.wisdems.org

COMMITTEE'S FAX NUMBER

605-255-8819

2. DATE

12 / 05 / 2007

3. FEC IDENTIFICATION NUMBER

C C00019331

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

Michael F. Childers/Treasurer

Signature of Treasurer

Electronically Filed by Michael F. Childers/Treasurer

Date

12 / 05 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 **DEM** (National, State (or subordinate) committee of the **STA** (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

2008 Battleground Fund _____

Mailing Address **430 S. Capitol Street SE** _____

Washington **DC** **20003** - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Joint Fundraising Committee** _____

Type of Connected Organization:

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

Write or Type Committee Name

Democratic Party of Wisconsin Federal Account

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 _____

Mailing Address _____

_____ - _____

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 **Michael F. Childers**

Mailing Address **222 W. Washington Avenue Suite 150**

Madison **WI** **53703** - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number **608** - **260** - **2404**

Full Name of Designated Agent **LaRhonda Wells**

Mailing Address **222 W. Washington Avenue Suite 150**

Madison **WI** **53703** - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Compliance Director Telephone number **608** - **260** - **2404**

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.

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲