FORM 1

2015 - 10 - 22 - 0M - 000M0M0M

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STATEMENT OF **ORGANIZATION**

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. •							2015 Q	File 22 of	1 9: 50
NAME OF COMMITTEE (in	full)		heck if name changed)	Exampl over the	e:If typing, type e lines.	12F	Ė4M̃5		
AMERICA	ins it	OR	LEGISL	ATJ	16 EXC	E441	ENCE	= PAC	1 1 1 1 1
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ADDRESS (number a	nd street)	ROB	0X1186	3			111	<u> </u>	
☐ (Check if a is changed	address i)	ســــــــــــــــــــــــــــــــــــــ			1 1	<u> </u>			لىبىيا
		MAR	 	19G.	1 1 1 1 1	J (M STAT		54,02 zip	CODE
COMMITTEE'S E-MA	AIL ADDRES	s							
(Check if a is changed	address d)	Caq	PERLST	TERHI	INJEGG	MAJ	4.60	<u> </u>	
-		Optional S	Second E-Mail Ad	ddress					1
			<u> </u>		<u> </u>		11.1.		
COMMITTEE'S WEE		•		<u> </u>	FRESS.	,C,O,M	\		
2. DATE 0 / 2015									
3. FEC IDENTIFIC	CATION NU	MBER ▶	CC)05/1	2362				
4. IS THIS STATE	MENT [NEW ((N) OR		AMENDED (A))			
I certify that I have	examined thi	s Statemer	nt and to the bes	t of my kno	wledge and belie	of it is true,	, correct an	d complete.	
Type or Print Name	of Treasurer	Sta	ephani	<u>e</u> Co	eper				
Signature of Treasur	er <u>×</u>	Ste	honing	Ca	eper	Date		'CS	'ZC[3
NOTE: Submission of	false, errone				t the person signi			penalties o	f 52 U.S.C. §30109

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

FEC FORM 1

(Revised 06/2012)

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	FI	EC Fo	m 1 (Revised 02/2009)	Page 2				
			OMMITTEE Committee:					
(a	ι)		This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	X	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	lame andi		ALEX X MOONEY					
_	andid arty	date Affiliatio	Office Sought: House Senate President	State W				
(0	;)	\mathbf{X}	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	lame andi		ALEX M. MOONEY					
F	arty	y Con	nmittee: (National, State	Democratic,				
(0	d)			Republican, etc.) Party.				
P	oliti	ical A	ction Committee (PAC):					
(6	∍)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:				
			Corporation Corporation w/o Capital Stock	Labor Organization				
			Membership Organization Trade Association	Cooperative				
			In addition, this committee is a Lobbyist/Registrant PAC.					
(1	f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party				
			In addition, this committee is a Lobbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
J	oint	Func	Iraising Representative:					
(g))		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political				
		Com	mittees Participating in Joint Fundraiser					
		1.	FEC ID number					
		2.	FEC ID number					
		3.	FEC ID number					
		4.	FEC ID number					

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Write or Type Committee Na		
HMERZC	CANS FOR LEGISLATUE EXC	tuble PA
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
ALEX XI MOC	DINTER I I I I I I I I I I I I I I I I I I I	
Mailing Address	POBOY 1/18/63-111111111111111111111111111111111111	
	MARTITANSIBURGIIIII WI	254021-1111
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: I books and records. 	Identify by name, address (phone number optional) and position of the perso	on in possession of committee
Full Name ST	EPHANIG COOPER	
Mailing Address	190 BCX 11863	
	1	

IASSISIANT TREASURER

Title or Position

Telephone numbe

STATE

BOY-7074-5009

ZIP CODE

3. 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).

CITY

Full Name of Treasurer	PETER ONOSZKO				_
Mailing Address	1P.O. BOX 1863				
		 	<u>L IL. I</u>		
	MARTINSBUGR	W	125	1021-1	
Title or Position	CITY	STATE		ZIP CODE	

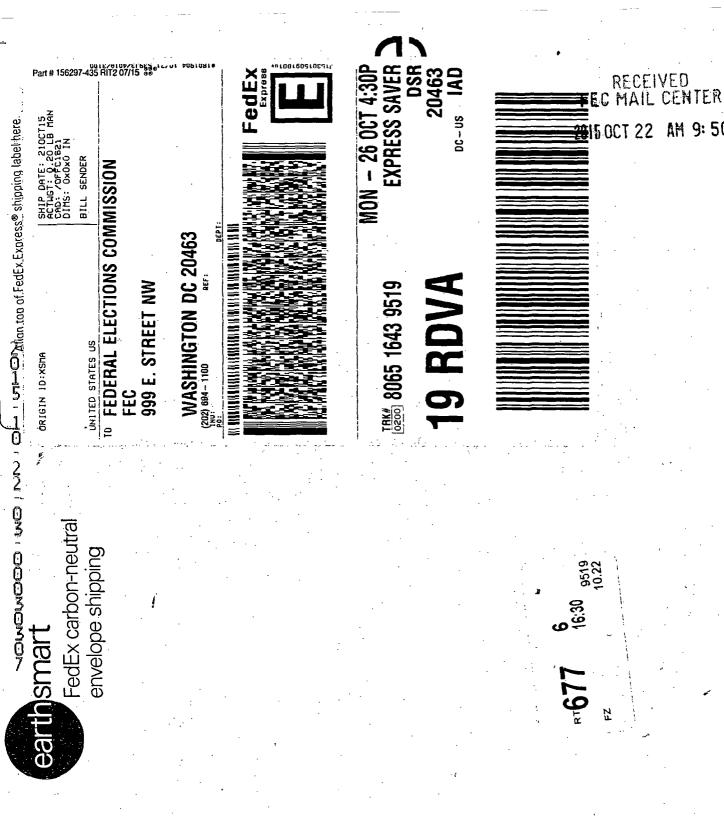
MREASURER

Telephone number

BOY1-7021-150091

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