M 303110236

FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

2013 JUL 31 AMII: 51

1.	NAME OF		
	COMMITTEE	(in	full

(Check if name

Example: If typing, type

12FE4M5

FEC MAIL CENTER

COMMITTEE (In full)	is changed)	over	the lines.		
16 th Congre	essional Di	istric	Democ	ratici.	Party
Loff Wiscom	simili	111			111111
ADDRESS (number and street)	1211 Cm	bem	y Court		
(Check if address is changed)			<u> </u>		1 1 1 1 1 1 1 1
- 1	CITY A			STATE A	53093 ZIP CODE▲
COMMITTEE'S E-MAIL ADDRES	SS				
(Check if address is changed)	laklein	1 @ w	.rr.com		
	Optional Second E-Mai	l Address			
		<u> </u>	 		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)				
(Check if address	1				
is changed)		-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 	 		
2. DATE 07 1	Å ′ ŽÒ ڵŠ ˙				
3. FEC IDENTIFICATION NU	JMBER ▶ C	002	74407		
4. IS THIS STATEMENT	NEW (N) OF	×	AMENDED (A)		
I certify that I have examined th	is Statement and to the I	best of my kr	nowledge and belief it	is true, correct a	nd complete.
Type or Print Name of Treasurer	Anita	K	leini		
Signature of Treasurer	_ Smite	Kle	in	Date 07	12 1013
NOTE: Submission of false, errone	ous, or incomplete informa				ne penalties of 2 U.S.C. §437
Office Use Only		-	For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

5.

FEG Fo i	m 1 (Revised 02/2009)	Page 2
TYPE OF C		
Candidate (a)	Committee: 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. (Con information below.)	npiete the candidate
Name of Candidate		
Candidate	Office	State
Party Affiliation	on Sought: House Senate President	District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
	Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(1)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated 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.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal nandidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2 .	FEC ID number C	
3.	FEC ID number C	
4.	FEC ID number C	

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
6. Name of Any Connected Organization, Affiliated Committee	Joint Fundraising Representative, or Leadership PAC Sponsor
<u>.</u>	
Mailing Address	
CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committ	ee. Joint-Fundraising Representative Leadership PAC Sponsor
7. Custodian of Records: Identify by name, address (phone numb	per optional) and position of the person in possession of committee
books and records.	
Fult Name	
1	
Mailing Address	
Title or Position CITY	STATE ZIP CODE
	Telephone number
8. Treasurer: List the name and address (phone number optional	l) of the treasurer of the committee; and the name and address of
any designated agent (e.g., assistant treasurer).	,
Full Name of Treasurer Anita Klein	
Lau Car la	~
Mailing Address 211 Chamber	The state of the s
CITY	STATE ZIP CODE
Title or Position	_
Treasurer:	Telephone number 920 - 980 - 3963

	11 1 (11641360	02/2009)		Page 4
Full Name of Designated			· · · · · · · · · · · · · · · · · · ·	
Agent				
Mailing Address				
		CITY	STATE	ZIP CODE
Title or Position			elephone number	_1 _
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	^	ociated Bank		
Name of Bank, i	Depository, e	e ociated Bank	lor Drive	
	Depository, e	eciated Bank 1217 North Tay- Sheboygan	LON DRIVE	5368(J-L, .
Name of Bank, i	Depository, e	cioted Bank 1217 North Tay Sheboyaan	lor Drive	ZIP CODE
Name of Bank, (Depository, e	cioted Bank 1217 North Tay Sheboyaan	STATE	ZIP CODE
Name of Bank, (Depository, e	cioted Bank 1217 North Tay Sheboyaan	STATE	ZIP CODE
Name of Bank, i	Depository, e	cioted Bank 1217 North Tay Sheboyaan	STATE	ZIP CODE
Name of Bank, (Depository, e	cioted Bank 1217 North Tay Sheboyaan	STATE	ZIP CODE

Federal Election Cor ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fili	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Express Mail	Postmarked 7/30/17
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt on Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
JmP	7/31/17
PRÉPARER (7/2013)	DATE PREPARED
(112013)	