

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)		2. DATE	
Toby Roth for Congress '96 Committee		August 11, 1998	
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed)		3. FEC IDENTIFICATION NUMBER	
512 W. College Avenue		J060297 C00140350	
(c) City, State and ZIP Code		4. IS THIS STATEMENT AN AMENDMENT?	
Appleton, WI 54911		<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.)
- | | | | |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee (name of candidate)
 - (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
 - (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 Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

- Corporation Corporation w/o 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	Mailing Address	Title or Position
Bruce Chudacoff	512 W. College Avenue Appleton, WI 54911	None

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	Mailing Address	Title or Position
John Hennessy	512 W. College Avenue Appleton, WI 54911	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.	Mailing Address and ZIP Code
American National Bank	2200 N. Richmond Appleton, WI 54911

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	SIGNATURE OF TREASURER	DATE
John Hennessy	<i>J. Hennessy</i>	August 11, 1998

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.

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

RECEIVED
FEDERAL ELECTION
COMMISSION

AUG 19 12 57 PM '98

1. (a) NAME OF COMMITTEE IN FULL

Toby Roth for Congress Committee

(b) Number and Street Address

512 West College Avenue

(c) City, State and ZIP Code

Appleton, WI 54911

2. FEC IDENTIFICATION NUMBER

060297 C00140350

3. TYPE OF COMMITTEE (check one)

 STATE PARTY OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____

5. **STATUS BY QUALIFICATION:**

- (a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name:	Office Sought:	State/District:	Date:
(i)	Sam Gedjenson	House	CT/02	4/15/98
(ii)	Ben Gilman	House	NY/20	4/23/98
(iii)	Kit Bond	Senate	MO	2/28/98
(iv)	Mark Foley	House	FL/16	2/28/98
(v)	Don Manzullo	House	IL/16	4/4/98

- (b) **Contributors:** The committee received a contribution from its 51st contributor on: 1978

- (c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 1978

- (d) **Qualification:** The committee met the above requirements on: 4/23/98

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

John Hennessy

SIGNATURE OF TREASURER

DATE

8/11/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 6437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free: 800-424-9530
Fax: 202-418-2420**FEC FORM 1M**

(9/83)

