

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

DEC - 1 2004 2 35

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12 FEB 4 MS

Soph Roth for Congress '96 Committee

ADDRESS (number and street) 512 N. College Avenue

Check if obtained from previously reported. (AOO)

APR 2004 WI 54911

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

00140380 IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 18-Day POST-Election Report for the:

<input type="checkbox"/> Primary (18P)	<input type="checkbox"/> General (18G)	<input type="checkbox"/> Runoff (18R)
<input type="checkbox"/> Convention (18C)	<input type="checkbox"/> Special (18S)	

Election on: [] [] [] in the State of []

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on: [] [] [] in the State of []

5. Covering Period 07 / 01 / 2004 through 09 / 30 / 2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Suzanne Roth

Signature of Treasurer Suzanne Roth Date 11 / 30 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. § 5327g.

Office Use Only

FEC FORM 3X (Rev. 02/2004)