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2013 AUG 21 AM 9:04
FEC MAIL CENTER

August 16, 2013

Federal Election Committee
999 E Street, NW
Washington, DC 20463

To whom it may concern,

Please find enclosed a completed Statement of Organization (FEC Form 1) for registration of the Wisconsin Medical Society Federal Political Action Committee (WISMedFEDPAC), a Separate Segregated Fund (SSF) established and which will be administered by its connected organization, the Wisconsin Medical Society. Please note that a previous version of WISMedFEDPAC was formed and operated by the Wisconsin Medical Society (registrant number C00383042), but it is my understanding that the earlier committee was administratively terminated in December 2005 for nonactivity. We were advised by the FEC (via telephone conversation) to restart WISMedFEDPAC as a new SSF which would be assigned a new registrant number. We also were informed that we could continue using the WISMedFEDPAC name. If any of this is incorrect, please notify me so we can take any steps necessary to properly register this SSF.

Please also find enclosed a completed Notification of Multicandidate Status (FEC Form 1M) related to WISMedFEDPAC. WISMedFEDPAC qualifies as a multicandidate committee immediately upon registration based on the FEC's opinion that it is affiliated with the American Medical Political Action Committee (AMPAC) (registrant number C00000422).

Thank you for processing this registration. Should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Chris Rasch
Director of State and Federal Relations
Wisconsin Medical Society
330 E. Lakeside St.
Madison, WI 53715
(608) 442-3800
Chris.Rasch@wismed.org

(Enclosures)

CC: Terri Folk, AMPAC

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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

2013 AUG 21 AM 10: 15

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Wisconsin Medical Society Federal Political Action Committee (WISMedFEDPAC)

ADDRESS (number and street) 330 East Lakeside Street

☐ (Check if address is changed)

Madison | WI | 53715 -

CITY | STATE | ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed) Chris.Rasch@wismed.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE __ / __ / ____

3. FEC IDENTIFICATION NUMBER C

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 Chris Rasch

Signature of Treasurer _____ Date 08 / 16 / 2013

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.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

(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

Party Committee:

(d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C

2. FEC ID number C

3. FEC ID number C

4. FEC ID number C

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Write or Type Committee Name

Wisconsin Medical Society Political Action Committee (WISMedFEDPAC)

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

American Medical Political Action Committee (AMPAC)

Mailing Address 25 Massachusetts Avenue, NW
Suite 600
Washington DC 20001 -
CITY STATE ZIP CODE

Relationship: ☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

CITY STATE ZIP CODE -

Title or Position

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

Mailing Address

CITY STATE ZIP CODE -

Title or Position

Telephone number - -

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Write or Type Committee Name

Wisconsin Medical Society Federal Political Action Committee (WISMedFEDPAC)

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Wisconsin Medical Society

Mailing Address 330 East Lakeside Street

Madison WI 53715 -

CITY STATE ZIP CODE

Relationship: [X] Connected Organization [ ] Affiliated Committee [ ] Joint Fundraising Representative [ ] Leadership PAC Sponsor

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 Chris Rasch

Mailing Address 330 East Lakeside Street

Madison WI 53715 -

CITY STATE ZIP CODE

Title or Position Director of State and Federal Relations

Telephone number 608 - 442 - 3800

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 Chris Rasch

Mailing Address 330 East Lakeside Street

Madison WI 53715 -

CITY STATE ZIP CODE

Title or Position Director of State and Federal Relations

Telephone number 608 - 442 - 3800

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Full Name of Designated Agent: Chris Rasch

Mailing Address: 330 East Lakeside Street

Madison (CITY) WI (STATE) 53715 - (ZIP CODE)

Title or Position: Director of State and Federal Relations

Telephone number: 608 - 442 - 3800

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.: Johnson Bank

Mailing Address: 5133 West Terrace Drive

P.O. Box 8636

Madison (CITY) WI (STATE) 53708 - (ZIP CODE)

Name of Bank, Depository, etc.:

Mailing Address:

CITY STATE ZIP CODE

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☑ USPS First Class Mail	Postmarked 8/16/13
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☐ Received from House Records & Registration Office	Date of Receipt
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☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	8/21/13 DATE PREPARED

(8/2013)

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