

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

10 MAY 10 PM 3:25

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

R o n J o h n s o n f o r S e n a t e , I n c .

ADDRESS (number and street) 6 0 1 O r e g o n S t r e e t , S u i t e B

(Check if address  
is changed)

O s h k o s h W I 5 4 9 0 2

CITY STATE ZIP CODE

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

(Check if address  
is changed)

R o n J o h n s o n U S s e n a t e 2 0 1 0 @ g m a i l . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

w w w . R o n J o h n s o n f o r S e n a t e . c o m

2. DATE 05 10 2010

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 James J. Malczewski

Signature of Treasurer Date 05 10 2010

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

FEC FORM 1  
(Revised 02/2009)

10020354617



Write or Type Committee Name

Ron Johnson for Senate, Inc.

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

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

J, a, m, e, s, J., M, a, l, c, z, e, w, s, k, i

Mailing Address

2, 2, 0, 1, E., E, n, t, e, r, p, r, i, s, e, A, v, e., S, u, i, t, e, 1, 0, 0

P., O., B, o, x, 2, 4, 5, 9

A, p, p, l, e, t, o, n, W, I, 5, 4, 9, 1, 2, - 2, 4, 5, 9

Title or Position

CITY

STATE

ZIP CODE

T, r, e, a, s, u, r, e, r

Telephone number

9, 2, 0, - 7, 3, 9, - 3, 3, 5, 8

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

J, a, m, e, s, J., M, a, l, c, z, e, w, s, k, i

Mailing Address

2, 2, 0, 1, E., E, n, t, e, r, p, r, i, s, e, A, v, e., S, u, i, t, e, 1, 0, 0

P., O., B, o, x, 2, 4, 5, 9

A, p, p, l, e, t, o, n, W, I, 5, 4, 9, 1, 2, - 2, 4, 5, 9

Title or Position

CITY

STATE

ZIP CODE

T, r, e, a, s, u, r, e, r

Telephone number

9, 2, 0, - 7, 3, 9, - 3, 3, 5, 8

10020354619

Ron Johnson for Senate, Inc.

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

U S B a n k

Mailing Address

1 1 1 N . M a i n S t r e e t

[Empty grid for Mailing Address line 2]

O s h k o s h W I 5 4 9 0 1

CITY

STATE

ZIP CODE

10020354620

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7118  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 05-10-10  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark  
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

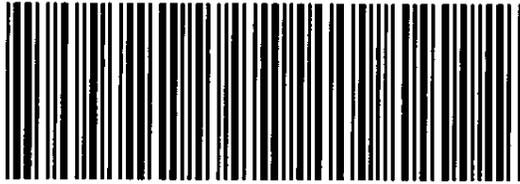
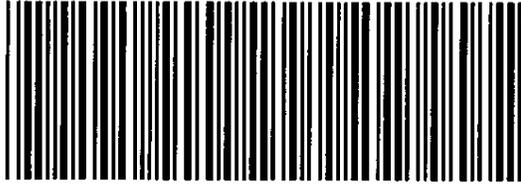
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 05-10-10

10020354621



10020354622