

14031241664

We attempted to send this notice via e-mail, however the email address provided on your committee's Statement of Organization is not valid. Please amend your committee's Statement of Organization (FEC Form 1) to provide a current and correct e-mail address.

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2014 MAY 22 AM 7:51
Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

MAIL CENTER

STANDING FOR WISCONSIN FAMILIES INC

ADDRESS (number and street)

222 S HAMILTON ST STE 24



(Check if address is changed)

MADISON

CITY ▲

WI

STATE ▲

53703-3201

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

jbrant@wifamilyaction.org

Optional Second E-Mail Address

jkappling@wifamilyaction.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A



(Check if address is changed)

2. DATE

05 ' 15 ' 2014

3. FEC IDENTIFICATION NUMBER ▶

00528893
C46093

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

~~Juliane K. Appley~~ ^{Designated Agent} JULIANE K. APPELEY

Signature of Treasurer

~~Juliane K. Appley~~ ^{Designated Agent} [Signature]

Date

05 ' 15 ' 2014

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 06/2012)

14031241665

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	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

14031241666

Write or Type Committee Name

STANDING FOR WISCONSIN FAMILIES, INC

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

WISCONSIN FAMILY ACTION INC

Mailing Address

PO BOX 1327

MADISON

CITY

WI

STATE

53701-1327

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

JUDITH F BRANT

Mailing Address

PO BOX 1327

MADISON

CITY

WI

STATE

53701-1327

ZIP CODE

TREASURER

Telephone number 608-268-5074

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

JUDITH F BRANT

Mailing Address

PO BOX 1327

MADISON

CITY

WI

STATE

53701-1327

ZIP CODE

TREASURER

Telephone number 608-268-5074

14031241667

Full Name of Designated Agent

JULIAINE K APPLING

Mailing Address

PO BOX 1327

MADISON

CITY

WI

STATE

53701-1327

ZIP CODE

Title or Position

DIRECTOR

Telephone number

608-268-5074

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.

ANCHOR BANK

Mailing Address

PO BOX 7933

MADISON

CITY

WI

STATE

53707

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

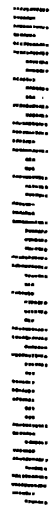
CITY

STATE

ZIP CODE

14031241668

14031241669



\$1.40
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53703



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Federal Election Commission
999 E Street, NW
Washington DC 20463

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MAY 22 AM 7:50
PEC MAIL CENTER

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (8/2013)

5/22/14
 DATE PREPARED

14031241670