

FEC FORM 1

STATEMENT OF ORGANIZATION

2004 SEP 14 A 9 09

Date Filed

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12P8435

WISCONSIN COMMUNITY REPUBLICAN PARTY

ADDRESS (number and street) 1104 B WASHINGTON STREET

(Check if address is changed) MILWAUKEE WI 53204-6811

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

wisconsinrnp@earthlink.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.wisconsinrnp.org

COMMITTEE'S FAX NUMBER

608-272-1644

2. DATE 09 06 2004

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 David Tenye

Signature of Treasurer [Signature] Date 09 06 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 1907a. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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: House Senate President

State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

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

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

REPUBLICAN PARTY

Mailing Address 1102 WEST END AVENUE

1102

WASH DC DC 20003

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATED

- Type of Connected Organization:
- Corporation
 - Membership Organization
 - Corporation w/o Capital Stock
 - Trade Association
 - Labor Organization
 - Cooperative

Write or Type Committee Name

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 MARGARET A MILLER

Mailing Address 1124 B MAIN STREET

FRANKLIN IN 37068

Title or Position EXECUTIVE DIRECTOR CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 615-790-642

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 DAVID M. TRAVIS

Mailing Address 1124 B MAIN STREET

FRANKLIN IN 37068

Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 615-423-5736

Full Name of Designated Agent DAVID SARK

Mailing Address 1124 B MAIN STREET

FRANKLIN IN 37068

Title or Position ASST. TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 615-790-642

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, holds safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

FIFTH THIRD BANK

Mailing Address

232 PUBLIC SQUARE

HEA KILLER IN INDIANA

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 9-7-04
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<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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
<i>See</i> PREPARER	9-14-04 DATE PREPARED