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FEC FORM 1

STATEMENT OF ORGANIZATION

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

MANITOWOC COUNTY REPUBLICAN PARTY

ADDRESS (number and street) P.O. BOX 1211

☒ (Check if address is changed)

CLEVELAND WI 53015-0121

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

MANITOWOCREPUBLICANPARTY.ORG

COMMITTEE'S FAX NUMBER

___-___-___

2. DATE 07 24 2005

3. FEC IDENTIFICATION NUMBER ▶ C00139253

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 JOHN A. BLAND

Signature of Treasurer John A. Bland Date 07 24 2005

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.

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

FEC FORM 1
(Revised 02/2003)

FE3AN042.PDF

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) X 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

NONE

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

MANITOWOC COUNTY REPUBLICAN PARTY

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 MUELLER

Mailing Address: 9904 NORTH AVE

NEWTON | WI | 53063-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

CHAIRPERSON

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: JOHN A. BLAND

Mailing Address: 15615 E SPRING LAKE RD

VALDERS | WI | 54245-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number 920-773-3110

Full Name of Designated Agent

Mailing Address

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

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.

FIRST NATIONAL BANK

Mailing Address P.O. BOX 198

NEWTON WI 53063-0198

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

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(3/2005)

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