

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <i>Friends of Tom Peterson</i>	2. DATE <i>5/20/2000</i>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <i>1303 North Jenkins Ave</i>	3. FEC Identification Number JUL 19 AM 8:18
(c) City, State and ZIP Code <i>Deerfield, WI 53002</i>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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
<i>Tim Peterson</i> | Candidate Party Affiliation
<i>Association of S. Senator</i> | Office Sought
<i>WI</i> | State/District
<i>WI</i> |
|--|---|----------------------------|-----------------------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee **Mailing Address and ZIP Code** **Relationship**

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

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 <i>Tim Peterson</i>	Mailing Address <i>1303 North Jenkins Dr. Deerfield, WI 53002</i>	Title or Position <i>Candidate</i>
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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 <i>Kathleen Briggs</i>	Mailing Address <i>3022 Rolling Ridge Dr. Appleton, WI 53188</i>	Title or Position
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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. <i>St. Francis Bank - checking account # 13238396</i>	Mailing Address and ZIP Code <i>2360 North 124th St. Wauwatosa, WI 53226</i>
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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 <i>Kathleen M. Briggs</i>	SIGNATURE OF TREASURER <i>Kathleen M. Briggs</i>	DATE <i>5/20/2000</i>
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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.

