

RECEIVED
FEC MAIL
OPERATIONS CENTER

2005 JUL 13 P 3:32

FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: if typing, type
over the lines.

12FE4M5

Wisconsin Medical Society Inc. Federal Political Action Committee (WISMedFedPAC)

ADDRESS (number and street)

330 E. Lakeside St.

(Check if address
is changed)

P.O. Box 1109

Madison

WI

53701-1109

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

608 - 442 - 3802

2. DATE

07 / 08 / 2005

3. FEC IDENTIFICATION NUMBER ▶

C 00383042

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 Mark Grapentine, JD

Signature of Treasurer

Date

07 / 08 / 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.

Office
Use
Only

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

FEC FORM 1
(Revised 02/2003)

2503884000

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 (National, State or subordinate) committee of the (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

Wisconsin Medical Society Inc. _____

Mailing Address 330 E. Lakeside St. _____

P.O. Box 1109 _____

Madison WI 53701-1109 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Wisconsin Medical Society Inc. Federal Political Action Committee (WISMedFedPAC)

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 Jeremy Levin

Mailing Address 830 E. Lakeside St.
P.O. Box 1109
Madison WI 53701 - 1109

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Government Relations Specialist Telephone number 608 - 442 - 3791

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 Mark Grapentine, JD

Mailing Address 330 E. Lakeside St.
P.O. Box 1109
Madison WI 53701 - 1109

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Vice President - Government Relations Telephone number 608 - 442 - 3768

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

250328882057

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
UPS *7/8/05*
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

[Signature]
 PREPARER

7/13/05
 DATE PREPARED

39007587092