

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <div style="font-size: 1.5em; font-weight: bold; text-align: center;">Cronin for Congress</div>	2. DATE <div style="font-size: 1.5em; text-align: center;">8/11/99</div>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <div style="font-size: 1.5em; text-align: center;">PO BOX 617</div>	3. FEC Identification Number TO BE ASSIGNED
(c) City, State and ZIP Code	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

AUG 17 11 10 AM '99

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 <div style="font-size: 1.2em;">Sean Anthony Cronin</div>	Candidate Party Affiliation <div style="font-size: 1.2em;">Republican</div>	Office Sought <div style="font-size: 1.2em;">US HOUSE</div>	State/District <div style="font-size: 1.2em;">WISCONSIN 5TH</div>
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(c) This committee supports/opposes only one candidate \_\_\_\_\_ (name of candidate) and is NOT an authorized committee.

(d) This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (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.

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

6. 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 records.

Full Name	Mailing Address	Title or Position
Alex Mladek	605 Military Rd. Rothschild WI 54474	Treasurer

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee, and the name and address of any de agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Alex Mladek	605 Military Rd. Rothschild WI 54474	Treasurer

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

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Intercity State Bank (Checking Account)	962 Grand Avenue Schofield, Wisconsin 54476

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 <div style="font-size: 1.2em;">Alex Mladek</div>	SIGNATURE OF TREASURER 	DATE <div style="font-size: 1.2em;">8/11/99</div>
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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. § 4303. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 8-13-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jel</i> PREPARER	8-17-99 DATE PREPARED