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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, MW
over the lines.

12P84M5

Magnum for Congress

ADDRESS (number and street)

538 West Washington Avenue, 2nd Floor

(Check if address
is changed)

PO Box 1030

Madison

WI

53701

1030

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

campaign@davemagnum.com

adam.peen@ureach.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.davemagnum.com

COMMITTEE'S FAX NUMBER

608 242 0605

2. DATE

07 02 2004

3. FEC IDENTIFICATION NUMBER ▶

C 00401067

4. IS THIS STATEMENT

NEW (N)

OR

X

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 Thomas Diehl

Signature of Treasurer

Date 07-01-2004

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					
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For further information contact:
Federal Election Commission
Tel. Free 800-424-9530
Local 202-898-6100

FEC FORM 1
(Revised 02/2003)

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: Dave Magnum

Candidate Party Affiliation: REP Office Sought: House Senate President State: WI District: 02

(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

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

Magnum for Congress

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 Mary Ann McCosken

Mailing Address 636 West Washington Avenue, 2nd Floor
PO Box 1030
Madison, WI 53701-1030

Title or Position Assistant Treasurer City Madison STATE WI ZIP CODE 53701-1030

Telephone number 608-442-0601

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 Thomas Diehl

Mailing Address 550 Wisconsin Dells Parkway
Wisconsin Dells, WI 53965

Title or Position Treasurer City Wisconsin Dells STATE WI ZIP CODE 53965

Telephone number 608-254-8793

Full name of Designated Agent

Mary Ann McCosken

Mailing Address

636 West Washington Avenue, 2nd FloorPO Box 1030MadisonWI53701-1030

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

608-442-0601

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.

M & I Bank

Mailing Address

4726 East Towne Blvd

Madison

WI

53704

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.

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>amp</i> PREPARER (5/2004)	7-30-04 DATE PREPARED