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**FEC** 

## STATEMENT OF

| FORM 1                               |                | ORG                        | ANIZ        | ATION              | N                             |                       | Office     | Use Only    |          |             |
|--------------------------------------|----------------|----------------------------|-------------|--------------------|-------------------------------|-----------------------|------------|-------------|----------|-------------|
| NAME OF     COMMITTEE (in            | n full)        | (Check is chang            |             | Exampl<br>over the | e:If typing, type<br>e lines. | e 12FE4               | м5         |             |          |             |
| REPUBLIC                             | CAN P          | ARTY OF                    | F WIS       | CONS               | SIN                           |                       |            |             |          |             |
| ADDRESS (number a                    | nd street)     | 148 E. JOHNSO              | ON STREET   |                    |                               |                       |            |             |          |             |
| (Check if ac is changed)             |                | MADISON                    |             |                    |                               | WI                    | 53703      |             |          |             |
|                                      |                |                            |             | CITY               |                               | STATE                 |            | ZIP COI     | ΣE       |             |
| COMMITTEE'S E-MA (Check if is change | address<br>ed) | edietsch@wisg              | -           | -mail addre        | ss)                           |                       |            |             |          |             |
| COMMITTEE'S WEB  (Check if is change | address        | ORESS (URL) www.wisgop.org | <b>3</b>    |                    |                               |                       |            |             |          |             |
| 2. DATE 02                           | 1 31           | 2012                       | Y           |                    |                               |                       |            |             |          |             |
| 3. FEC IDENTIFIC                     | CATION NU      | IMBER                      | C co        | 00074450           |                               |                       |            |             |          |             |
| 4. IS THIS STATE!                    | MENT           | NEW (N)                    | OR          | ×                  | AMENDED (                     | A)                    |            |             |          |             |
| I certify that I have e              | examined th    | is Statement and           | to the best | of my kno          | wledge and be                 | lief it is true, cori | ect and co | mplete.     |          |             |
| Type or Print Name                   | of Treasurer   | Bob Geason                 |             |                    |                               |                       |            |             |          |             |
| Signature of Treasure                | Bob Geo        | ason                       |             | [E                 | lectronically File            | ed] Date              | 02         | 20          | 201:     | y y y 2 2 _ |
| NOTE: Submission of                  |                | ous, or incomplete         |             |                    |                               | _                     |            | alties of 2 | U.S.C. § | 437g.       |

|  | Office<br>Use<br>Only |  |  |  | For further information contact:<br>Federal Election Commission<br>Toll Free 800-424-9530<br>Local 202-694-1100 | FEC FORM 1<br>(Revised 02/2009) |  |
|--|-----------------------|--|--|--|---|---------------------------------|--|
|--|-----------------------|--|--|--|---|---------------------------------|--|

|             | FEC <b>Fo</b>         | rm 1 (Revised 02/2009)  | Page <b>2</b>                            |
|-------------|-----------------------|---|--|
|             |                       | OMMITTEE Committee:   |  |
| (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. (Corinformation below.)   | nplete the candidate                     |
| Nam<br>Cand | e of<br>didate        |   |  |
|             | didate<br>/ Affiliati | Office Sought: House Senate President   | State                                    |
| (c)         |                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |  |
| Nam<br>Cand | e of<br>didate        |   |  |
| Par         | ty Con                | This committee is a STA (National, State or subordinate) committee of the REP   | (Democratic,<br>Republican, etc.) Party. |
| Poli        | tical A               | ction Committee (PAC):  |  |
| (e)         |                       | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co   | nnected organization is a                |
|             |                       | Corporation Corporation w/o Capital Stock   | Labor Organization                       |
|             |                       | Membership Organization Trade Association   | Cooperative                              |
|             |                       | In addition, this committee is a Lobbyist/Registrant PAC.   |  |
| (f)         |                       | This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)  | egregated fund or party                  |
|             |                       | In addition, this committee is a Lobbyist/Registrant PAC.   |  |
|             |                       | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |  |
| Join        | t Fund                | raising Representative:   |  |
| (g)         |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate |  |
| (h)         |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.        |  |
|             | Com                   | mittees Participating in Joint Fundraiser   |  |
|             | 1.                    | FEC ID number   |  |
|             | 2.                    | FEC ID number   |  |
|             | 3.                    | FEC ID number   |  |
|             | 4.                    |   |  |

| Г  | -  |  |                               |                                     |
|----|--|--|-------------------------------|-------------------------------------|
| _  | FEC Form 1 (Revised  |  |                               | Page 3                              |
|    | /rite or Type Committee Name                                   |  |                               |                                     |
|    | REPUBLICAN   | PARTY OF WISCON  | SIN                           |                                     |
| 6. | Name of Any Connected (  | Organization, Affiliated Committee, Joint                      | Fundraising Representati      | ve, or Leadership PAC Sponsor       |
| R  | IBBLE RESPONSIB  | LE GOVERNMENT COMMIT   | TEE<br>                       |                                     |
|    |  |  |                               |                                     |
|    | Mailing Address  | PO BOX 30844   |                               |                                     |
|    | ŭ  |  |                               |                                     |
|    |  | BETHESDA   | MD                            | 20824                               |
|    |  | CITY   | STATE                         | ZIP CODE                            |
|    |  |  | 7                             | -                                   |
|    | Relationship: Connected  | d Organization Affiliated Committee                            | Joint Fundraising Represe     | ntative Leadership PAC Sponsor      |
|    |  |  |                               |                                     |
| 7. | <b>Custodian of Records:</b> Idea books and records.           | ntify by name, address (phone number o                         | optional) and position of the | e person in possession of committee |
|    | Elise Diets  | sch  |                               |                                     |
|    | Full Name  |  |                               |                                     |
|    | Mailing Address  | 1100 Glenview Drive  |                               |                                     |
|    |  |  |                               |                                     |
|    |  | Baraboo  | wi                            | 53913                               |
|    | Title or Position  | CITY   | STATE                         | ZIP CODE                            |
|    | THE OF POSITION  | CITY   | SIAIE                         | ZIP CODE                            |
|    | Controller   |  | Telephone number              | 608   -   256   -   8031            |
| _  |  |  |                               |                                     |
| 8. | <b>Treasurer:</b> List the name an any designated agent (e.g., | d address (phone number optional) of the assistant treasurer). | ne treasurer of the committ   | ee; and the name and address of     |
|    | Full Name Bob Gease of Treasurer                               | on   |                               |                                     |
|    | Mailing Address  | 440 Edward St  |                               |                                     |
|    |  |  |                               |                                     |
|    |  | Burlington   | WI                            | 53105                               |
|    | T91 D 91   | CITY   | STATE                         | ZIP CODE                            |
|    | Title or Position Treasurer                                    |  | Telephone number              | 608   -   257   -   4765            |

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|--------------------------------------|--|------------------------|
|                                      |  |                        |
| Full Name of                         | Stephan Thompson   |                        |
| Designated<br>Agent                  |  |                        |
| A - III A - I - I                    | 148 E Johnson Street   |                        |
| Mailing Address                      |  |                        |
|                                      |  |                        |
|                                      | Madison WI 5370  | 03                     |
|                                      | CITY STATE   | ZIP CODE               |
| itle or Position                     |  |                        |
| Executive Direct                     | ctor Telephone number =  | 239  -  0589           |
|                                      |  |                        |
| safety deposit bo                    | r <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. | iolus accounts, rents  |
| safety deposit bo                    | oxes or maintains funds.   | iolas accounts, rents  |
| safety deposit bo                    | oxes or maintains funds.   | iolus accounts, rents  |
| safety deposit bo                    | oxes or maintains funds.  Depository, etc.  M&I Bank   |                        |
| safety deposit bo                    | oxes or maintains funds.  Depository, etc.  M&I Bank  1 W Main St  | India accounts, Terris |
| safety deposit bo                    | oxes or maintains funds.  Depository, etc.  M&I Bank  1 W Main St  | India accounts, Tents  |
| safety deposit bo                    | Depository, etc.  M&I Bank  1 W Main St  | 3-0000                 |
| safety deposit bo                    | oxes or maintains funds.  Depository, etc.  M&I Bank  1 W Main St  |                        |
| safety deposit bo                    | Depository, etc.  M&I Bank  1 W Main St  |                        |
| safety deposit bo                    | Depository, etc.  M&I Bank  1 W Main St  Madison  CITY  STATE  | 3-0000                 |
| safety deposit bo<br>Name of Bank, I | Depository, etc.  M&I Bank  1 W Main St  Madison  CITY  STATE  Depository, etc.  | 3-0000                 |
| safety deposit bo<br>Name of Bank, I | Depository, etc.  M&I Bank  1 W Main St  Madison  CITY  STATE  | 3-0000                 |
| safety deposit bo<br>Name of Bank, I | Depository, etc.  M&I Bank  1 W Main St  Madison  CITY  STATE  Depository, etc.  Wachovia Bank  7901 Wisconsin Avenue        | 3-0000                 |
| Safety deposit be<br>Name of Bank, I | Depository, etc.    M&I Bank   | 3-0000                 |
| Safety deposit be<br>Name of Bank, I | Depository, etc.    M&I Bank   |                        |
| Safety deposit be<br>Name of Bank, I | Depository, etc.    M&I Bank   | 3-0000<br>ZIP CODE     |