

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Friends of Nusbaum for Congress

ADDRESS (number and street)

1319 N. Summer Range Rd.

(Check if address is changed)

De Pere

WI

54115

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

nnusbaum@new.rr.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.nancy2006.com

COMMITTEE'S FAX NUMBER

9203364225

2. DATE

01 / 30 / 2006

3. FEC IDENTIFICATION NUMBER

C C00413187

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

Cathy Nuss

Signature of Treasurer

Electronically Filed by Cathy Nuss

Date

01 / 30 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

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 **Nancy J Nusbaum**

Candidate Party Affiliation **DEM** Office Sought: House Senate President State **WI** District **8**

- (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

Friends of Nusbaum 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 **Jennifer Pihlaja**

Mailing Address **PO Box 428**

Green Bay **WI** **54305**

Title or Position ▼ **manager** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **920** **455** **1002**

- 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 **Cathy Nuss**

Mailing Address **224 Lorrie Way**

De Pere **WI** **54115**

Title or Position ▼ **treasurer** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Telephone number _____ - _____ - _____

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.

Associated Bank

Mailing Address

206 N Wisconsin Street

De Pere

WI

54115

CITY ▲

STATE ▲

ZIP CODE ▲

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.

[ADDITIONAL]

Bank of America

Mailing Address

1501 Pennsylvania Ave NW

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -