



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-1

July 2, 2018

LUKE A. FUSZARD, TREASURER
DEMOCRATIC PARTY OF THE SECOND
CONGRESSIONAL DISTRICT OF
WISCONSIN *

PO BOX 2532
MADISON, WI 53701-2532

Response Due Date
08/06/2018

IDENTIFICATION NUMBER: C00008110

REFERENCE: STATEMENT OF ORGANIZATION

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 2 item(s):

1. Your report is not acceptable as filed. Each report submitted by a Qualified Party committee under 11 CFR §104 must be on the appropriate FEC form. Please re-submit your report on FEC Form 3X. (11 CFR § 104.2(e)) FEC Form 3X can be downloaded from the FEC website at <https://www.fec.gov/help-candidates-and-committees/forms/>, or requested through the FEC Faxline at (202) 501-3413.
2. Your report(s) was not signed by the treasurer or designated agent listed on your Statement of Organization (FEC Form 1). Please amend your report(s) by providing the signature of an individual that is authorized to sign the report(s). If a new treasurer has been appointed, please file an amended Statement of Organization or a letter (if not an electronic filer) to reflect this change. (52 U.S.C. §30104(a)(1) (formerly 2 U.S.C. §434(a)(1)) and 11 CFR §104.14(a) and (d))

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to

NOTICE OF INFORMATION

DEMOCRATIC PARTY OF THE SECOND CONGRESSIONAL DISTRICT OF WISCONSIN

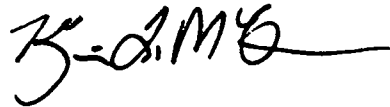
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Page 2 of 2

taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1173.

Sincerely,



Kevin McQueen
Campaign Finance Analyst
Reports Analysis Division

329

201807020300013038

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2018 JUL 16 PM 12:00
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

DEMOCRATIC PARTY OF THE SECOND CONGRESSIONAL DISTRICT OF WISCONSIN

ADDRESS (number and street) PO Box 2532

(Check if address is changed)

MADISON WI 53701-2532
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

X (Check if address is changed)

ZAMADDEN@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

X (Check if address is changed)

www.cd2wiscons.org

2. DATE 07 10 2018

3. FEC IDENTIFICATION NUMBER C00008110

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 Zachary A. Madden

Signature of Treasurer [Signature] Date 07 10 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

NOT FOR INFORMATION

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a SUB (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

2010-07-19 AM 00:00:00

Write or Type Committee Name

Democratic Party of the 2nd Congressional District of

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Wisconsin

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

ZACHARY A. MADDEN

Mailing Address

P.O. BOX 2532

MADISON

WI

53701-2532

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

920-627-5773

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

ZACHARY A. MADDEN

Mailing Address

P.O. BOX 2532

MADISON

WI

53701-2532

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

920-627-5773

NOTICE OF HEARING ON CONNOITION

Full Name of Designated Agent _____

Mailing Address _____

 _____ CITY STATE ZIP CODE

Title or Position _____ 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.

SUMMIT CREDIT UNION _____

Mailing Address 307 E WILSON STREET _____

 MADISON WI 53703- _____
 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address _____

 _____ CITY STATE ZIP CODE

NOTICE OF DISBURSEMENT

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

C

C

C

C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

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.

Mailing Address

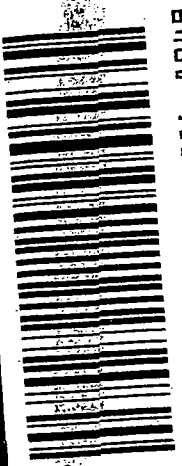
CITY ▲

STATE ▲

ZIP CODE ▲

20180107 10:01 AM DOWNDOWN

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20463



1006

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MAIL ★

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USPS TRACKING™ INCLUDED *

INSURANCE INCLUDED *

PICKUP AVAILABLE

* Domestic only

IF USED INTERNATIONALLY,
CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.

FROM: Democratic Party of the 2nd CD of WI
P.O. Box 2532
Madison, WI 53701-2532

TO: Federal Election
Commission
1050 First Street, NE
Washington D.C. 20463

RECEIVED
FEC MAIL CENTER
2018 JUL 16 PM

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/12/18
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER 
 (3/2015)

7/16/18
 DATE PREPARED

20180716 00:00:00