

FEDERAL ELECTION COMMISSION
OPERATIONS CENTER

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Office Use Only

FEC
FORM 1

STATEMENT OF ORGANIZATION

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

WPS RESOURCES CORPORATION RESPONSIBLE GOVERNMENT
CENT COMMITTEE

ADDRESS (number and street) P.O. BOX 19002

(Check if address is changed) GREEN BAY WI 53007-9002

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

timeincwpsr.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.timeincwpsr.com

COMMITTEE'S FAX NUMBER

920-439-5741

2. DATE 10 27 2004

3. FEC IDENTIFICATION NUMBER C00107813

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 Thomas F. Mainz

Signature of Treasurer *Thomas F. Mainz* Date 10 27 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 6437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 _____

Candidate Party Affiliation: Office Sought: House Senate President State District

- (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 (Democrats, Republicans, 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.

E. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

WPS Resources Corporation Responsible Government Committee

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 Thomas P. MeinaMailing Address P.O. Box 19002Green Bay WI 54307-9002

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer Telephone number 920-433-1293

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 P. MeinaMailing Address P.O. Box 19002Green Bay WI 54307-9002

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer Telephone number 920-433-1293Full Name of Designated Agent Richard J. AntoniewiczMailing Address P.O. Box 19002Green Bay WI 54307-9002

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Asst-Treasurer Telephone number 920-433-4965

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

P.O. Box 13293

Milwaukee WI 53201-13293

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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
<i>ja</i> PREPARER	11-1-04 DATE PREPARED