



COLLEGE REPUBLICANS
UNIVERSITY OF WISCONSIN
MADISON

Mailing Address:
University of Wisconsin - Madison • Wisconsin Memorial Union • Box 517
800 Langdon Street • Madison, Wisconsin 53706

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Post Office Box 1173 • Madison, Wisconsin 53701-1173

Finance Address:
Internet:
<http://www.st.wisc.edu/~uwr/>
uwr@studentorg.wisc.edu

2000 FEB 28 P 1:46

Feb 23, 2000

Federal Election Commission
Washington, D.C.

Dear Sir or Madam,

We are submitting this form to form
"Students for Shays - University of Wisconsin"

Please note we are in the process of getting
our EIN, the bank we have listed is
where we intend to open our account.

If any thing changes we will file an amend-
ment to this form.

Thank you in advance,

Adam S. Lee

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB 28 P 1:46

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) STUDENTS FOR SHARPLESS UNIVERSITY OF WISCONSIN	2. DATE FEB 23 2000
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) PO BOX 452	3. FEC Identification Number
(c) City, State and ZIP Code MADISON, NE 53701-0452	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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
JOHN SHARPLESS | Candidate Party Affiliation
REPUBLICAN | Office Sought
HOUSE | State/District
NE-2 |
|--|--|-------------------------------|-------------------------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
SHARPLESS 2000	P.O. BOX 260050 MADISON, NE 53726	AFFILIATED

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
ADAM PEER	110 S. BROOKS 302, MADISON, NE 53715	SENIOR VICE-CHAIR

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	Mailing Address	Title or Position
ADAM PEER	110 S. BROOKS 302, MADISON, NE 53715	SENIOR VICE-CHAIR

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 and ZIP Code
M&I BANK OF SOUTHERN WISCONSIN	(PENDING)
ONE WEST MAIN ST, MADISON, NE 53703	

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 ADAM S. PEER	SIGNATURE OF TREASURER 	DATE FEB 23 2000
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-694-1100

FEBAN114PUP

FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>2-28-02</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jm H</i> PREPARER	<i>2-28-02</i> DATE PREPARED