Only

STATEMENT OF

PAGE 1 / 4 =

FEC FORM 1			RGANIZ		-				Off	ice Use	e Only			
1. NAME OF COMMITTEE (ir	r full)		(Check if name is changed)		mple:If typing, ty	ype	12F	E4M!	5 "		1			
STUCK FO	,			ovei	the intes.									
STUCK FO		NGKE												Ш
ADDRESS (number a	nd street)	P.O. Box	c 2443											ш
(Check if a	address		1 1 1 1 1		1 1 1 1 1	1 1 1	1 1	1 1	1 1	1 1	1 1	1 1	ı	
is changed	d)	Appletor	n			. 1	WI	1	549	12				
		С	ITY 🛦				STAT	_ E ▲			ZIP (CODE		
COMMITTEE'S E-MA	AIL ADDRE	SS												
(Check if a is changed		jason@	kalikassociat	es.com										
		Optional benjar	Second E-Mail min@amand	Address astuck .c	om,									
COMMITTEE'S WEB ✓ (Check if a is changed	address	,	RL) mandastuck.com/											
2. DATE 0			2019											
3. FEC IDENTIFIC	CATION N	JMBER 🕨	C	C0071354	5									
4. IS THIS STATEM	MENT	NEW	(N) OR	×	AMENDED) (A)								
I certify that I have e	examined th	nis Stateme	ent and to the be	est of my k	nowledge and I	belief it i	s true,	correc	t and	comp	lete.			
Type or Print Name	of Treasure	r Schabe	r, Penny, Bernard	, ,										
Signature of Treasure	er <i>Schal</i>	per, Penny, B	ernard, ,		[Electronically Fi	[led]	Date	O.		02			2020	Y
NOTE: Submission of	false, erron		complete information							penalti	es of 2	2 U.S.	C. §4	l37g.
Office Use					For further information Federal Election Control Free 800-424-	Commissio					FO sed 06			

Toll Free 800-424-9530

Local 202-694-1100

		1 (During d. 00(0000)	David 0
		m 1 (Revised 02/2009)	Page 2
		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. (Con information below.)	nplete the candidate
Name Cand		Stuck, Amanda, , ,	
Cand Party	idate Affiliatio	on DEM Office Sought: X House Senate President	State WI District 08
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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.)	
Joint	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.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number C	
	4.		

FEC Form 1 (Re	zevised 02/2009)	Page 3
Write or Type Committee	ee Name	
STUCK FO	R CONGRESS	
6. Name of Any Conne	ected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
NONE		
<u> </u>	<u> </u>	
Mailing Address		
Mailing Address		
		. 1_1 . , . 1
	CITY STATE	ZIP CODE
Dalatianshin, Co	Affiliated Committee Light Fundraiging Penrocentative	Leadarahin DAC Spansor
Relationship: Co	onnected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Record	ds: Identify by name, address (phone number optional) and position of the person in	possession of committee
books and records.	as identify by name, address (prions names).	p035033.0.1
	nton, Jason, , ,	1
Full Name	Kalik & Associates, c/o WeWork	
Mailing Address	80 M St., SE	
	Washington DC 20003	3
Title or Position	CITY STATE	ZIP CODE
Compliance Director	r	316 - 3677
Treasurer: List the na any designated agent	ame and address (phone number optional) of the treasurer of the committee; and the t (e.g., assistant treasurer).	name and address of
	chaber, Penny, Bernard, ,	ı
of Treasurer	P.O. Box 2443	
Mailing Address		
	Appleton WI 54912	
Title or Position Treasurer	CITY STATE Talanhana number 920 -	ZIP CODE
	Telephone number	

FEC For	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Hinton, Jason, , ,	
Mailing Address	Kalik & Associates c/o WeWork	
, and the second	80 M St., SE	
	Washington DC 20003	
Till 5 ''	CITY STATE	ZIP CODE
Title or Position Compliance Dir	rector Telephone number	316 3677
	r Depositories: List all banks or other depositories in which the committee deposits funds, hole	ds accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds.	
	Depository, etc. Fox Commuities Credit Union 1610 E. Wisconsin Ave	
Name of Bank,	Depository, etc. Fox Commuities Credit Union 1610 E. Wisconsin Ave	
Name of Bank,	Depository, etc. Fox Commuities Credit Union 1610 E. Wisconsin Ave	
Name of Bank,	Depository, etc. Fox Commuities Credit Union 610 E. Wisconsin Ave	ZIP CODE
Name of Bank,	Depository, etc. Fox Commuities Credit Union 610 E. Wisconsin Ave Appleton CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Fox Commuities Credit Union 610 E. Wisconsin Ave Appleton CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Fox Commuities Credit Union 610 E. Wisconsin Ave Appleton CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Fox Commuities Credit Union 610 E. Wisconsin Ave Appleton CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Fox Commuities Credit Union 610 E. Wisconsin Ave Appleton CITY STATE Depository, etc.	ZIP CODE