

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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COMMISSION MAIL ROOM  
2000 MAR 23 A 9:42

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Flaherty for Congress	2. DATE March 15, 2000
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 1326 Stratford Court	3. FEC Identification Number
(c) City, State and ZIP Code Neenah, WI 54956	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 <b>Daniel T. Flaherty</b>	Candidate Party Affiliation <b>Democrat</b>	Office Sought <b>Representative</b>	State/District <b>WI/6th</b>
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(c) This committee supports/opposes only one candidate \_\_\_\_\_ (name of candidate) and is NOT an authorized committee.

(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
Friends of Flaherty	1326 Stratford Court Neenah, WI 54956	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
Treasurer		

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
Jeffery Ehlers	430 Kraft St. Neenah, WI 54956	Treasurer (920) 720-9037

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	643 S. Green Bay Rd. Neenah, WI 54956

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 <b>Jeffery Ehlers</b>	SIGNATURE OF TREASURER 	DATE <b>3-16-00</b>
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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. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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.

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<i>Jel</i> PREPARER	3-23-00 DATE PREPARED