

FEC FORM 1

STATEMENT OF ORGANIZATION

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2004 OCT 16 A 11:17

Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If (502)(g) type over the line.

1257445

Faithful Catholics of Northwest Wisconsin
E2761 County Road C

ADDRESS (number and street)



(Check if address is changed)

EAU CLAIRE

WI

54732-0543

CITY

STATE

ZIP CODE

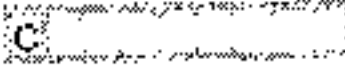
COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 10 08 2004

3. FCC IDENTIFICATION NUMBER



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 Sherry M. Schlosser

Signature of Treasurer *Sherry M. Schlosser* Date 10 08 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9437g. 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 (Democratic, Republican, 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.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Faithful Catholics of Northwest Wisconsin

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of campaign books and records.

Full Name Sherry M Schlosser

Mailing Address E27th County Road C

Eau Claire WI 54601-9543

Title or Position CITY STATE ZIP CODE

Telephone number 715-283-4977

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 Sherry M Schlosser

Mailing Address E27th County Road C

Eau Claire WI 54601-9543

Title or Position CITY STATE ZIP CODE

Telephone number 715-283-4977

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>dm</i> PREPARER	10-16-04 DATE PREPARED