

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

| | | |
|--|--|--|
| 1. (a) NAME OF COMMITTEE IN FULL Wisconsin for Alan Keyes | <input type="checkbox"/> (Check if name is changed) | 2. DATE 10/24/95 |
| (b) Number and Street Address 705 South 26 th Street | <input type="checkbox"/> (Check if address is changed) | 3. FEC Identification Number 007 31 11 04 PH '95 |
| (c) City, State and ZIP Code Sheboygan WI 53081 | | 4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

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 FEDERAL ELECTION COMMISSION
 MAIL ROOM
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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 Alan Keyes | Candidate Party Affiliation Republican | Office Sought President | State/District U.S.A. |
|---------------------------------|---|----------------------------|--------------------------|

(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 |
|---|--|--|
| Alan Keyes for President '96, Inc. | P.O. Box 25643 Alexandria, VA 22313-5643 | affiliated with principal campaign committee |

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 Mike Heinen | Mailing Address 115 Wisconsin Ave. | Title or Position Cedar Grove WI 53013 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 Carl Schroeder | Mailing Address 705 So. 26 th St. Sheboygan WI 53081 | Title or Position - asst. Treasurer |
| Full Name Mike Heinen | Mailing Address 115 Wisconsin Ave. Cedar Grove WI 53013 | Title or Position - Treasurer |

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. Kohler Credit Union | Mailing Address and ZIP Code Kohler, WI 53044 |
|---|--|

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 Mike Heinen | SIGNATURE OF TREASURER <i>Michael J. Heinen</i> | DATE 10/26/95 |
|--|--|------------------|

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.

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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The Commission has added this page to the end of this filing to indicate how it was received.

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JMH
PREPARER

10-31-95
DATE PREPARED

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