Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **Buchholz for Congress** 3612 S Mission Dr ADDRESS (number and street) (Check if address is changed) Eau Claire 54701 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mbuchholz0239@charter.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 06 2016 C00602862 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Mr. Steve Wagener Type or Print Name of Treasurer Mr. Steve Wagener [Electronically Filed] 02 16 2016 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee: (a) X This committee is a principal campaign committee. (Complete is a principal campaign committee.)	ate the candidate information below)
	•
(b) This committee is an authorized committee, and is NOT a information below.)	principal campaign committee. (Complete the candidate
Name of Candidate Mr. Myron Earl Buchholz	
Candidate Office	State
Party Affiliation DEM Sought: X House	Senate President 03
(c) This committee supports/opposes only one candidate, and	is NOT an authorized committee.
Name of Candidate	
Party Committee:	
(National, State or subordinate) co	mmittee of the (Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify con	nected organization on line 6.) Its connected organization is a
Corporation Corpora	tion w/o Capital Stock Labor Organization
Membership Organization Trade As	ssociation Cooperative
In addition, this committee is a Lobbyist/Regis	strant PAC.
(f) This committee supports/opposes more than one Federal committee. (i.e., nonconnected committee)	candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PA	AC.
In addition, this committee is a Leadership PAC. (Ider	ntify sponsor on line 6.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expen committees/organizations, at least one of which is an authorize	
(h) This committee collects contributions, pays fundraising expendent committees/organizations, none of which is an authorized contributions.	
Committees Participating in Joint Fundraiser	
1. [FEC ID number C
2.	FEC ID number C
3.	FEC ID number C
4	FEC ID number C

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Write or Type Committee Name		-
Buchholz for Co	ngress	
	ganization, Affiliated Committee, Joint Fundraising Representative,	, or Leadership PAC Sponsor
NONE		
		<u> </u>
Mailing Address		
		712 2025
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representation	ative Leadership PAC Sponso
. Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the p	person in possession of committee
Mr. Steve V	/agener	
	1501 Canfield St	
Mailing Address		
	Eau Claire WI	54701
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	715 598 7037
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; sistant treasurer).	; and the name and address of
Full Name Mr. Steve W	'agener	
of Treasurer	1501 Canfield St	
Mailing Address		
	Equ Claira	JE4704
	Eau Claire WI CITY STATE	ZIP CODE
Title or Position Treasurer		715 598 7037

FEC Form 1 (Revised 02/2009) Full Name of	Page 4		
Full Name of			
Pull Name of Designated Agent L L L L L L L L L L			
Mailing Address			
CITY STATE ZIP CO	- L L L L L L L L L L L L L L L L L L L		
Title or Position Telephone number Telephone number			
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.			
Associated Bank			
Mailing Address 1107 Regis Ct			
Eau Claire WI 54701			
CITY STATE ZIP CO	DE		
Name of Bank, Depository, etc.			
Mailing Address			
CITY STATE ZIP CO	DE		