PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mark Neumann for Congress 4500 Stone Bridge Road ADDRESS (number and street) (Check if address is changed) La Crosse 54601 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mark.neumann22@gmail.com (Check if address is changed) Optional Second E-Mail Address mark.neumann22@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.markneumannforcongress.com (Check if address is changed) DATE 2021 C00797142 FEC IDENTIFICATION NUMBER > 3. X 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. Neumann, Mark, Allen, , Type or Print Name of Treasurer Neumann, Mark, Allen, , [Electronically Filed] 01 2022 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 Only

Local 202-694-1100

FFC: F	orm 1 (Revised 02/2009)	Page 2	
TYPE OF (COMMITTEE	i aye 🚣	
	e Committee:		
(a) x	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	Neumann, Mark, Allen, ,		
Candidate Party Affilia	ion DEM Office Sought: House Senate President	State WI District 03	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Co			
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.	
Political A	Action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	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 Fun	draising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/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	
Con	nmittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.			

FEC Form 1 (Revi	ised 02/2009)	 Page 3
Write or Type Committee I		<u> </u>
Mark Neuma	nn for Congress	
	ted Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
Ü		
	CITY STATE	ZIP CODE
Relationship: Conn	Affiliated Committee Joint Fundraising Represent	Leadership PAC Sponsor
books and records.	: Identify by name, address (phone number optional) and position of the	person in possession of committee
	nann, Mark, Allen, ,	
Full Name	4500 Stone Bridge Road	
Mailing Address		
	La Crosse	54601
Title or Position	CITY STATE	ZIP CODE
Treasurer		608 - 345 - 7572
Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee e.g., assistant treasurer).	e; and the name and address of
Full Name Neum of Treasurer	nann, Mark, Allen, ,	
Mailing Address	4500 Stone Bridge Road	
	La Crosse WI	54601
Title or Position	CITY STATE	ZIP CODE
	Telephone number	608 - 345 - 7572

FEC Form	n 1 (Revised 02/2009)	Page 4	
Full Name of Designated OLDENBURG, MARY, C, ,			
Agent			
Mailing Address	4500 STONE BRIDGE ROAD		
	LA CROSSE WI 54601		
	CITY STATE Z	ZIP CODE	
Title or Position		335 9232	
•			
Name of Bank, [Altra Federal Credit Union 1700 Oak Forest Drive		
	Onalaska WI 54650		
_	CITY STATE :	ZIP CODE	
Name of Bank, [Depository, etc.		
Mailing Address			
	CITY STATE 2	ZIP CODE	