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FEC FORM 1

Office

Use

Only

STATEMENT OF ORGANIZATION

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<u></u>			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FÉ4M5
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Lilia		1.1 1 1.1 1	
ADDRESS (number and street)	28011 Initie	Ciniarti i lo marli	LAME Soutifie 1112
(Check if address is changed)			
	MA DI ISON I		<u>w</u> 1
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	lu FIAIFIEIDIEITICI	1.PALCOWIFEIM	illy Action orgil
	Optional Second E-Mail Add	lress	
COMMITTEE'S WEB PAGE ADI	DRESS (URL)		
(Check if address is changed)			
2. DATE	7 2015		e de descrito en la companya de la companya della companya de la companya della c
3. FEC IDENTIFICATION NU	JMBER ▶ C		e e e e e e e e e e e e e e e e e e e
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	nis Statement and to the hest	of my knowledge and helief it	is true correct and complete
Toothly that Thave examined th	no otalement and to the best	or my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	· Leslie Harrise	ρ ή	· · ·
Signature of Treasurer	eslie Harrison		Date
NOTE: Submission of false, errone		nay subject the person signing t ON SHOULD BE REPORTED V	his Statement to the penalties of 52 U.S.C. §30109. WITHIN 10 DAYS.

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

FEC FORM 1

(Revised 06/2012)

5.

		1 1 (1101300 022003)			
TYPE OF COMMITTEE Candidate Committee:					
(a)	n	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 Candi					
Cand Party	idate Affiliat	Office State President District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Candi					
Part	y Cor	nmittee:			
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.			
Polit	tical A	Action Committee (PAC):			
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)			
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint	t Fund	draising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.			
(h)	D	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
Committees Participating in Joint Fundraiser					
	1.				
	2.	FEC ID number			
	3.	FEC ID number C			
	4.	FEC ID number			

Write or Type Committee Nan	ne ·			
Wisconsin Family	Action Federal F	AC		
	Organization, Affiliated Committee, Joi		ntative, or Leadership PAC	Sponsor
			10 1 1 1 1 1 1 1	
WISCONSIN	Flat mi: 11y1, Action	Hede aul	MACILII	
Mailing Address	Plo 180x 17486			
	MADISON		SS 707-	7486
·	CITY	· S1	TATE ZIP COL	DE
Relationship: X Connect	ed Organization Affiliated Committee	Joint Fundraising Rep	resentative Leadership	PAC Sponsor
	r Gad	Bad .		·
7. Custodian of Records: Identification books and records.	entify by name, address (phone number	optional) and position o	f the person in possession of	of committee
I	Λ			
Full Name D101	arine Appling			
Mailing Address	PO BOX 174861			للبلل
				للبلل
	MIADILISION	<u> </u>	UI 513171017-	7486
Title or Position	CITY	STA	TE ZIP COD)E
السنانية.		Telephone number	608-068-	5079
8. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) o , assistant treasurer).	f the treasurer of the com	mittee; and the name and a	address of
Full Name of Treasurer	Line HARCICISION			
Mailing Address	90 BOX 174861		<u> </u>	
		1 1 1 1 1 1 1		
	MADINSION	<u> </u>	11 53707-	7486
Title or Pacifics	CITY	STA		
Title or Position	, , , , , , , , , , , , , , , ,	Telephone number	608-268-	50,741
1		reiehnone namber		

9.

FEC Form 1 (Revised (0 2 /2009)		Page 4
Full Name of Designated Agent	in e K A PPI ing		
Mailing Address	P10 B101x 171418161 1 1 1 1		
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	MIAIDII ISIOINI LILI	STATE	5 3 2 0 7 - 7 4 8 6 ZIP CODE
Title or Position	Telephone nu	mber <u>(6) (</u>	08-18-18-18-18-18-18-18-18-18-18-18-18-18
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc		ttee deposits f	unds, holds accounts, rents
(A, 1, C, n	OICI BANKI III		
Mailing Address	129/219 M Shecman AUR	1 1 1 1	
2 3 de la companya d	<u> </u>	1 1 1 1 1	
· · · · · · · · · · · · · · · · · · ·	M. A.D.i. SIOIN	المدامعا	53704-
	CITY	STATE	ZIP CODE
Name of Bank, Depository, etc.	D		
			
Mailing Address		1111	
l	<u> </u>	1 1 1 1 1	
1			
	CITY	STATE	ZIP CODE

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AM 6: 47 2015 NOV 24



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Federal Election Commission 999 E Street, NW



PO Box 1327 Madison WI 53701 WW, wifamilyaction.org WISCONSIN FAMILY ACTION

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked 11/17/2015	Date of Receipt 11/24/20/5
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	, , , , , , , , , , , , , , , , , , , ,
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
PREPARER (3/2015)	11/24/2015 DATE PREPARED