

FEC
FORM 1STATEMENT OF
ORGANIZATIONRECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

15 NOV 2012 PH 3:42

1. NAME OF
COMMITTEE (in full) (Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

Anderson for US Senate

ADDRESS (number and street)

2318 Westchester Rd

◀ (Check if address
is changed)

Fitchburg

WI

53711

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

◀ (Check if address
is changed)

4philanderson@gmail.com

Optional Second E-Mail Address

adgrassnickle@outlook.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

◀ (Check if address
is changed)

www.4philanderson.org

2. DATE 10 27 2015

3. FEC IDENTIFICATION NUMBER ▶

C

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 Adam Grassnickle

Signature of Treasurer Adam Grassnickle

Date 10 27 2015

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

201510200311637

5. TYPE OF COMMITTEE

Candidate Committee:

(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 Phillip Norman Anderson

Candidate Party Affiliation	LIB	Office Sought:	House <input checked="" type="checkbox"/>	Senate	President	State	WI
						District	00

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate L

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) 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 Fundraising 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) 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. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

Write or Type Committee Name

Anderson for US Senate**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****NONE**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor**Custodian of Records:** Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Adam Grassnickle

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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17 S. Blair St

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Madison

WI

53703

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number

920

342

9083

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 Adam Grassnickle

Mailing Address 17 S. Blair St

Madison

WI

53703

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number

920

342

9083

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

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.

UW Credit Union

44 E. Mifflin St.

Mailing Address

Madison

WI

53703

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Digitized by srujanika@gmail.com

Fitchburg, WI 53711

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SCREENED BY THE SENATE POST OFFICE

Secretary of the Senate
Office of Public Records
P.O. Box 77578
Washington, D.C. 20013



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四庫全書

ULIE ADAM
SECRETAR

K. MACCALLUM
SUPERINTENDENT
STATE OFFICE BUILDING
SUITE 23
WASHINGTON, DC 20510-71
PHONE (202) 224-0322

United States Senate
OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt _____

USPS FIRST CLASS MAIL

11-2-15
Date of Receipt

10-18-15
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

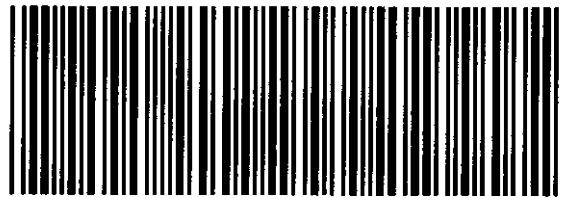
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FAX _____
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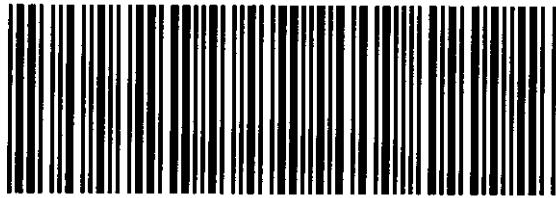
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Date of Receipt or Postmark

PREPARER DH DATE PREPARED 11-2-15

2015110202000311642



SEN PATCH



SEN PATCH

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