

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEC MAIL ROOM

NOTE: Briefly, this
2001 APR 23 AM 11:38
Committee will be

1. (a) NAME OF COMMITTEE IN FULL "FRIENDS OF JOHN SHARPLESS"	☒ (Check if name is changed)	2. DATE 4-15-2001
(b) Number and Street Address P.O. Box 260050	☐ (Check if address is changed)	3. FEC Identification Number C00349050
(c) City, State and ZIP Code MADISON WISCONSIN 53726		4. Is This Report An Amendment? ☐ YES ☐ NO

A CONTINUATION OF
"SHARPLESS 2000"
FOR ACCOUNTING PURPOSES

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
JOHN SHARPLESS | Candidate Party Affiliation
REPUBLICAN | Office Sought
US CONGRESS | State/District
WI 2 |
|-------------------------------------|---|------------------------------|------------------------|
- ☐ (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
"SHARPLESS 2000"	P.O. Box 260050 MADISON, WISC. 53726	

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 Mailing Address Title or Position

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 Mailing Address Title or Position

Barry Widera 8810 Settlers Rd
Madison WI 53717 Treasurer
608-833-1426

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. Mailing Address and ZIP Code (Corp. Address)

FIRST FEDERAL 605 STATE STREET
(CHILLDALE BRANCH) WA CROSSE, WISC 54602

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 Barry Widera	SIGNATURE OF TREASURER <i>Barry Widera</i>	DATE 14 APRIL 2001
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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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FEB0063

FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☒ First Class Mail	POSTMARKED 4-17-01
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JMD PREPARER	4-23-01 DATE PREPARED