

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

03 JUN 18 PM 12:09  
Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: if typing, type over the lines.

12PE4M5

Wisconsinites for Neumann

ADDRESS (number and street)

W330NB, 233 Hasslinger Dr

(Check if address is changed)

Nashotah MI 53058

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

NONE

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

COMMITTEE'S FAX NUMBER

NONE

2. DATE

05 22 2003

3. FEC IDENTIFICATION NUMBER ▶

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

Mark W. Neumann

Signature of Treasurer

*Mark W. Neumann*

Date

05 22 2003

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 Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

6. 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 MARK W NEWMAN

Candidate Party Affiliation

REP

Office Sought:

House

Senate

President

State

WA

District

        

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

Name of Candidate \_\_\_\_\_

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

- (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 party committee.

8. Name of Any Connected Organization or Affiliated Committee

NONE

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Wisconsinites for Neumann

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 Mark W Neumann

Mailing Address W330Nw233, Haislingier Dr

Nashotah, WI 53058

Title or Position  CITY  STATE  ZIP CODE

Candidate Telephone number     -    -    

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 Mark W Neumann

Mailing Address W330Nw233, Haislingier Dr

Nashotah, WI 53058

Title or Position  CITY  STATE  ZIP CODE

Candidate Telephone number     -    -    

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Title or Position  CITY  STATE  ZIP CODE

\_\_\_\_\_ Telephone number     -    -

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.

Bank One

Mailing Address

110 Oaklawn Ave

Pennsauken NJ 08109-2101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Memorandum  
W330 Rd 233 Hensleyville D.  
Washington, WI 53058

Office of Public Records  
P.O. Box 5109  
Alexandria, VA 22301-0109



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