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FEC
FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12PB4MS

H U Z E F O R C O N G R E S S

ADDRESS (number and street) 610 W WATERS

(Check if address is changed) SUITE 310
1200 W WATERS WY (S. BOSTON) -

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

CONGRESS@HUFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.CONGRESS402.EFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

714-272-0995

2. DATE 02 06 2004

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 Nancy Hernandez

Signature of Treasurer *Nancy Hernandez* Date 02 06 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 E. D. A. E. J. H. O. R. E

Candidate Party Affiliation: REP Other Sought: House Senate President State: WI
 District: 24

- (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.

6. Name of Any Connected Organization or Affiliated Committee

WISSE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

- Corporation Corporation with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

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 DAVID S. MCELROY

Mailing Address 610 N. WATER STREET
SUITE 310
MILWAUKEE WI 53204

Title or Position FINANCE DIRECTOR CITY MILWAUKEE STATE WI ZIP CODE 53204

Telephone number 414-272-0994

8. Treasurer: Use 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 MARCY MERVADIER

Mailing Address 610 N. WATER STREET
SUITE 310
MILWAUKEE WI 53204

Title or Position TREASURER CITY MILWAUKEE STATE WI ZIP CODE 53204

Telephone number _____

Full Name of Designated Agent DAVID S. MCELROY

Mailing Address 610 N. WATER STREET
SUITE 310
MILWAUKEE WI 53204

Title or Position _____ CITY MILWAUKEE STATE WI ZIP CODE 53204

Telephone number 414-272-0994

3. 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.

LEGACY BANK

Mailing Address

2102 W. FONDULIC AVE

MILWAUKEE

WI

53206

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>smw</i> PREPARER	3-8-04 DATE PREPARED

(2/2014)