

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

THE AMERICAN LIBERTY COALITION PAC

ADDRESS (number and street)

561 BIGHORN AVE.

(Check if address is changed)

HANCOCK

WI

54943

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

INFO@ALCPAC.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.ALCPAC.COM

COMMITTEE'S FAX NUMBER

2. DATE

12

31

2007

3. FEC IDENTIFICATION NUMBER ►

C 00438838

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

CHRIS RYE

Signature of Treasurer

Chris Rye

Date

12

31

2007

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)

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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 _____

Candidate Party Affiliation Office Sought: House Senate President State 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.

6. 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

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Write or Type Committee Name

THE AMERICAN LIBERTY COALITION PAC

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 CHRIS RYE

Mailing Address 561 BIGHORN AVE.

HANCOCK WI 54943

Title or Position CITY STATE ZIP CODE

Telephone number 715 249 3006

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 CHRIS RYE

Mailing Address 561 BIGHORN AVE.

HANCOCK WI 54943

Title or Position CITY STATE ZIP CODE

Telephone number 715 249 3006

Full Name of Designated Agent CHRIS RYE

Mailing Address 561 BIGHORN AVE.

HANCOCK WI 54943

Title or Position CITY STATE ZIP CODE

Telephone number 715 249 3006

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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.

M&I MARSHALL & ILSLEY BANK

Mailing Address

1100 8TH STREET SOUTH

WISCONSIN RAPIDS

WI

54494

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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USPS First Class Mail Postmarked
1/2/08

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No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

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Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER

1/2/08
DATE PREPARED