

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5  
Paul Johnson for Congress

ADDRESS (Home or street) (Check if address is changed) Po Box 475  
Decorah IA 52101  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
Info@votejohnson.org

COMMITTEE'S WEB PAGE ADDRESS (URL)  
www.votejohnson.org

COMMITTEE'S FAX NUMBER  
5638825678

2. DATE 09 / 24 / 2004

3. FEC IDENTIFICATION NUMBER **C C00399774**

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 Jeanne Wicklund

Signature of Treasurer Electronically Filed by Jeanne Wicklund Date 09 / 24 / 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

Office Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-894-1100

**FEC FORM 1**  
(Revised 02/2003)

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 Paul W Johnson

Candidate Party Affiliation	<b>DEM</b>	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	<b>IA</b>
						District	<b>4</b>

- (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

\_\_\_\_\_  
\_\_\_\_\_

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

**Paul Johnson for Congress**

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 ▼

CITY ▲

STATE▲

ZIP CODE ▲

**Treasurer**

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

**Jeanne D. Wicklund**

Mailing Address

**1496 Canoe Ridge Rd****Decorah****IA****52101**

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

**Treasurer**

Telephone number

**563****- 382****- 3185**Full Name of  
Designated  
Agent**Amy E. Miller**

Mailing Address

**20074 Timber Ave****Cresco****IA****52136**

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

**Asst. Treasurer**

Telephone number

**563****- 382****- 3185**

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.

Viking State Bank & Trust

Mailing Address

321 W. Water St

Decorah

IA

52101

CITY ▲

STATE ▲

ZIP CODE ▲