

# 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

**Ron Greer for Congress**

ADDRESS (Home or street) **5712 Claredon Drive**

(Check if address is changed)

**Madison** **WI** **53711**

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

**rongreerforcongress@ameritech.net**

COMMITTEE'S WEB PAGE ADDRESS (URL)

**www.rongreerforcongress.net**

COMMITTEE'S FAX NUMBER

**6082756844**

2. DATE **05 / 11 / 2004**

3. FEC IDENTIFICATION NUMBER **C C00336826**

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 **Mr. Ronnie Greer**

Signature of Treasurer Electronically Filed by **Mr. Ronnie Greer** Date **05 / 11 / 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 Mr. Ronnie Greer

Candidate Party Affiliation	<b>REP</b>	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	<b>WI</b>
						District	<b>2</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 A STATE A ZIP CODE A**

Relationship \_\_\_\_\_

Type of Connected Organization:

- |                         |                               |                    |
|-------------------------|-------------------------------|--------------------|
| Corporation             | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association             | Cooperative        |

Write or Type Committee Name

**Ron Greer 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 Mr. Ronnie Greer

Mailing Address 5712 Claredon Drive

Madison WI 53711 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Custodian Telephone number 608 - 268 - 0202

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 Mr. Ronnie Greer

Mailing Address 5712 Claredon Drive

Madison WI 53711 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 608 - 268 - 1175

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.

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

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

CITY Δ

STATE Δ

ZIP CODE Δ