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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Lasee for Congress, Inc. 1645 Swan Road ADDRESS (number and street) (Check if address is changed) DePere 54115 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS franklasee@yahoo.com (Check if address is changed) Optional Second E-Mail Address adammgibbs@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.laseeforcongress.com (Check if address is changed) DATE 2016 C00609834 FEC IDENTIFICATION NUMBER > 3. X 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. Jim O'Neil Type or Print Name of Treasurer Jim O'Neil [Electronically Filed] 02 2016 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2
		COMMITTEE Committee:	
(a)	X	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. (Cominformation below.)	nplete the candidate
Nam Can	e of didate	Frank Lasee	
	didate y Affiliati	on REP Office Sought: X House Senate President	State WI District 08
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Write or Type Committee Name Lasee for Congress, Inc. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor CUTY STATE ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committe books and records. Frank Lasee Fruit Name JP.O. Box 5403 Mailing Address Title or Position CITY STATE ZIP CODE Candidate Telephone number 920 327 - 0685 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 Jim O'Neil of Treasurer Mailing Address Mailing Address	FEC Form 1 (Revised	d 02/2009)	 Page 3
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE Mailing Address Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Frank Lasee Full Name DePerro WII 54115 Title or Position CITY STATE ZIP CODE Candidate Telephone number 920 - 327 - 0585 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 Mailing Address Mailing Address Mailing Address Address Address Address Add S Jefferson St. CITY STATE ZIP CODE Title or Position			- 0
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Mailing Address 403 S Jefferson St. Green Bay CITY STATE ZIP CODE Title or Position		eil	
Green Bay CITY STATE ZIP CODE Title or Position	of Treasurer	J403 S. Jefferson St	
CITY STATE ZIP CODE Title or Position	Mailing Address		
CITY STATE ZIP CODE Title or Position			
Title or Position			
Telephone number	Title or Position Treasurer		E ZIP CODE

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated	Adam Gibbs	
Agent		
Mailing Address	P.O. Box 1723	
	Madison WI 53701	-
	CITY STATE	ZIP CODE
Title or Position Campaign Man		903 - 8835
	Bank Mutual	
Mailing Address	₁ 330 N Broadway	
Mailing Address	₁ 330 N Broadway	
Mailing Address	₁ 330 N Broadway	
Mailing Address	330 N Broadway	ZIP CODE
Mailing Address Name of Bank,	DePere WI 54115	ZIP CODE
	DePere WI 54115	ZIP CODE
	DePere WI 54115 CITY STATE Depository, etc.	ZIP CODE
Name of Bank,	DePere WI 54115 CITY STATE Depository, etc.	ZIP CODE
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