Only

## STATEMENT OF

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**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. On Wisconsin PAC, Inc. PO Box 1387 ADDRESS (number and street) (Check if address is changed) Janesville 53547 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00697326 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. Martin, Steven, , , Type or Print Name of Treasurer Martin, Steven, , , [Electronically Filed] 07 25 2019 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

Local 202-694-1100

EEA	Form 1 (Revised 02/2009)	Page <b>2</b>
	F COMMITTEE	1 aye <b>2</b>
Candid	late Committee:	
(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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (	Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	Corporation Corporation w/o 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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(	committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

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Write or Type Committee Na	ime	
On Wisconsin	PAC, Inc.	
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
Steil Victory Fund		
Mailing Address	1818 Milton Avenue	
	#1448	
	Janesville WI 5354	5
	CITY STATE	ZIP CODE
	Affiliated Committee  Joint Fundraising Representative dentify by name, address (phone number optional) and position of the person in	Leadership PAC Sponsor possession of committee
books and records.		
Campai Full Name	ign, Financial Services, , ,	
Mailing Address	PO Box 30844	
J		
	Bethesda MD 2082	4
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 301 –	654 3220
. <b>Treasurer:</b> List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the ., assistant treasurer).	name and address of
	Steven, , ,	1
of Treasurer	PO Box 30844	
Mailing Address		
	Bethesda	4   1
	CITY STATE	ZIP CODE
Title or Position Treasurer		654 - 3220

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	<b>r Depositories:</b> List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds.  Depository, etc.	lds accounts, rents
	Depository, etc.  Johnson Bank  1 South Main Street	lds accounts, rents
safety deposit b Name of Bank,	Depository, etc.  Johnson Bank  1 South Main Street	Ids accounts, rents
safety deposit b Name of Bank,	Depository, etc.  Johnson Bank  1 South Main Street  Janesville  CITY  STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Johnson Bank  1 South Main Street  Janesville  CITY  STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Johnson Bank  1 South Main Street  Janesville  CITY  STATE  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Johnson Bank  1 South Main Street  Janesville  CITY  STATE  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Johnson Bank  1 South Main Street  Janesville  CITY  STATE  Depository, etc.	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). <b>Joint Fundraisi</b>	ig Participant:							
1.				FEC ID	number	C		
2.				FEC ID	number	C		
3.				FEC ID	number	С		
4.				FEC ID	number	С		
Name of Any Connected Bryan Steil	Organization, A	Affiliated Committ	ee, Joint Fundra	aising Rep	resentativ	e, or Lead	dership PAC	Spons
Diyan Stell								
Mailing Address	3709 Briarcre	est Drive						
	Janesville			<u> </u>	WI I	535	46	<u>                                     </u>
Relationship:		CITY A			STATE A		ZIP COD	E 🛦
	d Organization	Affiliated Comm		Fundraising	Represent	ative <b>x</b>	Leadership I	PAC Spo
Connecte		Affiliated Comm		Fundraising	Represent	ative x	Leadership I	PAC Spo
Connecte  Designated Agent: Identif		Affiliated Comm		Fundraising	Represent	ative	Leadership I	PAC Spo
Connecte  Designated Agent: Identification  Full Name  Mailing Address	y by name, addi	Affiliated Commercess (phone number				ative		
Connecte  Designated Agent: Identif	y by name, addi	Affiliated Comm	er — optional)		STATE A	ative	Leadership I	
Connecte  Designated Agent: Identification  Full Name  Mailing Address	y by name, addi	Affiliated Commercess (phone number	er — optional)		STATE A	ative x		
Connecte  Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor  Full Name of Bank,	y by name, addr	Affiliated Commercess (phone number	er – optional)	lephone Nu	STATE A		ZIP CODE	
Connecte  Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the composition of Bank, Depository, etc.	y by name, addr	Affiliated Commercess (phone number	er – optional)	lephone Nu	STATE A		ZIP CODE	
Connecte  Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor  Full Name of Bank,	y by name, addr	Affiliated Commercess (phone number	er – optional)	lephone Nu	STATE A		ZIP CODE	
Connecte  Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the composition of Bank, Depository, etc.	y by name, addr	Affiliated Commercess (phone number	er – optional)	lephone Nu	STATE A		ZIP CODE	