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) over the lines. is changed) Heartland Values PAC PO Box 505 ADDRESS (number and street) (Check if address is changed) Sioux Falls SD 57101-CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS nweyers@heartlandvaluespac.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.heartlandvaluespac.com (Check if address is changed) DATE 2023 C00409003 FEC IDENTIFICATION NUMBER > 3. 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. Hatch, Chad, D,, Type or Print Name of Treasurer Hatch, Chad, D,, [Electronically Filed] 04 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Co	mplete the candidate information below.)
(b) This committee is an authorized committee, and is NO information below.)	T a principal campaign committee. (Complete the candidate
Name of Candidate	<u> </u>
Candidate Office Party Affiliation Sought: House	See Senate President District
(c) This committee supports/opposes only one candidate,	and is NOT an authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) or	(Democratic, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify	connected organization on line 6.) Its connected organization is a
Corporation	ation w/o Capital Stock Labor Organization
Membership Organization Trade A	Association Cooperative
In addition, this committee is a Lobbyist/Regi	strant PAC.
(f) This committee supports/opposes more than one Feder committee. (i.e., nonconnected committee)	ral candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Regi	strant PAC.
In addition, this committee is a Leadership P	AC. (Identify sponsor on line 6.)
(g) This committee is an independent expenditure-only pol	itical committee (Super PAC).
In addition, this committee is a Lobbyist/Regi	strant PAC.
(h) This committee is a political committee with both contr	bution and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Regi	strant PAC.
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising committees/organizations, at least one of which is an a	expenses and disburses net proceeds for two or more political authorized committee of a federal candidate.
(j) This committee collects contributions, pays fundraising committees/organizations, none of which is an authorize	expenses and disburses net proceeds for two or more political ed committee of a federal candidate.
Committees Participating in Joint Fundraiser	
1. [C
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	FEC Form 1 (Revised 02	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	Heartland Valu	es PAC		
6.	=	ganization, Affiliated Committee, Joint Fundraising Represe	ntative, or Leadership	PAC Sponsor
	Commonsense, Cons	servative Values PAC		
	Mailing Address	PO Box 504		
		Sioux Falls	SD 57101-0504	
		CITY ▲ ST	ATE ▲ ZIF	P CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundraising Re	presentative Lead	dership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of the	e person in possession (of committee
	Weyers, Nic	ole Dep Treasurer, , ,		
	Full Name			
	Mailing Address	PO Box 505		
		Sioux Falls	SD 57101-0505	
		CITY ▲ ST	ATE ▲ ZIF	CODE A
	Title or Position ▼	511 2	211	OODL =
	Custodian of Records	Telephone number	605 - 323	7811
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the corssistant treasurer).	mmittee; and the name	and address of
	Full Name Hatch, Chao	i, D, ,		
	of Treasurer			
	Mailing Address	PO Box 505		
		Sioux Falls	SD 57101-0505	
		CITY ▲ STA	ATE ▲ ZIF	CODE A
	Title or Position ▼			
	Treasurer	Telephone number	605 - 376	3437

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Full Name of Designated Agent	Weyers, Nicole Dep Treasurer, , ,		
Mailing Address	PO Box 505		
	Sioux Falls	SD 5710	01-0505
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agen	t i	ephone number 605 -	323 - 7811
	Depositories: List all banks or other depositories in which the xes or maintains funds.	ne committee deposits funds, h	olds accounts, rents
Name of Bank, D	epository, etc.		
	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA2210	1
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	First National	1	
Mailing Address	100 S Phillips Ave		
	Sioux Falls	SD 5710	4
	CITY A	STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	С
	4		FEC ID number	C
6.	Name of Any Connected Thune Victory Con	Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 9891		
		Arlington	ı VA	22219-1891
	Relationship:	CITY A	STATE A	ZIP CODE A
	Connected	d Organization Affiliated Committee	undraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION	CITY CITY Tele ries: List all banks or other depositories in which the sintains funds.	STATE ▲	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Schwa	CITY CITY Tele ries: List all banks or other depositories in which the sintains funds.	STATE ▲	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Tele ries: List all banks or other depositories in which the sintains funds.	STATE ▲	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Tele ries: List all banks or other depositories in which the sintains funds.	STATE ▲	

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

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5(g)	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	Sen. John Thune			
	Mailing Address	U.S. Senate		
	g	511 Dirksen Senate Office Bldg		
		Washington	ı DC ı	20510-0001
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address	T		1
				<u> </u>
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION	•		ZIP CODE A
	TITLE OR POSITION	•	STATE A	ZIP CODE A
9.		Te: List all banks or other depositories in which	STATE A	
9.	Banks or Other Depositor	ries: List all banks or other depositories in which intains funds.	STATE A	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank,	Tes: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposite	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	Tes: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposite	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	Tes: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposite	