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. Steil for Wisconsin, Inc. 1818 Milton Ave ADDRESS (number and street) # 1448 (Check if address is changed) Janesville 53545-1129 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) www.steilforwisconsin.com/ (Check if address is changed) DATE 08 2019 C00677286 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. Schendt, William, , , Type or Print Name of Treasurer Schendt, William, , , [Electronically Filed] 03 08 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

| ı | FEC Fo | orm 1 (Revised 02/2009) | Page 2 |
|--------------|----------------|--|--|
| | | COMMITTEE | |
| Can | | e 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. (Con information below.) | nplete the candidate |
| Name Cand | e of lidate | Steil, Bryan, George, , | |
| Cand | lidate | Office | State |
| Party | Affiliati | ion REP Sought: X House Senate President | District 01 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| Name Cand | e of lidate | | |
| Part | ty Con | nmittee: | |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Poli | tical A | Action Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nnected organization is a: |
| | | 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 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 | draising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/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. | wo or more political |
| | Com | nmittees Participating in Joint Fundraiser | |
| | 1. | | |
| | | | |
| | 2. | | |
| | 3. | FEC ID number C | |
| | 4. | FEC ID number C | |

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|--|---|---------------------------------|
| Write or Type Committee Nam | | i aye J |
| Steil for Wiscor | | |
| | Organization, Affiliated Committee, Joint Fundraising Representative, | or Loadarchin BAC Spansor |
| | Organization, Anniated Committee, John Fundraising Representative, | or Leadership FAC Sponsor |
| Steil Victory Fund | | |
| | | |
| Mailing Address | 1818 Milton Ave | |
| maining riadiosc | # 1448 | |
| | Janesville WI | 53545-1129 |
| | CITY STATE | ZIP CODE |
| | | ZII OODE |
| Relationship: Connected | ed Organization Affiliated Committee X Joint Fundraising Representat | tive Leadership PAC Sponsor |
| | | |
| Custodian of Records: Ide books and records. | entify by name, address (phone number optional) and position of the pe | rson in possession of committee |
| | n, Financial Services, , , | |
| Full Name | ,PO Box 30844 | |
| Mailing Address | | |
| | Dayles de MAD | .20824-0844 |
| | Bethesda MD | 20824-0644 |
| Title or Position | CITY STATE | ZIP CODE |
| Custodian of Records | Telephone number | 01 654 - 3220 |
| . Treasurer: List the name ar any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee; assistant treasurer). | and the name and address of |
| | William, , , | |
| of Treasurer | 1818 Milton Avenue | |
| Mailing Address | | |
| | #1448 | |
| | Janesville WI | 53545-1129 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | 01 654 3220 |

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| | | |
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE 2 | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| Name of Bank, Depo | | |
| Name of Bank, Depo | | |
| Name of Bank, Depo | apital One | |
| Name of Bank, Depo | apital One 4825 Cordell Avenue Bethesda MD 20814 | ZIP CODE |
| Name of Bank, Depo | Bethesda CITY STATE | ZIP CODE |
| Name of Bank, Depo | Bethesda CITY STATE Chanson Bank | ZIP CODE |
| Name of Bank, Depo | Bethesda CITY STATE Cohnson Bank | ZIP CODE |
| Name of Bank, Depo | Bethesda CITY STATE 1 S Main Street | ZIP CODE |
| Name of Bank, Depo | Bethesda CITY STATE Chanson Bank | ZIP CODE |

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

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| h). Joint Fundraisir | | FEC ID number | С |
|---|--|----------------------------|---------------------------|
| 1. | | FEC ID number | С |
| 2. | | | |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fundr | aising Representative | e, or Leadership PAC Spon |
| Take Back the Ho | _ | | |
| | | | |
| | DO D20044 | | |
| Mailing Address | PO Box 30844 | | |
| | | | |
| | Bethesda | MD | 20824-0844 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| Connecte | d Organization Affiliated Committee | Fundraising Representa | ative Leadership PAC Sp |
| esignated Agent: Identif | d Organization Affiliated Committee Joint y by name, address (phone number – optional) | Fundraising Representa | ative Leadership PAC Sp |
| esignated Agent: Identif | | Fundraising Representa | ative Leadership PAC Sp |
| esignated Agent: Identif | | Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identif | | Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identif | | Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identif | y by name, address (phone number – optional) | Fundraising Representation | Leadership PAC Sp |
| esignated Agent: Identif Full Name Mailing Address | y by name, address (phone number – optional) CITY | | |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Depositor | y by name, address (phone number – optional) CITY CITY Te | STATE A | ZIP CODE A |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail | y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. | STATE A | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mailing ame of Bank, Wells | y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. | STATE A | ZIP CODE A |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail | y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. Fargo | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. Fargo | STATE A | ZIP CODE A |