PAGE 1/9

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. Kind for Congress Committee PO Box 184 ADDRESS (number and street) (Check if address is changed) La Crosse 54602 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Janica@pcmsllc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.ronkind.org/ (Check if address is changed) DATE 30 2021 C00312017 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. Smith, Brent, , , Type or Print Name of Treasurer Smith, Brent, , , [Electronically Filed] 06 30 2021 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

	Form 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE  ate Committee:	
(a) X		ı.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name of Candidate	√Kind, Ronald, James	
Candidate Party Affil	DEM	State WI District 03
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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 committee. (i.e., nonconnected committee)	segregated 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 Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Co	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

FEC <b>Form 1</b> (Revis	ed 02/2009)	Page <b>3</b>
Write or Type Committee N	ame	
Kind for Cong	ress Committee	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
Badger Victory Fund	d 2020	
	15 N. Pinckney Street	
Mailing Address	Suite 200	
	, Madison , , , , , , , , , , , , , , , , , , ,	53703
	OTT	710 0005
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee X Joint Fundraising Representative	ve Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the per	son in possession of committee
Kvriac	opoulos, Janica, , ,	
Full Name	·	
Mailing Address	910 17th St NW	
	STE 925	
	Washington	20006
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	02 - 628 - 1580
. Treasurer: List the name	and address (phone number optional) of the treasurer of the committee; a	and the name and address of
any designated agent (e.	g., assistant treasurer).	
Full Name Smith, of Treasurer	Brent, , ,	
Mailing Address	PO Box 184	
	La Crosse   WI	54602
	CITY STATE	ZIP CODE
Title or Position Treasurer		
	Telephone number	

	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZII	P CODE
Title or Position	Telephone number	
safety deposit boxes	ecitory, etc.	
Name of Bank, Depo	Vells Fargo Bank 305 5TH AVE S	
Name of Bank, Depo	Vells Fargo Bank	
Name of Bank, Depo	Vells Fargo Bank  305 5TH AVE S  La Crosse  WI 54601	IP CODE
Name of Bank, Depo	Vells Fargo Bank  305 5TH AVE S  La Crosse  WI 54601  CITY STATE ZI	IP CODE
Name of Bank, Depo	Vells Fargo Bank  305 5TH AVE S  La Crosse  WI 54601  CITY STATE ZI	IP CODE
Name of Bank, Depo	Vells Fargo Bank  305 5TH AVE S  La Crosse  CITY  STATE  ZI  Dository, etc.	IP CODE

FEC Form 1S (Revised 02/2017)

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

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h). <b>Joint Fundraisi</b>	ig Faiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected Defend the Major	Organization, Affiliated Committee, Joint Fullity	ndraising Representative	e, or Leadership PAC Spon
Mailing Address	600 Pennsylvania Ave SE #15180		
	Washington	, DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE A
. ioianomempi		OIAIL	211 0002 2
	d Organization Affiliated Committee July July by name, address (phone number – optional)	oint Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	STATE A	
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Depositor	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or meaning and a second contents.	y by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whi aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or meaning and a second contents.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whi aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in while aintains funds.  Jamated Bank	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in while aintains funds.  Jamated Bank	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

1			FEC ID number	C
			FEC ID number	C
3			FEC ID number	C
4			FEC ID number	C
ame of Any Connected O	rganization, Affilia	ated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY ▲	STATE ▲	ZIP CODE ▲
Full Name				
Mailing Address				
	I.			
TITLE OR POSITION \	<u> </u>	CITY A	STATE ▲	ZIP CODE ▲
TITLE OR POSITION •	, , , , , , , , , , , , , , , , , , ,	1	STATE ▲ Telephone Number	ZIP CODE A
			Telephone Number	ZIP CODE ▲
anks or Other Depositoric	es: List all banks o		Telephone Number	
anks or Other Depositorical fety deposit boxes or main ame of Bank, Marine (	es: List all banks o		Telephone Number	
anks or Other Depositorie afety deposit boxes or main ame of Bank, epository, etc.	es: List all banks on tains funds.		Telephone Number	
anks or Other Depositorie afety deposit boxes or main ame of Bank, epository, etc.	es: List all banks on tains funds.  Credit Union		Telephone Number	

FEC Form 1S (Revised 02/2017)

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

		g Participant:			
A FEC ID number C  A FEC ID number C  F	1.		FEC	D ID number	C
A.   FEC ID number C   Iame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo   Mailing Address   Iame of Bank, Royal Credit Union   Repository, etc.   P.O. Bax 970   Mailing Address   P.O. Bax 970   P.O. Bax 970   Mailing Address   P.O. Bax 970   P.O. Bax 9	2.		FEC	D ID number	С
Iame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo  Mailing Address    Connected Organization   Affiliated Committee   Joint Fundraising Representative   Leadership PAC State   ZIP CODE     Connected Organization   Affiliated Committee   Joint Fundraising Representative   Leadership PAC State   Agents   Leadership PAC State   Leadership PAC State   Agents   Leadership PAC State	3		FEC	D ID number	C
Mailing Address  Relationship:  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization	4		FEC	C ID number	C
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC states and the state of the package o	lame of Any Connected	Organization, Affiliated Committee	ee, Joint Fundraising	Representative	, or Leadership PAC Spon
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC states and the state of the package o					
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC states and the state of the package o					
Connected Organization	Mailing Address				
Connected Organization					
Connected Organization					
esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION   CITY   STATE   ZIP CODE   Telephone Number  Telephone Number  anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reafety deposit boxes or maintains funds.  ame of Bank, Royal Credit Union epository, etc.  Mailing Address  P.O. Box 970  Mailing Address	Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number  Telephone Number  Telephone Number  Anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relatety deposit boxes or maintains funds.  Aname of Bank, epository, etc.  P.O. Box 970  P.O. Box 970  P.O. Box 970	esignated Agent: Identify	y by name, address (phone numbe	r – optional)		
Telephone Number  Telephone Nu	Full Name		. ,		
Telephone Number  Telephone Nu					
Telephone Number  Telephone Nu					
anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relately deposit boxes or maintains funds.  ame of Bank, epository, etc.  Mailing Address  P.O. Box 970					
lame of Bank, Royal Credit Union Pepository, etc.  Mailing Address  P.O. Box 970	Mailing Address	CITY A		STATE A	ZIP CODE A
Mailing Address	Mailing Address	CITY A			ZIP CODE A
Eau Clarie	Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or mail ame of Bank, Royal	ries: List all banks or other deposaintains funds.	Telephone	e Number	
Eau Clarie	Mailing Address  TITLE OR POSITION  Ganks or Other Depositor boxes or mail and of Bank, depository, etc.	ries: List all banks or other deposaintains funds.  Credit Union	Telephone	e Number	
	Mailing Address  TITLE OR POSITION  Banks or Other Deposito afety deposit boxes or mail after the deposit boxes or mail and the depository, etc.	ries: List all banks or other deposaintains funds.  Credit Union	Telephone	e Number	

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

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraisin</b>	Participant:			
(0)	1.		FI	EC ID number	C
	2.		F	EC ID number	C
	3.		   FI	EC ID number	C
	4.		   FI	EC ID number	C
6.	Name of Any Connected	Organization, Affiliated Commit	tee, Joint Fundraising	g Representative	e, or Leadership PAC Sponsor
		1			
	Mailing Address				
	Relationship:	CITY A		STATE A	ZIP CODE A
	Connected	Organization Affiliated Comr	nittee Joint Fund	raising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone numb	er – optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone numb	er – optional)		
8.		by name, address (phone numb	er – optional)		
8.	Full Name	by name, address (phone numb	er – optional)		
8.	Full Name	by name, address (phone numb	er – optional)		
8.	Full Name   _   _   _   Mailing Address	CITY A	er – optional)	STATE A	ZIP CODE A
8.	Full Name	CITY A		1	ZIP CODE <b>A</b>
8.	Full Name   _   _   _   Mailing Address	CITY A		STATE A	ZIP CODE A
<b>8</b> .	Full Name  Mailing Address  TITLE OR POSITION   Banks or Other Depositor	CITY A	Telepho	one Number	
	Full Name      Mailing Address  TITLE OR POSITION	CITY A	Telepho	one Number	
	Full Name  Mailing Address  TITLE OR POSITION   Banks or Other Depositor	CITY   CITY   ies: List all banks or other depontains funds.	Telepho	one Number	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY   CITY   ies: List all banks or other depontains funds.	Telepho	one Number	
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or matching and the position of Bank, Coulee	CITY A  cies: List all banks or other depontains funds.  Bank	Telepho	one Number	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A  cies: List all banks or other depontains funds.  Bank	Telepho	one Number	

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

FEC Form 1S (Revised 02/2017)

5(g) or	(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
_	4.		FEC ID number	C
6. <b>I</b>	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	nising Representativ	ve, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint	Fundraising Represent	tative Leadership PAC Sponsor
8. <b>[</b>	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address	1		
	Mailing Address			
		OUTV		7/D 00DF A
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tel	ephone Number	
8	safety deposit boxes or ma	ries: List all banks or other depositories in which tintains funds.  a Credit Union	he committee deposi	its funds, holds accounts, rents
	Mailing Address	311 Main Street P.O. Box 39		
	Mailing Address			
		La Crosse	ı ı Wi ı	54602
		CITY A	STATE ▲	ZIP CODE A