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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. STANDING BY VETERANS PAC 8444 COUNTY RD M. ADDRESS (number and street) (Check if address is changed) **FREDONIA** 53021 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bob.piaro@1responders.org (Check if address is changed) Optional Second E-Mail Address |bob.piaro@1responders.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2019 C00622464 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. Piaro, Robert, , , Type or Print Name of Treasurer Piaro, Robert,,, [Electronically Filed] 10 25 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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.	
<b>(5)</b>		_	areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising 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.	o 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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FFO Farms 4 (Davids of 00/0000)	D 2
FEC Form 1 (Revised 02/2009)  Write or Type Committee Name	Page 3
STANDING BY VETERANS PAC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising	g Panrasantativa or Laadarchin PAC Spansor
	g Representative, or Leadership FAC Sponsor
AMERICANS FOR THE CURE OF BREAST CANCER	
8444 COUNTY RD M  Mailing Address	
Fredonia	WI 53021
CITY	STATE ZIP CODE
Relationship: Connected Organization X Affiliated Committee Joint Funds	raising Representative Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and books and records.	I position of the person in possession of committee
PIARO, ROBERT, , ,	
Full Name8444 COUNTY RD M	
Mailing Address	
	, , WI , ,53021
FREDONIA	WI 53021
Title or Position CITY	STATE ZIP CODE
Custodian Telephon	ne number 262 - 692 - 2157
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer any designated agent (e.g., assistant treasurer).	of the committee; and the name and address of
Full Name Piaro, Robert, , ,	
of Treasurer	
Mailing Address	
Fredonia	WI 53021
CITY Title or Position , Treasurer	STATE ZIP CODE
	e number

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Full Name of Designated	Piaro, Robert, , , 53021	
Agent		
Mailing Address	8444 COUNTY RD M.	
	FREDONIA WI 53021	
	CITY STATE 2	ZIP CODE
Title or Position Owner		53 - 5339
Name of Bank, [	ces or maintains funds.  Depository, etc.  Capital Bank, NA  2275 Research Blvd Suite 600	
Mailing Address		
	Rockville MD 20850	
	CITY STATE 2	ZIP CODE
Name of Bank, [	Depository, etc.	
Mailing Address		
	CITY STATE :	ZIP CODE

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

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(g) or (h).	Joint Fundraising	p Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
	=	Organization, Affiliated Committee, Joint Fundrais		e, or Leadership PAC Sponsor
	Mailing Address	8444 COUNTY RD M		
		Fredonia	wi j	53021
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint Fu	ındraising Representa	Leadership PAC Sponso
	nated Agent: Identify	by name, address (phone number – optional)		
M	lailing Address			
7	TITLE OR POSITION	CITY A	STATE A	ZIP CODE ▲
L			phone Number	
safety	deposit boxes or mai	ies: List all banks or other depositories in which the ntains funds.	committee deposits	s funds, holds accounts, rents
	e of Bank, sitory, etc.			
	Mailing Address			

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

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h). <b>Joint Fundraisi</b>	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
•	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
US VETERANS	ASSISTANCE FOUNDATION		
Mailing Address	8444 COUNTY RD M		
	Fredonia	wi	53021
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee June June June June June June June Ju	oint Fundraising Represent	ative Leadership PAC Sp
		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	oint Fundraising Represent	Ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white anintains funds.	STATE A Telephone Number	ZIP CODE A  ts funds, holds accounts, rent
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white anintains funds.	STATE A  Telephone Number	ZIP CODE A  ts funds, holds accounts, rent