STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Republican Party of Wisconsin 148 E. Johnson St. ADDRESS (number and street) (Check if address is changed) Madison 53703 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS edietsch@wisgop.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.wisgop.org (Check if address is changed) DATE 20 2012 C00074450 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. Bob Geason Type or Print Name of Treasurer Bob Geason [Electronically Filed] 09 20 2012 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

| | FFC Fo | rm 1 (Revised 02/2009) | Page 2 |
|--------------|-----------------------|---|--|
| | | OMMITTEE | 1 age 2 |
| Can | didate | 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. (Cominformation below.) | plete the candidate |
| Nam Cand | e of didate | | |
| | didate / Affiliati | on Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | e of didate | | |
| Par | ty Con | nmittee: | |
| (d) | X | This committee is a STA (National, State or subordinate) committee of the REP | (Democratic, Republican, etc.) Party. |
| Poli | tical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor | nected organization is a |
| | | 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 secommittee. (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 | Iraising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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. | vo or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

| 550 5 4 (5 1 100 (0000) | | |
|---|---|--------------------------------------|
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| Write or Type Committee Name | Missonsin | |
| Republican Party of | | |
| 6. Name of Any Connected Organizati | on, Affiliated Committee, Joint Fundraising Representa | itive, or Leadership PAC Sponsor |
| Ribble Responsible Governm | nent Committee | |
| | | |
| PO Box Mailing Address | 30844 | |
| Ivialility Address | | |
| Betheso | da | 20824 |
| | | |
| | CITY STAT | TE ZIP CODE |
| Relationship: Connected Organiza | ation Affiliated Committee X Joint Fundraising Repres | sentative Leadership PAC Sponsor |
| Custodian of Records: Identify by na books and records. | me, address (phone number optional) and position of the | he person in possession of committee |
| Elise Dietsch | | |
| Full Name1100 GI | enview Dr. | |
| Mailing Address | | |
| | | |
| Baraboo | o WI | 53913 |
| Title or Position | CITY STATE | ZIP CODE |
| Controller | Telephone number | 608 - 256 - 8031 |
| Treasurer: List the name and address any designated agent (e.g., assistant to the second | (phone number optional) of the treasurer of the commi reasurer). | ittee; and the name and address of |
| Full Name Bob Geason | | 1 |
| of Treasurer | | |
| Mailing Address 440 Edw | raiu St. | |
| | | |
| Burlingto | on <u>WI</u> | 53105 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | 608 - 257 - 4765 |

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|--|---|--------------------|
| Full Name of Designated | Stephan Thompson | |
| Agent | | |
| Mailing Address | 148 E Johnson St. | |
| | | |
| | Madison 53703 | |
| | CITY STATE | ZIP CODE |
| Title or Position Executive Direc | tor Telephone number | 239 - 0589 |
| Banks or Other | Depositories: List all banks or other depositories in which the committee deposits funds, hold | ds accounts, rents |
| safety deposit bo Name of Bank, I | Depository, etc. | |
| safety deposit bo | | |
| safety deposit bo | Depository, etc. | |
| safety deposit bo Name of Bank, I | Depository, etc. BMO Harris Bank N.A. | |
| safety deposit bo Name of Bank, I | Depository, etc. BMO Harris Bank N.A. | |
| safety deposit bo Name of Bank, I | Depository, etc. BMO Harris Bank N.A. 1 W Main St. | ZIP CODE |
| safety deposit bo Name of Bank, I Mailing Address | Depository, etc. BMO Harris Bank N.A. 1 W Main St. Madison CITY STATE | ZIP CODE |
| safety deposit bo Name of Bank, I | Depository, etc. BMO Harris Bank N.A. 1 W Main St. Madison CITY STATE | ZIP CODE |
| safety deposit bo Name of Bank, I Mailing Address Name of Bank, I | Depository, etc. BMO Harris Bank N.A. 1 W Main St. Madison CITY STATE Depository, etc. Wachovia Bank 7901 Wisconsin Ave | ZIP CODE |
| safety deposit bo Name of Bank, I Mailing Address | Depository, etc. BMO Harris Bank N.A. 1 W Main St. Madison CITY STATE Depository, etc. | ZIP CODE |
| safety deposit bo Name of Bank, I Mailing Address Name of Bank, I | Depository, etc. BMO Harris Bank N.A. 1 W Main St. Madison CITY STATE Depository, etc. Wachovia Bank 7901 Wisconsin Ave | ZIP CODE |

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. IBB&T 1909 K St NW Mailing Address 20006 Washington DC CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Target State Victory Fund 1609 Shoal Creek Blvd. Mailing Address Ste. 203 78711 Austin TX **CITY** STATE 4 ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

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FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. IBB&T 1909 K STREET NW Mailing Address 20006 DC WASHINGTON CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Thompson Victory Committee 228 S WASHINGTON STREET Mailing Address **SUITE 115 ALEXANDRIA** 22314 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Connected Organization Affiliated Committee Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 7 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. IBB&T 1909 K Street NW Mailing Address 20006 DC Washington CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor **Founders Committee** 228 S Washington Street Mailing Address Suite 115 22314 Alexandria **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Affiliated Committee Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number