**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Commonsense, Conservative Values PAC PO Box 504 ADDRESS (number and street) (Check if address is changed) Sioux Falls 57101-SD CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address commonsensevaluespac@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2022 C00748186 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. Type or Print Name of Treasurer Weyers, Nicole, , Date 04 22 2024 Signature of Treasurer Weyers, Nicole, , , 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

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TYPE OF COMMITTEE:	
Candidate 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. (Compinformation below.)	plete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
(d) This committee is a	nocratic, ublican, etc.) Party
Political 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	abor Organization
	Cooperative
	o o postanio
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
	shrid DAC)
(h) This committee is a political committee with both contribution and non-contribution accounts (Hy	bild PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) 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.	·
(j) 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.	r two or more political
Committees Participating in Joint Fundraiser	
1C	

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V	Vrite or Type Committee Name	O	2	
_		Conservative Values PAC		
6.		rganization, Affiliated Committee, Joint F	fundraising Representat	ive, or Leadership PAC Sponsor
	HEARTLAND VALUE	:5 PAC 		
	Mailing Address	PO BOX 505		
		Sioux Falls	SD SD	57101-0505
		CITY ▲	STATE	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization	Joint Fundraising Repres	
	nelationship.	Organization Animated Organization	Joint Fundraising Nepres	Leadership FAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optio	nal) and position of the pe	erson in possession of committee
	Weyers, Nie	cole, , ,		
		PO Box 504		
	Mailing Address			
		Sioux Falls	SD SD	57101-0504
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records		Telephone number	605   323   7811
			releptione number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of th	e treasurer of the commi	ittee; and the name and address of
		Solotani rodouioti).		
	Full Name Weyers, Ni	cole, , ,		
	or measurer	PO Box 504		
	Mailing Address			
		Sioux Falls	SD	57101-0504
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼	<b>5</b> 111 —	O II II E	0051 —
	Treasurer		Telephone number	605 - 323 - 7811

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Full Name of Designated Agent	Weyers, Nicole, , ,		
Mailing Address	PO Box 504		
	Sioux Falls	SD 571	01-0504
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position			
Treasurer	Telephone	e number 605	-   323   -   7811
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the conxes or maintains funds.	nmittee deposits funds, h	nolds accounts, rents
Name of Bank, D	epository, etc.		
	American Bank & Trust		
Mailing Address	200 E 10th St		
	Ste 100		
	Sioux Falls	SD 571	04
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA 2210	01
	CITY ▲	STATE ▲	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). <b>Joint Fundraisi</b>	ng Farticipant.		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
John Thane victory			
Mailing Address	228 S Washington St		
	Ste 114		
	Alexandria	VA VA	22314-5404
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Represent	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Joint	t Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identi	ed Organization Affiliated Committee X Joint	t Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joint	t Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joint	t Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee X Joint fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Joint for by name, address (phone number – optional)  CITY		
Connected Agent: Identification of the Connected Agent: I	Affiliated Committee	STATE A elephone Number	ZIP CODE A
Connected Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Period of Banks or Other Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee	STATE A elephone Number	ZIP CODE   ZIP CODE   ss funds, holds accounts, rents

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Thune Victory Comm	nittee 		
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	VA VA	22314-5404
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte esignated Agent: Identi	Affiliated Committee X J	oint Fundraising Represent	
			Ative Leadership PAC Sp
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi	fy by name, address (phone number – optional)		ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	city by name, address (phone number – optional)  CITY   CITY    pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	city by name, address (phone number – optional)  CITY   CITY    pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	city by name, address (phone number – optional)  CITY   CITY    pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	city by name, address (phone number – optional)  CITY   CITY    pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A

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

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1.			
		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
Senate Path to Victory	/ 2024		
Mailing Address	421 Office Park Dr		
	Mountain Brk	AL	35223-2411
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent, Identify	by name address (phane number entional)		
	by name, address (phone number – optional)		
Pesignated Agent: Identify  Full Name    Mailing Address	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A