**FEC** 

Only

# STATEMENT OF

PAGE 1 / 17 -

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Van Orden for Congress PO BOX 1836 ADDRESS (number and street) (Check if address is changed) LA CROSSE 54602 WI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address STACI@SAGEADVISORYGROUP.CO is changed) Optional Second E-Mail Address LEE@SAGEADVISORYGROUP.CO COMMITTEE'S WEB PAGE ADDRESS (URL) www.vanordenforcongress.com (Check if address is changed) DATE 2025 C00742007 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 GOEDE, STACI,, GOEDE, STACI,,, Date 06 15 2025 Signature of Treasurer 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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. (Complete information below.)	the candidate
Name of Candidate Van Orden, Derrick, F., Mr.,	
Candidate Party Affiliation REP Office Sought: X House Senate President	State WI District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	· Organization
	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
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
Committees Participating in Joint Fundraiser	
1	

	FEC Form 1 (Revised 0)	2/2009)			Page <b>3</b>
V	Vrite or Type Committee Name				
	Van Orden for C	ongress			
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint F	undraising Representa	tive, or Leader	ship PAC Sponsor
	2A Defense Fund				
	Mailing Address	824 S Miledge Ave.			
		Ste 101			
		Athens	GA L	30605	
		CITY ▲	STAT	E▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repre	esentative	Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optio	onal) and position of the p	person in possess	sion of committee
	GOEDE, S	ΓACI, , ,			
	Full Name	,7816 ROSE GARDEN LANE			
	Mailing Address	7010 ROSE GARDEN EANE			
		SPRINGFIELD	VA	22153	
		CITY ▲	STAT	E▲	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Telephone number	703	371   5852
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	ne treasurer of the comm	nittee; and the n	ame and address of
	Full Name GOEDE, S	ГАСI, , ,			
		<sub>1</sub> 7816 ROSE GARDEN LANE			
	Mailing Address				
		SPRINGFIELD	VA	22153	
		CITY ▲	STAT	E▲	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Telephone number	703	371 - 5852

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	RUSSELL, LEE, , ,	
Mailing Address	7816 ROSE GARDEN LANE	
	SPRINGFIELD VA	22153
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
ASST TREASUR	ER Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits functions or maintains funds.	ds, holds accounts, rents
Name of Bank, D	epository, etc.	
	Chain Bridge Bank, NA	
Mailing Address	1445-A Laughlin Ave.	
	McLean   VA	22101
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Classic City Bank	
Mailing Address	2365 W. Broad St.	
	Athens	30606
	CITY ▲ STATE ▲	ZIP CODE ▲

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

h). <b>Joint Fundrais</b> i	9		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected American Battlegrou	d Organization, Affiliated Committee, Joint Fund Fund	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Ident			Ative Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in white the properties of the pr	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in white naintains funds.  Bank	STATE A Telephone Number	ZIP CODE A

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

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e or Leadershin PAC Snon
DVO VICTORY FUN			, or Ecuacionip PAO opon
Mailing Address	11972 GREY OAKS PARK RD.		
	GLEN ALLEN	VA VA	23059
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Sp
		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number – optional)		
esignated Agent: Identi	by by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identing Full Name	by by name, address (phone number – optional)  CITY		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	by by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice	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.	cy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A

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

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	С
	-	rganization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
	mer Majority Builde			
N	Mailing Address	824 S Milledge Ave.		
		Ste. 101		
		Athens	GA	30605
F	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint Fo	undraising Representa	Leadership PAC Sponsor
	ated Agent: Identify I	by name, address (phone number – optional)		
Ful		by name, address (phone number – optional)		
Ful	I Name	by name, address (phone number – optional)		
Ful	I Name	by name, address (phone number – optional)		
Ful	I Name	CITY A	STATE A	ZIP CODE A
Ful	I Name	CITY A	STATE A	ZIP CODE <b>A</b>
Ful Ma	I Name	CITY   Tele	phone Number	
Ful Ma	I Name	CITY   Tele	phone Number	
9. Banks safety Name	I Name	CITY   Tele	phone Number	
9. Banks safety of Deposit	I Name	CITY   Tele  Ses: List all banks or other depositories in which the stains funds.	phone Number	
9. Banks safety of Deposit	I Name illing Address  TLE OR POSITION   or Other Depositoric deposit boxes or main of Bank, tory, etc.  Wells Fatory, etc.	CITY   CITY   Telepase: List all banks or other depositories in which the stains funds.  Argo Bank	phone Number	
9. Banks safety of Deposit	I Name illing Address  TLE OR POSITION   or Other Depositoric deposit boxes or main of Bank, tory, etc.  Wells Fatory, etc.	CITY   CITY   Telepase: List all banks or other depositories in which the stains funds.  Argo Bank	phone Number	

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

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2. [			FEC ID number	С
3. [			FEC ID number	С
4. [			FEC ID number	C
6. Name	of Any Connected O	rganization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
Fres	shman Agricultural	Republican Members Trust AKA FARM Trus	t 	
M	Mailing Address	PO Box 30844		
		Bethesda	MD MD	20824
R	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected (		Fundraising Represent	ative Leadership PAC Sponsor
8. <b>Design</b>	ated Agent: Identify I	by name, address (phone number - optional)		
Full	Name			
Mai	iling Address			
TI	TLE OR POSITION \	CITY A	STATE ▲	ZIP CODE ▲
		Tele	ephone Number	
safety o	deposit boxes or main	es: List all banks or other depositories in which thatains funds.	ne committee deposit	s funds, holds accounts, rents
safety o				1
safety o Name o Deposit	deposit boxes or main	ntains funds.		1
safety o Name o Deposit	deposit boxes or main of Bank, cory, etc.	ntains funds.		1

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

or(h). <b>Joint F</b>	undraising Pa	articipant:									
1.					FEC	ID number	С				
2.					FEC	ID number	С				
3.					FEC	ID number	С				
4					FEC	ID number	С				
Name of Any Co	_	anization, Affili	ated Committe	e, Joint Fur	ndraising F	epresentativ	e, or Le	eadersh	nip PA	C Spo	onsor
Olow the											
Mailing Add	lress _	228 S. Washingto	on St.								
		Ste 115			1 1 1						
	1	Alexandria	· · · · · · · ·	1 1 1 1		VA	2	2314	_	_	1 1
	_					STATE A		Z	 IP CC		
Relationship		. 🗸	CITY ▲	П.							
	Connected Org		Affiliated Commit	_		ing Represent	tative				Sponso
Designated Ager	Connected Org		Affiliated Commit	_			tative				Sponso
Designated Ager	Connected Orn		Affiliated Commit	_			tative				Sponso
Designated Ager	Connected Orn		Affiliated Commit	_			tative				Sponso
Designated Ager	Connected Orn		Affiliated Commit	_			tative				Sponso
Designated Ager Full Name  Mailing Addre	nt: Identify by		Affiliated Commit	_			tative	Lea		PAC	Sponso
Designated Ager	nt: Identify by		Affiliated Commit	_		ing Represent	tative	Lea	dershi	PAC	Sponso
Designated Ager Full Name  Mailing Addre	nt: Identify by		Affiliated Commit	_		ing Represent	tative	Lea	dershi	PAC	Spons
Designated Ager Full Name  Mailing Addre	Connected Orner: Identify by  Pass  COSITION ▼  Depositories	name, address	Affiliated Commit  (phone number	r – optional)	Telephone	STATE A		Lea	dershi <sub>l</sub>	PAC	
Designated Ager Full Name   Mailing Addre	Connected Orner: Identify by  Pass  COSITION ▼  Depositories	name, address	Affiliated Commit  (phone number	r – optional)	Telephone	STATE A		Lea	dershi <sub>l</sub>	PAC	
Full Name  Mailing Addre  TITLE OR P  Banks or Other safety deposit box  Name of Bank,	Connected Orent: Identify by  ess  COSITION   Depositories  xes or mainta	name, address	Affiliated Commit  (phone number	r – optional)	Telephone	STATE A		Lea	dershi <sub>l</sub>	PAC	
Full Name  Mailing Addre  TITLE OR P  Banks or Other safety deposit box  Name of Bank, Depository, etc.	Connected Orent: Identify by  ess  COSITION   Depositories  xes or mainta	name, address	Affiliated Commit  (phone number	r – optional)	Telephone	STATE A		Lea	dershi <sub>l</sub>	PAC	
Full Name  Mailing Addre  TITLE OR P  Banks or Other safety deposit box  Name of Bank, Depository, etc.	Connected Orent: Identify by  ess  COSITION   Depositories  xes or mainta	name, address	Affiliated Commit  (phone number	r – optional)	Telephone	STATE A		Lea	dershi <sub>l</sub>	PAC	

### 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	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connecte	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Pfriends of Pfluger			
Mailing Address	PO Box 30844		
	Bethesda	MD MD	20824
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phone number – optional		ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address	fy by name, address (phone number – optional		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional CITY A  CITY A  pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional CITY A  CITY A  pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional CITY A  CITY A  pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional CITY A  CITY A  pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A

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

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Spon
Protect the House 20	)24 		
Mailing Address	PO Box 30844		
	1		
	Bethesda	MD	20824
Relationship:	CITY A	STATE A	ZIP CODE A
		loint Fundraising Represen	tative Leadership PAC Sp
Connecte esignated Agent: Identif			tative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X		Leadership PAC Sp
Connecte esignated Agent: Identif	ed Organization Affiliated Committee X		Leadership PAC Sp
esignated Agent: Identification	ed Organization Affiliated Committee X		Leadership PAC Sp
esignated Agent: Identification	ed Organization Affiliated Committee X		Leadership PAC Sp
esignated Agent: Identification	Affiliated Committee X		Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee X		
esignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee X	STATE A	
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite	Affiliated Committee X  fy by name, address (phone number – optional  CITY   CITY   CITY   CITY   Dries: List all banks or other depositories in wh	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 market	Affiliated Committee X  fy by name, address (phone number – optional  CITY   CITY   CITY   CITY   Dries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite	Affiliated Committee X  fy by name, address (phone number – optional  CITY   CITY   CITY   CITY   Dries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposited afety deposit boxes or management of Bank,	Affiliated Committee X  fy by name, address (phone number – optional  CITY   CITY   CITY   CITY   Dries: List all banks or other depositories in wh	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 mame of Bank, epository, etc.	Affiliated Committee X  fy by name, address (phone number – optional  CITY   CITY   CITY   CITY   Dries: List all banks or other depositories in wh	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 mame of Bank, epository, etc.	Affiliated Committee X  fy by name, address (phone number – optional  CITY   CITY   CITY   CITY   Dries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A

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

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h). <b>Joint Fundraisi</b>	ng randipanti		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e. or Leadership PAC Spon
Scalise Leadership I			
Mailing Address	320 1st St., Sean		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
Connecte esignated Agent: Identi			ative Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)		
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number  ch the committee deposit	ZIP CODE A
esignated Agent: Identification of Bank, Connected Esignated Agent: Identification of Connected Esignated	fy by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number  ch the committee deposit	ZIP CODE A  ts funds, holds accounts, rent
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number  ch the committee deposit	ZIP CODE A  ts funds, holds accounts, rent

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

1.			
		FEC ID nun	nber C
2		FEC ID nun	nber C
3.		FEC ID nun	nber C
4.		FEC ID nun	mber C
lame of Any Connected Transportation Trust	l Organization, Affiliated Committee, Joi Fund	nt Fundraising Represe	ntative, or Leadership PAC Spo
Mailing Address	502 6th St.		
	Hudson		WI   54016
Relationship:	CITY A	STA	TE ▲ ZIP CODE ▲
Full Name			
ruii Name			
Mailing Address			
	CITY A	STAT	E A ZIP CODE A
Mailing Address  TITLE OR POSITION	CITY A	STATI Telephone Numbe	
Mailing Address  TITLE OR POSITION  anks or Other Deposite dafety deposit boxes or mane of Bank,	pries: List all banks or other depositories aintains funds.	Telephone Number	er
Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or management of Bank,	pries: List all banks or other depositories aintains funds.	Telephone Number	deposits funds, holds accounts, ref
Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the deposit boxes or make the depository, etc.	pries: List all banks or other depositories aintains funds.	Telephone Number	deposits funds, holds accounts, ref

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

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2. [			FEC ID number	C
3. [			FEC ID number	С
4. [			FEC ID number	C
6 Name	of Any Connected O	rganization, Affiliated Committee, Joint Fundra	ining Donyocontotive	o at Londorchin DAC Changer
	Orden Victory Fun		ising Representative	e, or Leadership PAC Sponsor
N	Mailing Address	11972 Grey Oaks Park Rd		
		Glen Allen	, , , VA	23059
F	Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	Connected (	Organization Affiliated Committee X Joint F	- undraising Representa	Leadership PAC Sponsor
	ated Agent: Identify but the last of the l	oy name, address (phone number – optional)		
Full		oy name, address (phone number – optional)		
Full	I Name	by name, address (phone number – optional)		
Full	I Name	oy name, address (phone number – optional)		
Full Ma	I Name	CITY A	STATE A	ZIP CODE A
Full Ma	I Name	CITY A	STATE A	ZIP CODE A
9. Banks safety of Deposit	I Name	CITY  Tele	ephone Number	s funds, holds accounts, rents

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

h). <b>Joint Fundraisi</b>	ng Farticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
SCOTT FRANKLIN	WINGMAN FUND		
Mailing Address	P.O. BOX 2811		
	LAKELAND	, ,     FL	33806
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of the control of the	Affiliated Committee	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	Affiliated Committee	STATE A	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	Affiliated Committee	STATE A	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	Affiliated Committee	STATE A	ZIP CODE A

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

h). Joint Fundraisi	ng ranoipant.		
1.		FEC ID number	C
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-	d Organization, Affiliated Committee, Joint Fund	Iraising Representativ	e, or Leadership PAC Spons
GT Farm Team			
Mailing Address	PO Box 30844		
Mailing Address			
	Bethesda		
Relationship:	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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iated Committee, Joint  CITY   Affiliated Committee  (phone number – option	FEC ID FEC ID FEC ID FEC ID Joint Fundraising	DC STATE A	20003 ZIP C	AC Spons
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CITY A  Affiliated Committee		STATE A	ZIP C	
CITY A  Affiliated Committee		STATE A	ZIP C	
Affiliated Committee X		STATE A	ZIP C	
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