PAGE 1/8 =

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. 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 kate@aspectcompliance.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 2018 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. Hitt, Andrew, , , Type or Print Name of Treasurer Hitt, Andrew,,, [Electronically Filed] 06 2018 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                       | orm 1 (Revised 02/2009)   | Page <b>2</b>                      |
|------------------------------|---|------------------------------------|
|                              | COMMITTEE 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. (Complete information below.)   | the candidate                      |
| Name of<br>Candidate         |   |                                    |
| Candidate<br>Party Affiliati | ion Sought: House Senate President  | State                              |
| (c)                          | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |                                    |
| Name of<br>Candidate         |   |                                    |
| Party Con                    |   | a a ratio                          |
| (d) <b>x</b>                 |   | nocratic,<br>ublican, etc.) Party. |
| Political A                  | Action Committee (PAC):   |                                    |
| (e)                          | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected  | ed organization is a               |
|                              | Corporation Corporation w/o Capital Stock Lal   | oor Organization                   |
|                              | Membership Organization Trade Association Co  | operative                          |
|                              | In addition, this committee is a Lobbyist/Registrant PAC.   |                                    |
| (f)                          | This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg 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.)  |                                    |
| Joint Fund                   | draising Representative:  |                                    |
| (g)                          | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate. | more political                     |
| (h)                          | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.         | more political                     |
| Com                          | nmittees Participating in Joint Fundraiser  |                                    |
| 1.                           | FEC ID number   |                                    |
| 2.                           | FEC ID number   |                                    |
| 3.                           | FEC ID number C   |                                    |
| 4                            |   |                                    |

| FEC <b>Form 1</b> (Revised 02)  | /2009)   | Page <b>3</b>                |
|---|--|------------------------------|
| Write or Type Committee Name  | 2003)  | r age <b>o</b>               |
| Republican Party  | v of Wisconsin   |                              |
| · · · · · · · · · · · · · · · · · · ·                                     | ganization, Affiliated Committee, Joint Fundraising Representative, or L                   | andership DAC Spensor        |
|   | janization, Anniated Committee, Joint Fundraising Representative, or L                     | Leader Strip PAC Sportsor    |
| Badger Victory Fund   |  |                              |
|   |  |                              |
| Mailing Address   | 138 Conant Street  |                              |
|   | Second Floor   |                              |
| L   | Beverly MA C   | 01915                        |
| L   | CITY STATE   | ZIP CODE                     |
| _   |  | _                            |
| Relationship: Connected C   | Organization Affiliated Committee  | Leadership PAC Sponsor       |
|   |  |                              |
| <ul> <li>Custodian of Records: Identify<br/>books and records.</li> </ul> | y by name, address (phone number optional) and position of the person                      | n in possession of committee |
| Lind, Kate, ,   | ,  | 1                            |
|   | 8401 Excelsior Drive   |                              |
| Mailing Address   | Suite 103  |                              |
| L   | Madison , WI , , 5   | 53717                        |
|   | Initial Soft   |                              |
| Title or Position   | CITY STATE   | ZIP CODE                     |
| Compliance  | Telephone number   | 5658                         |
| 3. <b>Treasurer:</b> List the name and a any designated agent (e.g., ass  | address (phone number optional) of the treasurer of the committee; and sistant treasurer). | I the name and address of    |
| Full Name Hitt, Andrew,   | ,,   |                              |
| of Treasurer  |  |                              |
| Mailing Address   | 148 E Johnson Street   |                              |
| L   |  |                              |
| L   | Madison WI 5   | 53703                        |
| Title or Position   | CITY STATE   | ZIP CODE                     |
| Treasurer   | Telephone number 608   | 4765                         |

| FEC Fo                              | rm 1 (Revised 02/2009)  | Page <b>4</b>     |
|-------------------------------------|---|-------------------|
|                                     |   |                   |
| Full Name of<br>Designated<br>Agent | Morgan, Mark, , ,   |                   |
| Mailing Address                     | 148 E Johnson St.   |                   |
|                                     |   |                   |
|                                     | Madison WI 53703  CITY STATE  | ZIP CODE          |
| Title or Position Executive Dire    |   | 257   -   4765    |
| safety deposit b                    | Pr Depositories: List all banks or other depositories in which the committee deposits funds, hold boxes or maintains funds.  Depository, etc.  BMO Harris Bank N.A. | s accounts, rents |
| Mailing Address                     | 1 W Main St.  |                   |
|                                     |   |                   |
|                                     | Madison WI 53703  |                   |
|                                     | CITY STATE  | ZIP CODE          |
| Name of Bank,                       | Depository, etc.  |                   |
|                                     | Chain Bridge Bank N.A.  | <b>.</b>          |
| Mailing Address                     | 1445 Laughlin Avenue  |                   |
|                                     |   |                   |
|                                     | McLean VA 22101   |                   |
|                                     |   |                   |

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

FEC Form 1S (Revised 02/2017)

| (h). Joint Fundraisir  | ng Participant:       |                                |                     |            |                            |
|--|-----------------------|--------------------------------|---------------------|------------|----------------------------|
| 1.   |                       |                                | FEC ID              | number     | С                          |
| 2.   |                       |                                | FEC ID              | number     | С                          |
| 3.   |                       |                                | FEC ID              | number     | C                          |
| 4.   |                       |                                | FEC ID              | number     | C                          |
| Name of Any Connected  | _                     | ted Committee, Joint Fu        | ndraising Repre     | esentative | e, or Leadership PAC Spons |
|  |                       |                                |                     |            |                            |
| Mailing Address  | PO BOX 3035           |                                |                     |            |                            |
|  |                       |                                |                     |            |                            |
|  | MADISON               |                                |                     | WI         | 53704                      |
| Relationship:  |                       | CITY A                         | ;                   | STATE A    | ZIP CODE ▲                 |
|  | d Organization Af     |                                | oint Fundraising I  | Representa | ative Leadership PAC Spo   |
| Connecte   |                       |                                |                     | Representa | ative Leadership PAC Spo   |
| Connecte  Designated Agent: Identif  |                       | ffiliated Committee X J        |                     | Representa | ative Leadership PAC Spo   |
| Connecte  Designated Agent: Identif  |                       | ffiliated Committee X J        |                     | Representa | Leadership PAC Spo         |
| Connecte  Designated Agent: Identif  |                       | phone number – optional)       |                     | Representa | Leadership PAC Spo         |
| Connecte  Designated Agent: Identif  | y by name, address (p | phone number – optional)       |                     | Representa |                            |
| Connecte  Designated Agent: Identif  Full Name  Mailing Address  | y by name, address (p | phone number – optional)       |                     | TATE A     |                            |
| Connecte  Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositors  afety deposit boxes or mailing agents.                                   | y by name, address (p | phone number – optional)  CITY | ST<br>Telephone Nur | IATE A     |                            |
| Connecte  Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite Confert deposit boxes or main and the composition of Bank, Depository, etc. | y by name, address (p | phone number – optional)  CITY | ST<br>Telephone Nur | IATE A     | ZIP CODE A                 |

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

FEC Form 1S (Revised 02/2017)

| h). Joint Fundraisi  |  | FEC ID number          | С                         |
|--|--|------------------------|---------------------------|
| 1.   |  | FEC ID number          | C                         |
| 2.   |  |                        |                           |
| 3.   |  | FEC ID number          | С                         |
| 4.   |  | FEC ID number          | C                         |
| ame of Any Connected   | Organization, Affiliated Committee, Joint Fundra   | aising Representative  | e. or Leadership PAC Spon |
|  | D STATE VICTORY FUND   | 3 4                    | .,                        |
|  |  |                        |                           |
|  |  |                        |                           |
| Mailing Address  | PO BOX 9891  |                        |                           |
| Ü  |  |                        |                           |
|  | ARLINGTON  | ı VA ı                 | 22219                     |
| D 1 11 11  |  |                        |                           |
| Relationship:  | CITY A   | STATE ▲                | ZIP CODE ▲                |
|  | d Organization Affiliated Committee Joint  y by name, address (phone number – optional)  | Fundraising Representa | Leadership PAC S          |
|  |  | Fundraising Representa | ative Leadership PAC S    |
| esignated Agent: Identif   |  | Fundraising Represent  | Leadership PAC S          |
| esignated Agent: Identif   |  | Fundraising Representa | Leadership PAC S          |
| esignated Agent: Identif   |  | Fundraising Representa | Leadership PAC S          |
| esignated Agent: Identif  Full Name    Mailing Address   | y by name, address (phone number – optional)   | Fundraising Represent  | Leadership PAC S          |
| esignated Agent: Identif   | y by name, address (phone number – optional)  CITY   |                        |                           |
| esignated Agent: Identif  Full Name    Mailing Address   | y by name, address (phone number – optional)  CITY   | STATE A                |                           |
| esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION   anks or Other Deposito  | y by name, address (phone number – optional)  CITY   Te  pries: List all banks or other depositories in which the                        | STATE A lephone Number | ZIP CODE A                |
| esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposited afety deposit boxes or mailing and maili | y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which reaintains funds.   | STATE A lephone Number | ZIP CODE A                |
| esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Deposite   afety deposit boxes or m  ame of Bank, USBA  | y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which reaintains funds.   | STATE A lephone Number | ZIP CODE A                |
| esignated Agent: Identification Full Name  | y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which reaintains funds.   | STATE A lephone Number | ZIP CODE A                |
| esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Deposite   afety deposit boxes or m  ame of Bank, USBA  | y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which the aintains funds. | STATE A lephone Number | ZIP CODE A                |
| esignated Agent: Identification Full Name  | y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which the aintains funds. | STATE A lephone Number | ZIP CODE A                |

FEC Form 1S (Revised 02/2017)

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

| h). <b>Joint Fundraisi</b>  | ig Participant:   |  |                                 |
|---|---|--|---------------------------------|
| 1.  |   | FEC ID num   | nber C                          |
| 2.  |   | FEC ID num   | nber C                          |
| 3.  |   | FEC ID num   | nber C                          |
| 4.  |   | FEC ID num   | nber C                          |
|   |   |  |                                 |
| ame of Any Connected  | Organization, Affiliated Committee, Joint   | Fundraising Represer   | ntative, or Leadership PAC Spor |
| Stop J Street   |   |  |                                 |
|   |   |  |                                 |
|   |   |  |                                 |
| Mailing Address   | 8401 Excelsior Drive  |  |                                 |
|   | Suite 103   |  |                                 |
|   | Madison   | v  | VI   53717                      |
| Relationship:   | CITY A  | STA  | TE ▲ ZIP CODE ▲                 |
| Connecte  | d Organization Affiliated Committee   | Joint Fundraising Repr   | resentative Leadership PAC S    |
| esignated Agent: Identif  | d Organization Affiliated Committee  y by name, address (phone number – optio   | Joint Fundraising Repr   | resentative Leadership PAC S    |
| esignated Agent: Identif  |   | Joint Fundraising Repr   | resentative Leadership PAC S    |
| esignated Agent: Identif  |   | Joint Fundraising Repr   | resentative Leadership PAC S    |
| esignated Agent: Identif  |   | Joint Fundraising Repr   | resentative Leadership PAC S    |
| esignated Agent: Identif  | y by name, address (phone number – optio  | Joint Fundraising Repr   | resentative Leadership PAC S    |
| esignated Agent: Identif  | y by name, address (phone number – optio  | Joint Fundraising Repr   |                                 |
| esignated Agent: Identif  Full Name  Mailing Address  | y by name, address (phone number – optio  | Joint Fundraising Reprinal)  | ZIP CODE A                      |
| esignated Agent: Identif  Full Name  Mailing Address  | y by name, address (phone number – optio  | Joint Fundraising Reprinal)  STATE   | ZIP CODE A                      |
| esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Depositor                          | y by name, address (phone number – optio  | Joint Fundraising Reprinal)  STATE  Telephone Number   | ZIP CODE A                      |
| esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite  afety deposit boxes or me | y by name, address (phone number – optio  CITY   CITY   pries: List all banks or other depositories in aintains funds.                        | Joint Fundraising Reprinal)  STATE  Telephone Number   | ZIP CODE A                      |
| esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite  afety deposit boxes or me | y by name, address (phone number – optio  | Joint Fundraising Reprinal)  STATE  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 – optio  CITY   CITY   pries: List all banks or other depositories in aintains funds.                        | Joint Fundraising Reprinal)  STATE  Telephone Number   | ZIP CODE A                      |
| esignated Agent: Identification Full Name   | y by name, address (phone number – optio  CITY   CITY   Ories: List all banks or other depositories in aintains funds.                        | Joint Fundraising Reprinal)  STATE  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 – optio  CITY   CITY   Ories: List all banks or other depositories in aintains funds.  BANK  1300 SUMMIT AVE | Joint Fundraising Reprinal)  STATE  Telephone Number  which the committee decommittee deco | ZIP CODE A                      |

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

FEC Form 1S (Revised 02/2017)

| h). <b>Joint Fundraisir</b>  | ·9 · ······  |                            |                            |
|--|--|----------------------------|----------------------------|
| 1.   |  | FEC ID number              | C                          |
| 2.   |  | FEC ID number              | С                          |
| 3.   |  | FEC ID number              | С                          |
| 4.   |  | FEC ID number              | С                          |
| ame of Any Connected Team Gallagher  | Organization, Affiliated Committee, Joint Fu   | Indraising Representation  | ve, or Leadership PAC Spon |
|  |  |                            |                            |
| Mailing Address  | 824 South Milledge Avenue  |                            |                            |
| ag / tauoo   | Suite 101  |                            |                            |
|  | Athens   | GA                         | 30605                      |
| Relationship:  | CITY A   | STATE A                    | ZIP CODE ▲                 |
|  | d Organization Affiliated Committee  | Joint Fundraising Represen | tative Leadership PAC Sp   |
|  |  |                            | tative Leadership PAC Sp   |
| esignated Agent: Identif   |  |                            | tative Leadership PAC Sp   |
| esignated Agent: Identif   |  |                            | tative Leadership PAC Sp   |
| esignated Agent: Identif   |  |                            | tative Leadership PAC Sp   |
| esignated Agent: Identif   | y by name, address (phone number – optional  |                            | tative Leadership PAC Sp   |
| esignated Agent: Identif  Full Name  Mailing Address   | y by name, address (phone number – optional  |                            |                            |
| esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, | y by name, address (phone number – optional  CITY   CITY   Ories: List all banks or other depositories in whom the state of the state o | 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 whom the state of the state o | STATE A Telephone Number   | ZIP CODE A                 |
| esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  | y by name, address (phone number – optional  CITY   CITY   Ories: List all banks or other depositories in whom the state of the state o | 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 whom the state of the state o | STATE A Telephone Number   | ZIP CODE A                 |