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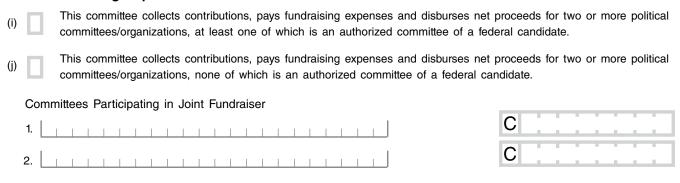
PAGE 1 / 4 🗕

STATEMENT	OF
ORGANIZATI	ON

			(	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Robbie Hoffman	for Congress			
ADDRESS (number and street)	11015 County Road Y			
(Check if address is changed)	1			
is changed)	Luxemburg		WI   54	217
	CITY ▲		STATE ▲	ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	robbiehoffmanforcongr	ress@gmail.com		
is changeu)	Optional Second E-Mail Add	dress aress@amail.com		
COMMITTEE'S WEB PAGE ADD (Check if address is changed) 2. DATE 08 / 24	https://www.robbiehoffmanford   Image: state st	congress.com/		
3. FEC IDENTIFICATION NU	JMBER ► C co	00823633		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasurer	Hoffman, Suzanne, K, ,			
Signature of Treasurer	an, Suzanne, K, ,	[Electronically Filed]	Date 08	/ D D / Y Y Y Y 24 2022
NOTE: Submission of false, errone		may subject the person signing the TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §3010
Office Use Only		For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FE	C Form 1 (Revised 03/2022)	Page <b>2</b>
5.	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) <b>x</b> 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 the information below.)	ne candidate
	Name of Candidate Hoffman, Ralph, Robbie, Mr,	
	Candidate Office Sought: House Senate President	State WI District 08
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (Democrati	c, , etc.) Party
	Political 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	Organization
	Membership Organization Trade Association Cooper	ative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 P.	AC).

## Joint Fundraising Representative:



In addition, this committee is a Lobbyist/Registrant PAC.

Relationship:

7.

Connected Organization

	_																														
	FEC Form 1 (Revised 0	2/200	9)																								Pa	ge 🕻	3		
٧	Vrite or Type Committee Name																														
	Robbie Hoffma	n fo	or	С	on	gr	es	SS																							
6.	Name of Any Connected O NONE	rganiz	atio	n, A	ffilia	ated	Co	mm	itte	e, J	oin	t Fi	unc	drai	sin	g F	lep	res	ent	ativ	ve,	or	Lea	ade	ersh	ip	PAC	Sp	on	sor	
								<u>   </u>																							
	Mailing Address																														<u> </u>

STATE

Joint Fundraising Representative

ZIP CODE

Leadership PAC Sponsor

1

CITY

Affiliated Organization

books and record	ds.			
	Hoffman, Ralph, Robbie, ,			
Full Name				
Mailing Address	11015 County	Road Y		
	Luxemburg		WI	54217
			STATE ▲	ZIP CODE
Title or Position	▼			
Custodian of reco	l.a.		920	536 3389

Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Hoffman, Suzanne, K, ,
of Treasurer	
Mailing Address	11015 County Road Y
	Luxemburg     WI     54217
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
	Image:

FEC Form 1 (Revised 02	/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	▲ ZIP CODE ▲
Title or Position ▼		
	Telephone number	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Fox Community Credit Union		1
Mailing Address	106 Main Street		
	Luxemburg	WI542	17
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, [			
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE ▲