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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. Beau for Congress PO Box 1228 ADDRESS (number and street) (Check if address is changed) Green Bay 54305 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mbrengarth@mbacg.com (Check if address is changed) Optional Second E-Mail Address Idecot@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.beauforcongress.com (Check if address is changed) DATE 2017 C00655233 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. Brengarth, Megan, , , Type or Print Name of Treasurer Brengarth, Megan, , , [Electronically Filed] 09 12 2017 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

| F | EC Fo | rm 1 (Revised 02/2009) | Page 2 |
|---------------|--------------|---|--|
| TYPE | OF C | OMMITTEE | |
| 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 |
| Name Candi | | Liegeois, Beau, , , | |
| Candi | | Office | State |
| Party | Affiliati | on DEM Sought: * House Senate President | District 08 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Candi | | | |
| Part | y Con | nmittee: | |
| (d) | | · · · | (Democratic, Republican, etc.) Party. |
| Polit | ical 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 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.) | |
| Joint | 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. | o or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | | | |
| | 1. | | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | FEC ID number | |

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|---|---|----------------------------------|
| Write or Type Committee Na | | -3 |
| Beau for Cong | iress | |
| | d Organization, Affiliated Committee, Joint Fundraising Representative, | or Leadership PAC Sponsor |
| NONE | | <u> </u> |
| | | |
| Mailing Address | | |
| • | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connec | eted Organization Affiliated Committee Joint Fundraising Representa | Leadership PAC Sponsor |
| 7. Custodian of Records: lo books and records. | dentify by name, address (phone number optional) and position of the p | erson in possession of committee |
| | rth, Megan, , , | |
| Full Name | 611 Pennsylvania Avenue SE | |
| Mailing Address | Suite 143 | |
| | Washington | 20003 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | | |
| 3. Treasurer: List the name any designated agent (e.g. | and address (phone number optional) of the treasurer of the committee; ., assistant treasurer). | ; and the name and address of |
| Full Name Brengar of Treasurer | th, Megan, , , | |
| Mailing Address | 611 Pennsylvania Avenue SE | |
| | Suite 143 | |
| | Washington | 20003 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | |

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|---|---|----------------|
| | | |
| Full Name of Designated Agent | Lee, Lauren, Decot, , | |
| Mailing Address | 611 Pennsylvania Avenue SE | |
| | Suite 143 | |
| | Washington DC 20003 CITY STATE ZIF | P CODE |
| Title or Position Assistant Treasu | urer Telephone number | |
| Ranks or Other | Denocitorias: List all hanks or other denocitorias in which the committee denocits funds holds a | ccounte ronte |
| | Depositories: List all banks or other depositories in which the committee deposits funds, holds a exes or maintains funds. Depository, etc. Amalgamated Bank | ccounts, rents |
| safety deposit bo | xes or maintains funds. Depository, etc. | ccounts, rents |
| safety deposit bo Name of Bank, C | Amalgamated Bank 1825 K Street NW | ccounts, rents |
| safety deposit bo Name of Bank, C | xes or maintains funds. Depository, etc. Amalgamated Bank | ccounts, rents |
| safety deposit bo Name of Bank, C | Depository, etc. Amalgamated Bank 1825 K Street NW Washington DC 20006 | P CODE |
| safety deposit bo Name of Bank, C | Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE ZIF | |
| safety deposit bo. Name of Bank, C Mailing Address | Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE ZIF | |
| safety deposit bo. Name of Bank, D Mailing Address Name of Bank, D | Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE ZIF | |
| safety deposit bo. Name of Bank, C Mailing Address | Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE ZIF | |
| safety deposit bo. Name of Bank, D Mailing Address Name of Bank, D | Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE ZIF | |