FEC

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Only

STATEMENT OF ORGANIZATION

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FORM 1		C	RGAN	IIZAT	ION						Office	e Use	Only			
NAME OF COMMITTEE (in	n full)		(Check if namits is changed)		xample ver the	:If typing, lines.	type	12	FE4	М5	Oilic	ose '	Offig			
Republican I	Party c	of Wisc	onsin													Ш
ADDRESS (number a	nd street)	148 E. J	lohnson St.												ı	
(Check if a is changed		1	1 1 1 1 1					1 1		1 1	ı	l l	 	1 1	ı	
is changed	<i>1</i>)	Madison	n LITY 🛦					L ^W ST	/I ATE ▲	L	53703 		ZIP (CODE		
COMMITTEE'S E-MA	AIL ADDRE	SS														
X ◀ (Check if a is changed		aspect	rfai@gmail.con	n												
		Optional	Second E-Ma	ail Address												ı
COMMITTEE'S WEB (Check if a is changed	address	DRESS (U	•													
2. DATE 03	3 / 2	4 Y	2024													
3. FEC IDENTIFIC	CATION N	UMBER	•	C00074	1450											
4. IS THIS STATEM	MENT	NEW	/ (N) O	R	×	AMENDE	ED (A)									
I certify that I have e	examined t	nis Statem	ent and to the	best of m	y know	ledge and	l belief i	t is tru	e, cor	rect a	and c	omple	ete.			
Type or Print Name	of Treasure	r <u>Westra</u>	te, Brian, , ,													
Signature of Treasure		trate, Brian,						Date		M M	1	D D] ′	Y	Y	Y
NOTE: Submission of	false, erron		complete inform									naltie	s of 5	2 U.S.	C. §3	80109.
Office Use					Fede	further info eral Election Free 800-42	Commiss							RM 5/2012)		

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information of the campaign committee)	mation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign con information below.)	mmittee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized	
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization or	n line 6.) Its connected 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 committee. (i.e., nonconnected committee)	a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on lir	ne 6.)
(g) This committee is an independent expenditure-only political committee (Super PAI	·
In addition, this committee is a Lobbyist/Registrant PAC.	-,
(h) This committee is a political committee with both contribution and non-contribution	n 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 n committees/organizations, at least one of which is an authorized committee of a finding expense.	
(j) This committee collects contributions, pays fundraising expenses and disburses n committees/organizations, none of which is an authorized committee of a federal	
Committees Participating in Joint Fundraiser	
1	C
2.	C

ı	FEC Form 1 (Revised 0	2/2009)			Page 3
٧	Vrite or Type Committee Name	of Missessin			
6.	Republican Party	OT VVISCONSIN ganization, Affiliated Committee, Joint Fundraisi	ing Representa	 tive. or Leader	ship PAC Sponsor
	2024 RNC Victory	3			
	Mailing Address	PO Box 15472			
		Washington	DC	20003	-
		CITY ▲	STATE	 E A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint F	undraising Repre	sentative	Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and	position of the po	erson in possess	sion of committee
	Wileman, J	ordan , , ,			
	Mailing Address	148 E Johnson Street			
		Madison	WI	53703	
		CITY A	STATE	. ▲	ZIP CODE ▲
	Title or Position ▼				
	Compliance	Telepi	hone number	608	257 - 8031
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasuressistant treasurer).	rer of the comm	ittee; and the n	ame and address of
	Full Name Westrate, E	rian, , ,			
	Mailing Address	148 E Johnson Street			
		Madison	_	53703	
		CITY A	STATE	≣ ▲	ZIP CODE ▲
	Title or Position ▼			000	0.57
	Treasurer	Teleph	hone number	608	257 4765

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent Mailing Address	Jefferson, Mark, , , 148 E Johnson St.		
	Madison	WI	53703
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Executive Directo		umber 6	08 - 257 - 4765
	Depositories: List all banks or other depositories in which the comm	ittee deposits f	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
Mailing Address	BMO Harris Bank N.A.		
	Madison	WI	53703
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	CAPITAL ONE BANK		
Mailing Address	4825 CORDELL AVENUE		
	BETHESDA CITY ▲	MD STATE ▲	20814 ZIP CODE ▲
	OH -	01/11L =	Zii 00bl =

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. 1		Participant:				
1				FEC II	number	С
2				FEC II	number	С
3				FEC II	number	C
4.				FEC II	number	С
	Any Connected (VICTORY	Organization, Affili	iated Committee, Joint	Fundraising Rep	oresentative	e, or Leadership PAC Spons
Mai	iling Address	228 S WASHING	STON ST			
		STE 115				
		ALEXANDRIA		1	VA	22314
Rela	ationship:		CITY A		STATE A	ZIP CODE ▲
			(phone number – optio	iai)		
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	lame L			iai)		
				iai)		
				iai)		
Mailin			CITY A		STATE A	ZIP CODE A

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h). Joint Fundrais i	ng Participant:			
1.		FE	EC ID number	С
2.		FI	EC ID number	С
3.		FE	EC ID number	С
4.		FI FI	EC ID number	С
ame of Any Connected	I Organization, Affiliated Committee,	Joint Fundraising	g Representativ	e, or Leadership PAC Spons
KON JOHNSON VIC				
Mailing Address	PO BOX 1159			
	Oshkosh		WI	54903
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
Connect	ed Organization		raising Represent	tative Leadership PAC Sp
Connect	ed Organization Affiliated Committee		raising Represent	Leadership PAC Spo
Connecte con	ed Organization Affiliated Committee		raising Represent	Leadership PAC Spo
esignated Agent: Ident	ed Organization Affiliated Committee		raising Represent	Leadership PAC Spo
esignated Agent: Ident	ed Organization Affiliated Committee		raising Represent	Leadership PAC Spo
esignated Agent: Ident Full Name Mailing Address	Affiliated Committee fy by name, address (phone number -		raising Represent	Leadership PAC Spr
esignated Agent: Ident	Affiliated Committee fy by name, address (phone number -	- optional)		
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or n	Affiliated Committee fy by name, address (phone number -	- optional) Telepho	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or necessity.	Affiliated Committee fy by name, address (phone number -	- optional) Telepho	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, JOHN	Affiliated Committee fy by name, address (phone number -	- optional) Telepho	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or n ame of Bank, epository, etc.	Affiliated Committee fy by name, address (phone number -	- optional) Telepho	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or n ame of Bank, epository, etc.	Affiliated Committee fy by name, address (phone number -	- optional) Telepho	STATE A	ZIP CODE A

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

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			C ID number	С
		FE		<u> </u>
			C ID number	С
		FE.	C ID number	С
		FE.	C ID number	С
_	ation, Affiliated Committee,	Joint Fundraising	Representative	e, or Leadership PAC Spons
RY FUND.				
ress 1818	MILTON AVENUE #1448			
			WI	53545
:	CITY ▲		STATE ▲	ZIP CODE ▲
t: Identify by nam	ne, address (phone number -	optional)		
	ne, address (phone number –	optional)		
t: Identify by nam	ne, address (phone number –	optional)		
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	ne, address (phone number –	optional)	STATE A	ZIP CODE A
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PO BOX 3084-		FE	C ID number C ID number C ID number C ID number Representative	C C C e, or Leadership PAC S	pons
PO BOX 3084	4 	FE	C ID number C ID number Representative	C e, or Leadership PAC S	pons
PO BOX 3084	4 	FE	Representative	e, or Leadership PAC S	pons
PO BOX 3084	4 		Representativ	e, or Leadership PAC S	pons
PO BOX 3084	4 	int Fundraising	MD		pons
PO BOX 3084	4 		MD		
BETHESDA	CITY A			20824	
BETHESDA	CITY A			20824	
	-			20824	
	-			20824	
ected Organization	-		STATE A		
ected Organization	Affiliated Committee		SIAIL	ZIP CODE	A
ION ▼	CITY ▲		STATE ▲	ZIP CODE A	\
		Telephon	ne Number		
	or maintains funds.	psitories: List all banks or other depositories	Telephor Desitories: List all banks or other depositories in which the coor maintains funds.	Telephone Number Desitories: List all banks or other depositories in which the committee depositor maintains funds.	Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
-	l Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponse
TRUMP VICTORY			
Mailing Address	C/O RED CURVE SOLUTIONS		
-	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA	01915
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Designated Agent: Identi	fy by name, address (phone number – optional)	r	
Designated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name _ _ Mailing Address	CITY A		ZIP CODE A
Full Name _ _ Mailing Address	CITY ▲ CITY ▲ pries: List all banks or other depositories in whaintains funds.	STATE Telephone Number ich the committee deposit	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE Telephone Number ich the committee deposit	s funds, holds accounts, rents

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1.						
				FEC I	D number	С
2				FEC I	D number	С
3.				FEC I	D number	С
4.		1 1 1 1 1 1		 FEC I	D number	С
lame of	Any Connected (Organization, Affil	iated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Spon
VAN	ORDEN VICTOR	RY FUND			1 1 1 1	
Ма	iling Address	11972 GREY OA	AKS PARK RD.			
		GLEN ALLEN		1	VA	23059
Re	lationship:		CITY A		STATE A	ZIP CODE ▲
esignat	ted Agent: Identify	by name address				
E. II. N		by name, address	s (phone number – optio	nal)		
	Name	J J J J J J J J J J	s (phone number – optio	nal)		
		by name, address	s (phone number – optio	nal)		
	Name	by name, address	s (phone number – optio	nal)		
	Name	by name, address		nal)		
Mailiı	Name		city A	nal)	STATE A	ZIP CODE A