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STATEMENT OF ORGANIZATION

FORM 1		URGANIZ/	ATION						
						(Office Use	Only	
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If over the lir	typing, type nes.	12FE	4M5			
Republican I	Party of V	Nisconsin			1 1 1 1				
ADDRESS (number a	nd street)	148 E. Johnson St.							
(Check if a is changed									
		Madison │ │ │ │ │ │ │ │ │ │ │ CITY ▲			STATE		703		⊥ ⊥ ⊥ DE▲
COMMITTEE'S E-MA	AIL ADDRESS								
(Check if a is changed		aspectrfai@gmail.com							
	(Dptional Second E-Mail Add	dress						
	L								
COMMITTEE'S WEB	address	ESS (URL) www.wisgop.org							
2. DATE		2024							
3. FEC IDENTIFIC	CATION NUM	BER ► C co	00074450						
4. IS THIS STATEM		NEW (N) OR	×A	MENDED (A)					
I certify that I have e	examined this	Statement and to the best	of my knowled	dge and belief it	is true, c	orrect an	d compl	ete.	
Type or Print Name	of Treasurer	Westrate, Brian, , ,							
Signature of Treasure	er Westrate	e, Brian, , ,			Date	M = M	/ D	D / Y	Y Y Y
NOTE: Submission of		s, or incomplete information					e penaltie	es of 52 L	J.S.C. §3010
Office Use Only			For fur Federa Toll Fre	ther information c Election Commissi e 800-424-9530 202-694-1100	contact:			FORN sed 06/20	

FEC Form 1 (Revised 03/2022)	Page 2						
5. TYPE OF COMMITTEE:							
Candidate Committee:							
(a) This committee is a principal campaign committee. (Complete the candidate information belo	w.)						
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name of Candidate							
Candidate Office Party Affiliation Sought: House Senate President							
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District						
Name of Candidate							
(d) V This committee is a STA ` DED `	Democratic, Republican, etc.) Party						
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its 	s 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 a separate committee. (i.e., nonconnected committee)	segregated 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).						

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 1.
 2.

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

-	FEC Form 1 (Revised	02/2009)													Pa	age (3	
۷	Vrite or Type Committee Nam	e																
	Republican Par	ty of Wiscon	sin															
6.	Name of Any Connected	Organization, Affilia	ted Corr	nmittee,	Joint	Fundra	aising	Repr	esent	ative	e, or	Lea	aders	ship	PAG	C Sp	ons	or
	Hovde Victory Com	nittee																
	Mailing Address	228 S WASHINGT	ON ST S	TE 115											<u> </u>		_ _	
					1 1	1 1	1 1		VA			22	314	I	. I	-		

		CITY A	STATE 🔺	ZIP CODE ▲
Relationship:	Connected Organization	Affiliated Organization	X Joint Fundraising Representative	Leadership PAC Sponsor

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

Wileman, J	lordan , , ,			
Full Name				
Mailing Address	148 E Johnson Street			
	Madison		WI	53703
		CITY 🔺	STATE 🔺	ZIP CODE
Title or Position ▼				
Compliance			Telephone number	08 257 8031

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 of Treasurer	Westrate, Brian, , ,					
Mailing Address	148 E Johnson Street					
	Madison WI53703					
	CITY ▲ STATE ▲ ZIP CODE ▲					
Title or Position ▼						
Treasurer 608 257 4765 Telephone number - - - -						

FEC	Form	1	(Revised	02/2009)	

Full Name of Designated Agent	Iverson, Andrew, , ,
Mailing Address	148 E Johnson St.
	Madison WI 53703
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Executive Directo	r 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.

	łarris Bank N.A.		
Mailing Address	1 W Main St.		
	Madison	WI 53703	3
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depository,	etc. AL ONE BANK		
Mailing Address	4825 CORDELL AVENUE		
		MD 20814	
		STATE A	ZIP CODE

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
з. 🛛			FEC ID number	С
4.			FEC ID number	С
	of Any Connected O SC VICTORY	rganization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
М	ailing Address	228 S WASHINGTON ST		
		STE 115		
				22314
R	elationship:	CITY 🔺	STATE A	ZIP CODE
	Connected (Drganization Affiliated Committee X Joint Fu	undraising Representa	ative Leadership PAC Sponsor
8. Designa	ated Agent: Identify b	by name, address (phone number – optional)		
Full	Name			
Mai	ling Address	<u></u>		
דוד	LE OR POSITION	, CITY A	STATE A	ZIP CODE
		Telep	phone Number	
9. Banks safety d	or Other Depositorie leposit boxes or main	es: List all banks or other depositories in which the tains funds.	e committee deposit	s funds, holds accounts, rents

Name of Bank, Depository, etc.	ridge Bank N.A.		
Mailing Address	1445 Laughlin Avenue		
	McLean		22101
	CITY 🔺	STATE A	ZIP CODE

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

	g Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
¬, ∟, , , , , , , , , , , , , , , , , ,			
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponso
RON JOHNSON VICT	TORY		
Mailing Address	PO BOX 1159		
	Oshkosh		54903
Relationship:		STATE ▲	
		nt Fundraising Representa	
Full Name			
Mailing Address	1		
iniaining / laal eee			
TITLE OR POSITION	•		ZIP CODE ▲
	•	STATE ▲	
	▼ <u> </u> Т	Telephone Number	
	• T	Telephone Number	
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TITLE OR POSITION	• T	Telephone Number	
TITLE OR POSITION	Ties: List all banks or other depositories in which intains funds.	Telephone Number	
TITLE OR POSITION	<pre> • • • • • • • • • • • • • • • • • • •</pre>	Telephone Number	
TITLE OR POSITION	<pre> • • • • • • • • • • • • • • • • • • •</pre>	Telephone Number	

STATE 🔺

ZIP CODE

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

r(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
4.			
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
STEIL VICTORY FU	-		
Mailing Address	1818 MILTON AVENUE #1448		
D alation (1)			
Relationship:		STATE A	ZIP CODE
Connecte	d Organization	Fundraising Representa	ative Leadership PAC Spon
Designated Agent: Identif	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number - optional)		
Full Name	y by name, address (phone number - optional)		
Full Name	y by name, address (phone number - optional)		
Full Name			<pre></pre>
Full Name			
Full Name		STATE	· · · · · · · · · · · · · · · · · · ·
Full Name		elephone Number	
Full Name	CITY ▲ CITY ▲ Te Dries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Te pries: List all banks or other depositories in which aintains funds.	elephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Te Dries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or m Name of Bank,	CITY ▲ CITY ▲ Te pries: List all banks or other depositories in which aintains funds.	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or m Name of Bank, Depository, etc.	CITY ▲	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or m Name of Bank, Depository, etc.	CITY ▲ CITY ▲ CITY ▲ Te Dries: List all banks or other depositories in which aintains funds. BANK 1300 SUMMIT AVE	elephone Number	

STATE 🔺

ZIP CODE

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

ZIP CODE

STATE 🔺

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	FEC ID number	С
	FEC ID number	С
· · · · · · · · · · · · · · · · · · ·	FEC ID number	С
nization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
)		
O BOX 30844		
ETHESDA	MD _	20824
anization Affiliated Committee X Joi	nt Fundraising Represent	ative Leadership PAC Spo
	nt Fundraising Represent	ative Leadership PAC Spo
	nt Fundraising Represent:	ative Leadership PAC Spo
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name, address (phone number – optional)		
	nt Fundraising Represent:	ative Leadership PAC Spo
name, address (phone number – optional)		
		FEC ID number

CITY

5(g) or (h)	Joint Fundraising	Participant:			
	1.		FEC	ID number	С
	2.		FEC	ID number	C
	3.		FEC	ID number	C
	4.		FEC	ID number	С
6. Na i	me of Anv Connected C	Drganization, Affiliated Committee, Join	t Fundraising F	Representativ	e. or Leadership PAC Sponsor
	Trump 47 Committee			•	· · · · · · · · · · · · · · · · · · ·
L					
	Mailing Address	PO Box 509			
					22216
	Relationship:	CITY A		STATE A	ZIP CODE A
8. Des	Signated Agent: Identify	by name, address (phone number – optic	onal)		
	Mailing Address	<u> </u>			
	Maining Address				
		CITY ▲		STATE 🔺	
		•	Telephone		
			•		
safe Nar	nks or Other Depositori ety deposit boxes or main me of Bank, pository, etc.	ies: List all banks or other depositories in ntains funds.	which the com	mittee deposi	ts funds, holds accounts, rents
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2.					FEC ID r	number	С			
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Mailing /	Address		RVE SOLUTIONS							
		138 CONANT	STREET, 2ND FLO)or						
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		BEVERLY								1 1
Relation	ship:				S			ZIP	CODE	
Designated A	Gonnected (gent: Identify I	Drganization	CITY A Affiliated Comm	_	t Fundraising F		tive		CODE /	
	Gonnected (gent: Identify I	Drganization	Affiliated Comm	_			itive			
Designated A	gent: Identify I	Drganization	Affiliated Comm	_			tive			
Designated A Full Name	gent: Identify I	Drganization	Affiliated Comm	_			tive			
Designated A Full Name	gent: Identify I	Drganization	Affiliated Comm	_			tive			
Designated A Full Name Mailing Ad	gent: Identify I	Drganization Dry name, addre	Affiliated Comm	_	t Fundraising F		tive	Leader		
Designated A Full Name Mailing Ad	gent: Identify I	Drganization Dry name, addre	Affiliated Comm	r – optional)	t Fundraising F	Representa		Leader	ship PAC	

1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	I Organization, Affiliated Committee, Joint Fur	draising Representativ	e, or Leadership PAC Sponso
	DRY FUND		
	11972 GREY OAKS PARK RD.		
Mailing Address			
		· · · · · · · · · · · ·	
	GLEN ALLEN		23059
		STATE 🔺	ZIP CODE 🔺
	CITY A ed Organization Affiliated Committee X Jo fy by name, address (phone number – optional)	int Fundraising Represent	
Connecte	ed Organization Affiliated Committee X Jo		
Connecte Designated Agent: Identi	ed Organization Affiliated Committee X Jo		
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Jo		
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Jo		
Connecter Designated Agent: Identi Full Name	ed Organization Affiliated Committee S Jo		
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee S Jo	int Fundraising Represent	tative Leadership PAC Spor