**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Steil for Wisconsin, Inc. 1818 Milton Ave ADDRESS (number and street) # 1448 (Check if address is changed) Janesville 53545-1129 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.steilforwisconsin.com/ (Check if address is changed) DATE 2020 C00677286 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. Schendt, William, , , Type or Print Name of Treasurer Schendt, William, , , [Electronically Filed] 07 2020 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

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FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE  Candidate 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. (Compinformation below.)	plete the candidate
Name of Steil, Bryan, George, ,	
Candidate Party Affiliation  REP  Office Sought:   House  Senate  President	State WI District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	(Domocratic
, ,	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	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 se committee. (i.e., nonconnected committee)	gregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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
Committees Participating in Joint Fundraiser	
1. FEC ID number	
1. FEC ID number C  2. FEC ID number C	

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Write or Type Committee Nam		i aye <b>J</b>
Steil for Wiscor		
	Organization, Affiliated Committee, Joint Fundraising Representative,	or Loadarchin BAC Spansor
	Organization, Anniated Committee, John Fundraising Representative,	or Leadership FAC Sponsor
Steil Victory Fund		
Mailing Address	1818 Milton Ave	
maining reactions	# 1448	
	Janesville WI	53545-1129
	CITY STATE	ZIP CODE
		ZII OODE
Relationship: Connected	ed Organization Affiliated Committee X Joint Fundraising Representat	tive Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the pe	rson in possession of committee
	n, Financial Services, , ,	
Full Name	,PO Box 30844	
Mailing Address		
	Dayles de MAD	.20824-0844
	Bethesda MD	20824-0644
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	01   654   - 3220
. <b>Treasurer:</b> List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
	William, , ,	
of Treasurer	1818 Milton Avenue	
Mailing Address		
	#1448	
	Janesville   WI	53545-1129
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	01 654 3220

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Full Name of Designated		
Agent		
Mailing Address	5	
	CITY STATE	ZIP CODE
Title or Position	n	
	Telephone number	
	boxes or maintains funds.  Depository, etc.	
	Depository, etc.  Cadence Bank  ,2234 W Broad Street	
Name of Bank,	Depository, etc.  Cadence Bank  ,2234 W Broad Street	
Name of Bank,	Depository, etc.  Cadence Bank  ,2234 W Broad Street	
Name of Bank,	Depository, etc.  Cadence Bank  2234 W Broad Street	ZIP CODE
Name of Bank, Mailing Address	Depository, etc.  Cadence Bank  2234 W Broad Street  Athens  GA 30606	ZIP CODE
Name of Bank, Mailing Address	Depository, etc.  Cadence Bank  2234 W Broad Street  Athens  CITY  STATE  Depository, etc.  Johnson Bank	ZIP CODE
Name of Bank, Mailing Address	Depository, etc.  Cadence Bank  2234 W Broad Street  Athens  CITY  STATE  Depository, etc.  Johnson Bank  1 S Main Street	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Cadence Bank  2234 W Broad Street  Athens  CITY  STATE  Depository, etc.  Johnson Bank  1 S Main Street	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Cadence Bank  2234 W Broad Street  Athens  CITY  STATE  Depository, etc.  Johnson Bank  1 S Main Street	ZIP CODE

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

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n). <b>Joint Fundraising</b>	, Farticipant.		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected (	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spor
Good Governing R	Republicans Standing Together		
Mailing Address	824 S Milledge Ave		
	Ste 101		
	Athens	GA L	30605-1332
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee Y Joint	t Fundraising Representa	ative Leadership PAC S
	Organization Affiliated Committee Joint Joint by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name			Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – optional)		
esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)  CITY		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori fety deposit boxes or mai	by name, address (phone number – optional)  CITY   CITY   ies: List all banks or other depositories in which ntains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mai  ame of Bank, Wells Fepository, etc.	by name, address (phone number – optional)  CITY   CITY   ies: List all banks or other depositories in which ntains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori fety deposit boxes or mai	by name, address (phone number – optional)  CITY   CITY   ies: List all banks or other depositories in which ntains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mai  ame of Bank, Wells Fepository, etc.	by name, address (phone number – optional)  CITY   CITY   ies: List all banks or other depositories in which ntains funds.	STATE A	ZIP CODE A

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

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g) or (h). <b>Joint F</b> e	undraising Participan	t:			
1			FEC ID	number	С
2.			FEC ID	number	C
3.			FEC ID	number	C
4.			FEC ID	number	C
		n, Affiliated Committee, Joint F	undraising Rep	resentative	e, or Leadership PAC Sponsor
PROBLEM	SOLVER REPU	JBLICANS			
	⊩ 824 S MIL	LEDGE AVE STE 101			
Mailing Add	lress				
	Ste 101				
	ATHENS			GA L	30605
Relationship	D:	CITY A		STATE ▲	ZIP CODE ▲
	Connected Organization		Joint Fundraising	Representa	ative Leadership PAC Spons
		ddress (phone number – optiona		Hepresenta	Leadership FAC Sports
Designated Ager	nt: Identify by name, a			Hepresenia	Leadership FAC Sports
Designated Ager	nt: Identify by name, a			Hepresenia	Leadership FAC Sports
Designated Ager	nt: Identify by name, a			Hepresenia	Leadership FAC Sports
Designated Ager	nt: Identify by name, a		1)	STATE A	ZIP CODE A
Designated Ager  Full Name   Mailing Addre	nt: Identify by name, a	ddress (phone number – optiona	1)	STATE A	
Designated Ager  Full Name   Mailing Addre  TITLE OR P	osition   Depositories: List all xes or maintains funds	ddress (phone number – optional control of the cont	Telephone Nu	STATE A	ZIP CODE A
Full Name  Full Name  Mailing Addre  TITLE OR P  Banks or Other safety deposit box  Name of Bank, Depository, etc.	osition   Depositories: List all xes or maintains funds	ddress (phone number – optional control of the cont	Telephone Nu	STATE A	ZIP CODE A
Full Name  Full Name  Mailing Addre  TITLE OR P  Banks or Other safety deposit box  Name of Bank, Depository, etc.	osition   Depositories: List all xes or maintains funds	ddress (phone number – optional control of the cont	Telephone Nu	STATE A	ZIP CODE A