Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) over the lines. is changed) U.S. Venture Inc. PAC 425 Better Way ADDRESS (number and street) (Check if address is changed) Appleton 54915 WI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address bcasey@usventure.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00558411 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. Type or Print Name of Treasurer Casey, Brian, , Date 06 10 2024 Signature of Treasurer Casey, Brian, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

| FEC Form 1 (Revised 03/2022) Page   | e <b>2</b>  |
|---|-------------|
| 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. (Complete the candidat information below.)  | te          |
| Name of Candidate   |             |
| Candidate Office State Party Affiliation Sought: House Senate President   | -           |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.   |             |
| Name of Candidate   |             |
| Party Committee:  (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Part  | ïy          |
| Political Action Committee (PAC):   |             |
| (e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization   | ation is a: |
| X Corporation Corporation w/o Capital Stock Labor Organization  | า           |
| 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 segregated fund or committee. (i.e., nonconnected committee)   | 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).  |             |
| In addition, this committee is a Lobbyist/Registrant PAC.   |             |
| Joint Fundraising Representative:   |             |
| (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more po committees/organizations, at least one of which is an authorized committee of a federal candidate. | litical     |
| (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more po committees/organizations, none of which is an authorized committee of a federal candidate.         | litical     |
| Committees Participating in Joint Fundraiser  |             |
| 1 C   | 井           |

| _  | FEC Form 1 (Revised 0                                      | 2/2009)   | Page <b>3</b>                       |
|----|--|---|-------------------------------------|
| ۷  | Vrite or Type Committee Name                               |   |                                     |
|    | U.S. Venture Inc   |   |                                     |
| 6. | -  | ganization, Affiliated Committee, Joint Fundraising Representa                    | ative, or Leadership PAC Sponsor    |
|    | US Venture Inc.  |   |                                     |
|    |  |   |                                     |
|    | Mailing Address  | 425 Better Way  |                                     |
|    |  |   |                                     |
|    |  | Appleton  | 54915                               |
|    |  | CITY ▲ STAT   | E ▲ ZIP CODE ▲                      |
|    | Relationship: X Connected                                  | Organization Affiliated Organization Joint Fundraising Representation             | esentative Leadership PAC Sponso    |
| 7. | Custodian of Records: Identi books and records.            | fy by name, address (phone number optional) and position of the p                 | person in possession of committee   |
|    | Casey, Bria  | n, , ,  |                                     |
|    | Mailing Address  | 425 Better Way  |                                     |
|    |  | 1   |                                     |
|    |  | Appleton  | 54915                               |
|    |  |   |                                     |
|    | Title or Position ▼  | CITY ▲ STAT   | E ▲ ZIP CODE ▲                      |
|    | Custodian of Records                                       | Telephone number  | 920   470   6702                    |
| 8. | Treasurer: List the name and any designated agent (e.g., a | address (phone number optional) of the treasurer of the commonsistant treasurer). | nittee; and the name and address of |
|    | Full Name Casey, Bria                                      | n, , ,  |                                     |
|    |  | 425 Better Way  |                                     |
|    | Mailing Address  |   |                                     |
|    |  | Appleton , W  | /I <sub>  1</sub> 54915   1         |
|    |  |   |                                     |
|    | Title or Position ▼  | CITY ▲ STAT   | E ▲ ZIP CODE ▲                      |
|    | Treasurer  |   | 920   470   6702                    |
|    |  | Telephone number  |                                     |

| FEC Form 1                          | (Revised 02/2009)  |                          | Page <b>4</b>     |
|-------------------------------------|--|--------------------------|-------------------|
| Full Name of<br>Designated<br>Agent | Turke, Jon, , ,  |                          |                   |
| Mailing Address                     | c/o Aspect Consulting  |                          |                   |
|                                     | 8383 Greenway Boulevard, Suite 600   |                          |                   |
|                                     | Middleton  | WI 53562                 |                   |
| Title or Position                   | CITY ▲   | STATE ▲                  | ZIP CODE ▲        |
| Assistant Treasu                    |  | mber 920                 | 450   -   8707    |
| . Banks or Other safety deposit bo  | <b>Depositories:</b> List all banks or other depositories in which the commit<br>kes or maintains funds. | tee deposits funds, hold | s accounts, rents |
| Name of Bank, D                     | epository, etc.  |                          |                   |
|                                     | ASSOCIATED BANK  |                          |                   |
| Mailing Address                     | 330 East Kilbourn Avenue   |                          |                   |
|                                     |  |                          |                   |
|                                     | Milwaukee  | WI 53202                 |                   |
|                                     | CITY ▲   | STATE ▲                  | ZIP CODE ▲        |
| Name of Bank, D                     | epository, etc.  |                          |                   |
|                                     |  |                          |                   |
| Mailing Address                     |  |                          |                   |
|                                     |  |                          |                   |
|                                     |  |                          |                   |
|                                     | CITY ▲   | STATE ▲                  | ZIP CODE ▲        |

FEC Form 1S (Revised 02/2017)

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

| Page  | of <sup>5</sup> |
|-------|-----------------|
| i ago | 01              |

| h). <b>Joint Fundraisi</b>   | ig i di dolpant.   |  |                         |   |
|--|--|--|-------------------------|---|
| 1.   |  | FEC I  | D number                | C   |
| 2.   |  | FEC I  | D number                | С   |
| 3.   |  | FEC I  | D number                | С   |
| 4.   |  | FEC I  | D number                | С   |
|  |  |  |                         |   |
| ame of Any Connected   | Organization, Affiliated Committee,  | Joint Fundraising Re                             | presentative            | e, or Leadership PAC Spon                                     |
|  |  |  |                         |   |
|  |  |  |                         |   |
| Mailing Address  |  |  |                         |   |
|  |  |  |                         | 1 1 1 1 1 1 1 1 1   |
|  | 1  |  | 1 . 1                   |   |
| Relationship:  | CITY ▲   |  | STATE A                 | ZIP CODE ▲  |
|  | d Organization Affiliated Committee  | _  | ng Representa           | Leadership PAC S  |
|  | y by name, address (phone number –   |  | ng Representa           | Leadership PAC S  |
| esignated Agent: Identi  | y by name, address (phone number –   |  | ng Representa           | Leadership PAC S  |
| esignated Agent: Identi<br>Casey,<br>Full Name   | y by name, address (phone number –   |  | ng Representa           |   |
| esignated Agent: Identi<br>Casey,<br>Full Name   | y by name, address (phone number –   |  | Representa              | Leadership PAC S  |
| esignated Agent: Identi<br>Casey,<br>Full Name   | y by name, address (phone number – Brian, , , 425 Better Way   |  |                         |   |
| esignated Agent: Identi<br>Casey,<br>Full Name   | y by name, address (phone number – Brian, , , 425 Better Way   |  | WI STATE A              | 54915   |
| esignated Agent: Identi  Casey, Full Name  Mailing Address  TITLE OR POSITION Treasurer  | y by name, address (phone number – Brian, , , 425 Better Way  Appleton  CITY   | optional)  Telephone N                           | WI STATE A              | 54915<br>ZIP CODE <b>A</b>                                    |
| esignated Agent: Identi  Casey, Full Name  Mailing Address  TITLE OR POSITION Treasurer  anks or Other Deposite  | y by name, address (phone number – Brian, , , 425 Better Way  Appleton  CITY A  pries: List all banks or other depositoric | optional)  Telephone N                           | WI STATE A              | 54915<br>ZIP CODE <b>A</b>                                    |
| esignated Agent: Identi  Casey, Full Name  Mailing Address  TITLE OR POSITION Treasurer  anks or Other Deposite afety deposit boxes or mane of Bank,                 | y by name, address (phone number – Brian, , , 425 Better Way  Appleton  CITY A  pries: List all banks or other depositoric | optional)  Telephone N                           | WI STATE A              | 54915  ZIP CODE   920  470  670  s funds, holds accounts, ren |
| esignated Agent: Identi  Casey, Full Name  Mailing Address  TITLE OR POSITION Treasurer  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | y by name, address (phone number – Brian, , , 425 Better Way  Appleton  CITY A  pries: List all banks or other depositoric | optional)  Telephone Notes in which the comments | WI<br>STATE ▲<br>Number | 54915  ZIP CODE   920  470  670  s funds, holds accounts, ren |
| esignated Agent: Identi  Casey, Full Name  Mailing Address  TITLE OR POSITION Treasurer  | y by name, address (phone number – Brian, , , 425 Better Way  Appleton  CITY A  pries: List all banks or other depositoric | optional)  Telephone Notes in which the comments | WI<br>STATE ▲<br>Number | 54915  ZIP CODE   920  470  670  s funds, holds accounts, ren |
| esignated Agent: Identi  Casey, Full Name  Mailing Address  TITLE OR POSITION Treasurer  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | y by name, address (phone number – Brian, , , 425 Better Way  Appleton  CITY A  pries: List all banks or other depositoric | optional)  Telephone Notes in which the comments | WI<br>STATE ▲<br>Number | 54915  ZIP CODE   920  470  670  s funds, holds accounts, ren |