FEC

Only

STATEMENT OF

PAGE 1 / 10 -

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Don Bacon for Congress P.O. Box 391368 ADDRESS (number and street) (Check if address is changed) Omaha NE 68139 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tmoose@hdlfec.com is changed) Optional Second E-Mail Address FEC@DonJBacon.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.donjbacon.com (Check if address is changed) DATE 2025 C00575167 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Brokke, Scott, Alan, Brokke, Scott, Alan, , Date 04 17 2025 Signature of Treasurer 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 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 car information below.)	ıdidate
Name of Candidate Bacon, Donald, John, Mr.,	
Party Affiliation REP Sought: X House Senate President	State NE istrict 02
(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 (Democratic,	
(d) This committee is a or subordinate) committee of the Republican, etc.)	Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	janization is a:
Corporation Corporation w/o Capital Stock Labor Organi	zation
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 fun committee. (i.e., nonconnected committee)	d 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).	
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 mo committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo- committees/organizations, none of which is an authorized committee of a federal candidate.	re political
Committees Participating in Joint Fundraiser	
1. C	

I	FEC Form 1 (Revised 0)	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	Don Bacon for C			
6.	-	ganization, Affiliated Committee, Joi	nt Fundraising Representa	tive, or Leadership PAC Sponsor
	BACON VICTORY FU	JND 		
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
		ALEXANDRIA	VA	22314
		CITY ▲	STATI	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	★ Joint Fundraising Representation	esentative Leadership PAC Sponso
		7 mmatet Gigamaanen	Z com randanig rispis	
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number o	optional) and position of the p	erson in possession of committee
	Moose, Tay	/lor, , ,		
	Full Name			
	Mailing Address	228 S. Washington St.		
		Ste. 115		
		Alexandria	VA	22314
		CITY ▲	STATI	ZIP CODE ▲
	Title or Position ▼			
	Assistant Treasurer		Telephone number	703 - 549 - 7705
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) onesistant treasurer).	of the treasurer of the comm	nittee; and the name and address of
	Full Name Brokke, Sco	ott, Alan, ,		
		1910 S. 72nd Street		
	Mailing Address			
		Suite 200		
		Omaha		68124
		CITY ▲	STATI	E ▲ ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	402 - 341 - 9441

	FEC Form 1	(Revised 02/2009)	Page 4
	Full Name of Designated Agent	Lisker, Lisa, , ,	
	Mailing Address	228 S. Washington St. Ste. 115	
		Alexandria VA 223	114
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Assistant Treasu		- 549 - 7705
E	Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, haves or maintains funds.	nolds accounts, rents
1	Name of Bank, D	Depository, etc.	
		SAC Federal Credit Union	
ľ	Mailing Address	7148 Towne Center Parkway	
		NE and	<u> </u>
		Papillion NE 6804	46
_		CITY ▲ STATE ▲	ZIP CODE ▲
1	Name of Bank, D	Depository, etc.	
		Wells Fargo Bank	
ľ	Mailing Address	7901 Wisconsin Avenue	
		Bethesda MD 2081	4
		CITY ▲ STATE ▲	ZIP CODE ▲

Paga	of ¹⁰	
Page	OI 1	

(h). Joint Fundraisi	ng rantoipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected GT FARM TEAM 20	l Organization, Affiliated Committee, Joint Func 24	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which anintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which anintains funds.	STATE A	ZIP CODE A

Paga	of	10	
Page	OI		

(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
GROW THE MAJOR	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA VA	22314
Dolotionobina	CITY A	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Spo
Connect Designated Agent: Ident	ed Organization Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo		
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address	ed Organization Affiliated Committee X Jo ify by name, address (phone number – optional)		
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Depositions afety deposit boxes or necessity.	ed Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or nothing and proposition and pro	ed Organization	STATE A Telephone Number	ZIP CODE A

D	10 عم)
Page	of "	,

(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
lame of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	e or Leadership PAC Spons
AMERICAN BATTLE			,
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connected Agent: Identification	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte resignated Agent: Identi Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte resignated Agent: Identi Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte resignated Agent: Identi Full Name	Affiliated Committee X Joint J	nt Fundraising Representa	Leadership PAC Spo
Connecte resignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Joint J		
Connecte resignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A
Connected Resignated Agent: Identification of Position	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A

Paga	of ¹⁰	
Page	OI 1	

h). Joint Fundraisi	ig i artioipanti		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
EMMER MAJORITY	BUILDERS		
Martin Addison	824 S. MILLEDGE AVE. STE. 101		
Mailing Address			
	ATUENO		00005
	ATHENS	L GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Jo	nt Fundraising Representa	Leadership PAC Sp
		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identii Full Name Mailing Address	y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sparitive Leadership PAC Sparitive ZIP CODE
esignated Agent: Identif	y by name, address (phone number – optional) CITY ▲	STATE A	
esignated Agent: Identii Full Name Mailing Address	y by name, address (phone number – optional) CITY ▲		
esignated Agent: Identification Full Name	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A

Pogo	of	10	
Page	OT		

1. L 2.						
2.				FEC ID) number	С
				FEC IE) number	C
3.				FEC IE) number	С
4.				 FEC ID) number	С
	-	Organization, Affilia	ated Committee, Joint	Fundraising Rep	oresentative	e, or Leadership PAC Spons
Mailir	ng Address	P.O. BOX 2811				
		LAKELAND		, , , , , ,	FL	33806
Relati	ionship:		CITY A		STATE A	ZIP CODE ▲
esignated	Agent: Identify	by name, address	(phone number – option	al)		
esignated Full Na		by name, address	(phone number – option	al)		
Full Na		by name, address	(phone number — option	aal)		
Full Na	me L	by name, address	(phone number – option	aal)		
Full Na	me L	by name, address	(phone number – option	aal)		
Full Nai	me L		(phone number – option		STATE A	ZIP CODE A

	_	10	
Page	of		

h). Joint Fundraisi	ng ranticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
DEFEND OOK MAJ	ORII I		
Mailing Address	320 FIRST ST SE		
	WASHINGTON	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
Connecte		nt Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		at Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A