PAGE 1 / 11 ·

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Republican Party of Wisconsin 148 E. Johnson St. ADDRESS (number and street) (Check if address is changed) Madison 53703 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kate@aspectcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.wisgop.org (Check if address is changed) DATE 2018 C00074450 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. Hitt, Andrew, , , Type or Print Name of Treasurer Hitt, Andrew,,, [Electronically Filed] Date Signature of Treasurer 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

ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE 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. (Cominformation below.)	plete the candidate
Name Cand	e of didate		
	didate / Affiliation	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee: (National, State	(Democratic,
(d)	×	CTA CTA	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nected organization is
		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 secommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	raising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. 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
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.	FEC ID number C	

FEC Form 1 (Revis	sed 02/2009)	Page 3
Write or Type Committee N	Name	-
Republican P	Party of Wisconsin	
•	ted Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
Badger Victory Fun	nd, , , , , , , , , , , , , , , , , , ,	
<u> </u>	<u> </u>	
Mailling Address	138 Conant Street	
Mailing Address	Second Floor	
	Beverly	01915
	CITY STATE	ZIP CODE
		_
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representat	tive Leadership PAC Sponsor
Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the pe	erson in possession of committee
Lind,	Kate, , ,	
Full Name	,8401 Excelsior Drive	
Mailing Address		
	Suite 103	
	Madison WI	53717
Title or Position	CITY STATE	ZIP CODE
Compliance		08 833 - 5658
3. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; e.g., assistant treasurer).	and the name and address of
	Andrew, , ,	
of Treasurer	ı148 E Johnson Street	
Mailing Address		
	· No. Sec.	
	Madison WI CITY STATE	53703
Title or Position Treasurer	, 60	08 257 4765
	Telephone number	

FEC For i	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Morgan, Mark, , ,	
Mailing Address	148 E Johnson St.	
	Madison WI 53703 CITY STATE ZII	P CODE
Title or Position Executive Direct	ctor	7 4765
Banks or Other safety deposit be Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds. Depository, etc.	accounts, rents
	BB&T	
Mailing Address	1909 K STREET NW	
	WASHINGTON DC 20006	
	CITY STATE ZI	IP CODE
Name of Bank,	Depository, etc.	
Mailing Address	BMO Harris Bank N.A. 1 W Main St.	
•	Madison WI 53703	
	CITY STATE ZI	IP CODE

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____11__

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
	of Any Connected (AH VICTORY F	Organization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
	/			
,	Mailing Address	PO BOX 3035		
'	Mailing Address			
		MADISON	144	52704
		MADISON	WI	53704
ı	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	nated Agent: Identify	by name, address (phone number - optional)		
Fu				
	II Name			
	Il Name			
Ma		CITY A	STATE A	ZIP CODE A
Ma	ailing Address	▼	STATE A	ZIP CODE A
T Banks safety Name	ailing Address ITLE OR POSITION or Other Depositor deposit boxes or mai	Tele ies: List all banks or other depositories in which the	ephone Number	
T Banks safety Name	ailing Address ITLE OR POSITION or Other Depositor deposit boxes or mai of Bank, Chain E itory, etc.	ies: List all banks or other depositories in which the ntains funds. Bridge Bank N.A. 1445 Laughlin Avenue	ephone Number	ts funds, holds accounts, rents
T Banks safety Name	ailing Address ITLE OR POSITION or Other Depositor deposit boxes or mai of Bank, Chain E itory, etc.	ies: List all banks or other depositories in which the ntains funds. Bridge Bank N.A.	ephone Number	

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

5(g) o	or(h). Joint Fundraisi r	ng Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	NRSC TARGETE	D STATE VICTORY FUND		
		DO DOV 0004		
	Mailing Address	PO BOX 9891		
		ARLINGTON	VA VA	22219
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
8.	Designated Agent: Identif	y by name, address (phone number – optional)		
8.	Designated Agent: Identif	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail	CITY CITY Telestries: List all banks or other depositories in which taintains funds. SON BANK 1 S MAIN ST	the committee deposit	ZIP CODE S funds, holds accounts, rents
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail of Bank, Depository, etc.	CITY CITY Telestries: List all banks or other depositories in which taintains funds. SON BANK	lephone Number	ZIP CODE 🛦

FEC Form 1S (Revised 02/2017) for Lines

Page ____ **of** _____

or(h). Joint Fundrais	sing Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
Mailing Address	1818 MILTON AVENUE #1448		
	JANESVILLE		53545
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connec	ted Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponso
Full Name	tify by name, address (phone number – optional)		
Mailing Address			
	OUTV		
TITLE OR POSITIO	ON ▼	STATE ▲	ZIP CODE ▲
TITLE OR POSITIO	N ▼	STATE A	ZIP CODE A
Banks or Other Deposi safety deposit boxes or	tories: List all banks or other depositories in which	elephone Number	
Banks or Other Deposis safety deposit boxes or Name of Bank, SunT	tories: List all banks or other depositories in which maintains funds.	elephone Number	
Banks or Other Deposit safety deposit boxes or Name of Bank, Depository, etc.	tories: List all banks or other depositories in which maintains funds.	elephone Number	
Banks or Other Deposit safety deposit boxes or Name of Bank, Depository, etc.	tories: List all banks or other depositories in which maintains funds.	elephone Number	

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____11___

h). Joint Fundraisin		FEC ID number	C
2.		FEC ID number	C
		FEC ID number	С
3.		FEC ID number	С
4.		T LO ID Hambor	
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Stop J Street			
Mailing Address	8401 Excelsior Drive		
Mailing Address	Suite 103		
	Madison	ı wı	53717
Relationship:	CITY A	STATE ▲	ZIP CODE A
	311 2		211 0002 2
	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify	y by name, address (phone number – optional)		
esignated Agent: Identify	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** _____11___

h). Joint Fundraisir	3		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Team Gallagher			
	824 South Milledge Avenue		
Mailing Address	Suite 101		
	Athens	GA GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	d Organization Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	t Fundraising Representation	
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank, VISTA	y by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or material deposition of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. BANK	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or material deposition of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which aintains funds. BANK 1300 SUMMIT AVE	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisi	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
VUKMIR VICTOF	RY FUND		
	228 S WASHINGTON STREET		
Mailing Address			
	SUITE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Join Ty by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification 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 Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification 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 Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

	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 O	rganization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
VIII VIIGORIAII			
Mailing Address	228 S WASHINGTON STREET		
	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected (Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponso
Full Name	by name, address (phone number – optional)		
Mailing Address			
TITLE OR POSITION ▼	CITY A	STATE ▲	ZIP CODE A
TITLE OR POSITION ▼	CITY A		
Banks or Other Depositories safety deposit boxes or main Name of Bank,	CITY Tel es: List all banks or other depositories in which t	STATE ▲ ephone Number	ZIP CODE 🛦
Banks or Other Depositories safety deposit boxes or main Name of Bank, Depository, etc.	CITY Tel es: List all banks or other depositories in which t	STATE ▲ ephone Number	ZIP CODE 🛦
Banks or Other Depositories safety deposit boxes or main Name of Bank,	CITY Tel es: List all banks or other depositories in which t	STATE ▲ ephone Number	ZIP CODE 🛦
Banks or Other Depositories safety deposit boxes or main Name of Bank, Depository, etc.	CITY Tel es: List all banks or other depositories in which t	STATE ▲ ephone Number	ZIP CODE 🛦