FEC

Only

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) over the lines. is changed) On Wisconsin PAC, Inc. PO Box 103 ADDRESS (number and street) (Check if address is changed) Oak Creek WI 53154 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address aspectrfai@gmail.com is changed) Optional Second E-Mail Address lane@aspectcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00697326 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 Ruhland, Lane,, Date 05 13 2025 Signature of Treasurer Ruhland, Lane, , , 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

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TYPE OF COMMITTEE:	гауе 2
Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate inf	formation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign of information below.)	committee. (Complete the candidate
Name of Candidate	<u></u>
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized	ed committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization	on line 6.) Its connected organization is a
	П
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X This committee supports/opposes more than one Federal candidate, and is NC committee. (i.e., nonconnected committee)	DT a separate 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 F	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribut	tion 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 committees/organizations, at least one of which is an authorized committee of	•
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federal	
Committees Participating in Joint Fundraiser	
	C

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٧	Vrite or Type Committee Name	9		
	On Wisconsin P	PAC, Inc.		
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leader	rship PAC Sponsor
	Steil Victory Fund			
		4040 Miller Arrays		
	Mailing Address	1818 Milton Avenue		
		#1448		
		Janesville	WI 53545	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	d Organization Affiliated Organization X Joint Fundraising	n Renresentative	Leadership PAC Sponso
	Oomicetee	Allillated Organization 2 John Fundraising	riepresentative	Leadership 1 Ao oponse
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position o	of the person in posses	sion of committee
	Ruhland, Full Name	Lane, , ,		
		8383 Greenway Boulevard		
	Mailing Address	Suita 200		
		Suite 600		
		Middleton	WI 53562	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		abor 608 -	291 7504
		Telephone num	ibei	
8.	Treasurer: List the name a	nd address (phone number optional) of the treasurer of the	committee: and the r	name and address of
	any designated agent (e.g.,		,	
	Full Name Ruhland,	Lane, , ,		
	of Treasurer			
	Mailing Address	8383 Greenway Boulevard		
		Suite 600		
		Middleton	WI 53562	-
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	0111 =	SIAIL =	ZII OODL 🛋
	Treasurer	Telephone num	nber 608 -	291 - 7504

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Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
. Banks or Other Depositorion safety deposit boxes or main	es: List all banks or other depositories in which the committee deposits funds, hatains funds.	olds accounts, rents
Name of Bank, Depository, e	etc.	
Johnson	Bank	
Mailing Address	1 South Main Street	
	Janesville WI 5354	45
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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h). Joint Fundrais i			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
STEIL, BRYAN GI	d Organization, Affiliated Committee, Joint Formand Committee, Joint Fo	Indraising Representativ	e, or Leadersnip PAC Spons
	_		
Mailing Address	3709 BRIAR CREST DRIVE		
	JANESVILLE	wi j	53546-9389
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee fy by name, address (phone number – optiona	Joint Fundraising Represent	ative X Leadership PAC Sp
			ative X Leadership PAC Sp
esignated Agent: Ident			ative X Leadership PAC Sp
esignated Agent: Ident			ative X Leadership PAC Sp
esignated Agent: Ident			ative X Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phone number – optiona		Ative X Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optiona		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional CITY A CITY A ories: List all banks or other depositories in what intains funds.	STATE Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional content of the conten	STATE Telephone Number inich the committee deposi	ZIP CODE A