

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAILCENTER

2026 APR 14 AM 10:15

Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Baum for Congress

ADDRESS (number and street)

P.O. Box 46

☒

(Check if address
is changed)

Phillips

CITY ▲

WI

STATE ▲

54555

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒

(Check if address
is changed)

info@baumforwisconsin.com

Optional Second E-Mail Address

niina.valomedia.us.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

baumforwisconsin.com

2. DATE

04

06

2026

3. FEC IDENTIFICATION NUMBER ►

C00938019

4. 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

Niina Threlfall-Baum

Signature of Treasurer

Niina Threlfall-Baum

Date

04

06

2026

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 03/2022)

5. 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 candidate information below.)

Name of Candidate N i i n a , T h r e l f a l l - B a u m

Candidate Party Affiliation R P B Office Sought: ☒ House ☐ Senate ☐ President State W I District 0 7

- (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 (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:

☐ 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 segregated fund or party committee. (i.e., nonconnected committee)

☐ 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 political committees/organizations, at least one of which is an authorized committee of a federal candidate.

- (ii) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____

2. _____

C _____
C _____

2025 RELEASE UNDER E.O. 14176

Write or Type Committee Name

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

Full Name | N i i n a | T h r e l f a l l - B a u m |

P.O. Box 46
Phillips WI 54555-

ZIP CODE ▲

Treasurer | | | | | | | | | |

Telephone number 715-820-2152

Full Name of Treasurer N i i n a , T h r e l f a l l - B a u m

P.O. Box 46

Phillips WI 54555-

ZIP CODE ▲

Treasurer | | | | | | | | | |

Telephone number 715-820-2152

Full Name of
Designated
Agent

N i i n a T h r e l f a l l - B a u m

Mailing Address

P O B o x 4 6

P h i l l i p s

W I

5 4 5 5 5 -

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

T r e a s u r e r

Telephone number

7 1 5 - 8 2 0 - 2 1 5 1 2

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

A s s o c i a t e d B a n k

Mailing Address

3 0 4 L i n c o l n S t

R h i n e l a n d e r

W I

5 4 5 0 1 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176

1-800-950-0800

Retail



20463

U.S. POSTAGE PAID
FCM LG ENV
RHINELANDER, WI 54501
APR 07, 2026

\$8.02

S2324P500880-09

RDC 99

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 3136 0803 25

Federal Election Commission
1050 First St NE
Washington, DC 20463

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FEB 11 2026
2026 FEB 11 2026

NONDISCLOSURE OF INFORMATION

Federal Election Commission		
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS		
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☐ Other (Specify):	Date of Receipt or Postmarked	
 PREPARER (4/2023)	4/14/26 DATE PREPARED	