Only

STATEMENT OF

PAGE 1/5

FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 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 bheath@wisgop.org (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 2016 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. Mike Jones Type or Print Name of Treasurer Mike Jones [Electronically Filed] 80 2016 Signature of Treasurer Date 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

Local 202-694-1100

| FEC FC | orm 1 (Revised 02/2009) | Page 2 |
|-----------------------------|--|--|
| | COMMITTEE | |
| | e Committee: This committee is a principal compaign committee (Complete the condidate information below) | |
| (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 of Candidate | | |
| Candidate Party Affiliat | Office ion Sought: House Senate President | State |
| r arty 7 mmat | Cought. Floude Condito Floodoni | District |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Cor | | |
| (d) | CTA CTA | (Democratic, Republican, etc.) Party. |
| Political A | Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con | nected 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 se | gregated 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.) | |
| Joint Fund | draising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| (h) | 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 |
| Con | nmittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4. | | |

| | | l |
|---|---|----------------------|
| FEC Form 1 (Revised 0 | 2/2009) | Page 3 |
| Write or Type Committee Name | | |
| Republican Part | • | |
| 6. Name of Any Connected O | rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders | ship PAC Sponsor |
| Badger Victory Fund | | |
| | | |
| Mailing Address | 138 Conant Street | |
| Ü | Second Floor Beverly MA 01915 | |
| | CITY STATE | ZIP CODE |
| Custodian of Records: Ident | Organization Affiliated Committee X Joint Fundraising Representative Le | adership PAC Sponsor |
| books and records. | | |
| Kate Lind | | 1 |
| Mailing Address | 8401 Excelsior Drive | |
| Ü | Suite 103 | |
| | Madison WI 53717 | |
| Title or Position | CITY STATE | ZIP CODE |
| Compliance | Telephone number 608 = | 833 5658 |
| Treasurer: List the name and any designated agent (e.g., as | address (phone number optional) of the treasurer of the committee; and the nassistant treasurer). | me and address of |
| Full Name Mike Jones of Treasurer | | |
| Mailing Address | 619 Main Street | |
| | | |
| | Delafield WI 53018 | |
| Title or Position Treasurer | CITY STATE | ZIP CODE 257 4765 |
| | Telephone number | |

| FEC For | rm 1 (Revised 02/2009) | Page 4 |
|-------------------------------------|---|--------------------|
| | | |
| Full Name of Designated Agent | Mike Duffey | |
| Mailing Address | 148 E Johnson St. | |
| | | |
| | Madison WI 53703 CITY STATE | ZIP CODE |
| Title or Position Executive Dire | | 257 4765 |
| safety deposit b | er Depositories: List all banks or other depositories in which the committee deposits funds, hold boxes or maintains funds. Depository, etc. BMO Harris Bank N.A. | ls accounts, rents |
| Mailing Address | ₁ 1 W Main St. | |
| | | |
| | Madison WI 53703 | |
| | CITY STATE | ZIP CODE |
| Name of Bank, | Depository, etc. | |
| | Chain Bridge Bank N.A. | |
| Mailing Address | 1445 Laughlin Avenue | |
| | | |
| | McLean , VA , 22101 | |
| | MicLean VA 22101 | |

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı ŞuņTruşt Bank PO Box 4418 Mailing Address 30302 GΑ Atlanta CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Team Gallagher 824 South Milledge Avenue Mailing Address Suite 101 GΑ 30605 Athens **CITY** STATE 4 ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number