

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

Republican Party of Wisconsin

ADDRESS (number and street)

148 E. Johnson St.

 (Check if address
is changed)

Madison

WI

53703

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

aspectrfai@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

www.wisgop.org

2. DATE

M M / D D / Y Y Y Y
12 / 08 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00074450

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 LaBarre, Shirl, , ,

Signature of Treasurer LaBarre, Shirl, , ,

Date

M M / D D / Y Y Y Y
12 / 08 / 2025NOTE: 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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

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

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) This committee is a STA (National, State or subordinate) committee of the REP (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.

(j) 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

Write or Type Committee Name

Republican Party of Wisconsin

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

GROW THE MAJORITY

Mailing Address

228 S WASHINGTON ST STE 115

ALEXANDRIA

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

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

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Wileman, Jordan, , ,

Mailing Address

148 E Johnson Street

Madison

WI

53703

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian

Telephone number

608 - 257 - 8031

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

LaBarre, Shirl, , ,

Mailing Address

148 E Johnson Street

Madison

WI

53703

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

608 - 257 - 4765

Full Name of
Designated
Agent

Wileman, Jordan, , ,

Mailing Address

148 E Johnson St.

Madison

WI

53703

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Operations Director

Telephone number

608

257

4765

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.

ASSOCIATED BANKER

Mailing Address

200 N ADAMS STREET

GREEN BAY

WI

54301

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

BMO Harris Bank N.A.

Mailing Address

1 W Main St.

Madison

WI

53703

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NRSC VICTORY

<input type="text"/>
<input type="text"/>

Mailing Address

228 S WASHINGTON ST

STE 115

ALEXANDRIA

VA

22314

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="checkbox"/> Connected Organization	<input type="checkbox"/> Affiliated Committee	<input checked="" type="checkbox"/> Joint Fundraising Representative	<input type="checkbox"/> Leadership PAC Sponsor
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8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>

Mailing Address <input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
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TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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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. **CAPITAL ONE BANK**

Mailing Address <input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
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BETHESDA

MD

20814

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number

C

FEC ID number

C

FEC ID number

C

FEC ID number

C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

RON JOHNSON VICTORY

Mailing Address

PO BOX 1159

Oshkosh

WI

54903

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____ - _____ - _____

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, **Chain Bridge Bank N.A.**
Depository, etc. _____

Mailing Address 1445 Laughlin Avenue

McLean

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

<input type="text"/> C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

SCOTT FITZGERALD VICTORY FUND

<input type="text"/>

<input type="text"/>

Mailing Address

PO BOX 484

<input type="text"/>

<input type="text"/>

Oconomowoc

WI

53066

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="checkbox"/> Connected Organization	<input type="checkbox"/> Affiliated Committee	<input checked="" type="checkbox"/> Joint Fundraising Representative	<input type="checkbox"/> Leadership PAC Sponsor
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8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>

Mailing Address <input type="text"/>

<input type="text"/>

<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Telephone Number - - 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, **JOHNSON BANK**
Depository, etc.

Mailing Address <input type="text"/>

<input type="text"/>

<input type="text"/>

JANESVILLE

WI

53545

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

<input type="text"/> C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**
STEIL VICTORY FUND.

<input type="text"/>
<input type="text"/>

Mailing Address

1818 MILTON AVENUE #1448

<input type="text"/>
<input type="text"/>

JANESVILLE

WI

53545

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Mailing Address

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

 Telephone Number - - 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. **VISTA BANK**Mailing Address 1300 SUMMIT AVE STE 100 FORT WORTH TX 76102

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.	
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FEC ID number

C |

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

TIFFANY VICTORY FUND

1.	
2.	

Mailing Address

PO BOX 30844

1.	
2.	

BETHESDA

MD |

20824 | - |

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name |

Mailing Address |

1.	
2.	

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

| | | - | - | - |

Telephone Number | - | - | - |

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, | WELLS FARGO BANK
Depository, etc. |

Mailing Address | 8302 WOODMONT AVENUE

1.	
2.	

BETHESDA

MD |

20814 | - |

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

C

FEC ID number

C

FEC ID number

C

FEC ID number

C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Trump 47 Committee

Mailing Address

PO Box 509

Arlington

VA

22216

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____ - _____ - _____

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. _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number

C

FEC ID number

C

FEC ID number

C

FEC ID number

C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

TRUMP VICTORY

Mailing Address

C/O RED CURVE SOLUTIONS

138 CONANT STREET, 2ND FLOOR

BEVERLY

MA

01915

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

_____ - _____ - _____

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. [REDACTED]	FEC ID number
2. [REDACTED]	FEC ID number
3. [REDACTED]	FEC ID number
4. [REDACTED]	FEC ID number

C [REDACTED]
C [REDACTED]
C [REDACTED]
C [REDACTED]

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

VAN ORDEN VICTORY FUND

[REDACTED]
[REDACTED]

Mailing Address

11972 GREY OAKS PARK RD.

[REDACTED]
[REDACTED]

GLEN ALLEN

VA

23059

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name [REDACTED]

Mailing Address [REDACTED]

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

[REDACTED] Telephone Number [REDACTED]-[REDACTED]-[REDACTED]

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. [REDACTED]

Mailing Address [REDACTED]

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

CITY ▲

STATE ▲

ZIP CODE ▲