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) is changed) over the lines. Don Bacon for Congress P.O. Box 391368 ADDRESS (number and street) (Check if address is changed) Omaha 68139 NE CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS FEC@DonJBacon.com (Check if address is changed) Optional Second E-Mail Address llisker@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.donjbacon.com (Check if address is changed) DATE 2021 C00575167 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. Brokke, Scott, Alan,, Type or Print Name of Treasurer Brokke, Scott, Alan,, [Electronically Filed] 04 15 2021 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 Fo	orm 1 (Revised 02/2009)	Page 2
TYPE OF C	COMMITTEE	
Candidate	e Committee:	
(a) x	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. (Con information below.)	nplete the candidate
Name of Candidate	Bacon, Donald, John, Mr.,	<u> </u>
Candidate	Office	State
Party Affiliat	ion REP Sought: X House Senate President	District 02
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor	mmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(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-	nnected 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 scommittee. (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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Name		. age c
Don Bacon for	_	
	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
BACON VICTORY FU	IND	
	228 S. WASHINGTON ST.	
Mailing Address		
	STE. 115	
	ALEXANDRIA VA	22314
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee 🗴 Joint Fundraising Representat	ive Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the pe	rson in possession of committee
Lisker, Lis Full Name	;a,,,	
Mailing Address	228 S. Washington St.	
3	Ste. 115	
	Alexandria	22314
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	03
3. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Brokke, So	cott, Alan, ,	1
of Treasurer	1910 S. 72nd Street	
Mailing Address		
	Suite 200	
	Omaha NE	7/D CODE
Title or Position Treasurer	CITY STATE 40 Telephone number	ZIP CODE 22

Full Name of Designated Agent	Lisker, Lisa, , ,	
Mailing Address	228 S. Washington St.	
	Ste. 115	
	Alexandria VA 22314	- -
	CITY STATE	ZIP CODE
Title or Position Assistant Treasu	urer	549 - 7705
	Depositories: List all banks or other depositories in which the committee deposits funds, ho	ido decedinto, rento
safety deposit bo Name of Bank, D	oxes or maintains funds. Depository, etc.	ido decodinio, rento
safety deposit bo	oxes or maintains funds.	ing accounts, rents
safety deposit bo Name of Bank, D	oxes or maintains funds. Depository, etc.	
safety deposit bo	Depository, etc. SAC Federal Credit Union	
safety deposit bo Name of Bank, D	Depository, etc. SAC Federal Credit Union	
safety deposit bo Name of Bank, D	Depository, etc. SAC Federal Credit Union 7148 Towne Center Parkway	ZIP CODE
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. SAC Federal Credit Union 7148 Towne Center Parkway Papillion NE 68046	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. SAC Federal Credit Union 7148 Towne Center Parkway Papillion CITY STATE Depository, etc.	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. SAC Federal Credit Union 7148 Towne Center Parkway Papillion NE 68046	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. SAC Federal Credit Union 7148 Towne Center Parkway Papillion CITY STATE Depository, etc. EagleBank	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. SAC Federal Credit Union 7148 Towne Center Parkway Papillion CITY STATE Depository, etc. EagleBank 2001 K St NW	ZIP CODE
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. SAC Federal Credit Union 7148 Towne Center Parkway Papillion CITY STATE Depository, etc. EagleBank	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.	<u> </u>		FEC ID number	C
4.			FEC ID number	C
6. Name	of Any Connected C	rganization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
тA	KE BACK THE I	HOUSE 2022		
	Mailing Address	PO BOX 30844		
	<u> </u>			
		BETHESDA	, MD ,	20824-0844
	Relationship:		STATE A	
		CITY ▲		ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint Fu	undraising Representa	Leadership PAC Sponsor
	nated Agent: Identify	by name, address (phone number – optional)		
Fu		by name, address (phone number – optional)		
Fu	ıll Name	by name, address (phone number – optional)		
Fu	ıll Name	by name, address (phone number – optional)		
Fu Ma	ailing Address	CITY A	STATE A	ZIP CODE A
Fu Ma	ıll Name	CITY A	STATE A	
Fu Ma	ailing Address	CITY A Telep es: List all banks or other depositories in which the	phone Number	ZIP CODE A
Fu Ma	ailing Address TITLE OR POSITION or Other Depositoric deposit boxes or main of Bank, BB&T intercept and the state of Bank, and the state of Bank, because of	CITY CITY Telepases: List all banks or other depositories in which the stains funds.	phone Number	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** _____

TITLE OR POSITION Lianks or Other Depositor afety deposit boxes or ma	▼ ries: List all banks		STATE ▲ Telephone Number	ZIP CODE ZIP CODE s funds, holds accounts, rents
TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition boxes or material depository, etc.	ries: List all banks aintains funds.	CITY ▲ or other depositories in whi	STATE ▲ Telephone Number	
TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail lame of Bank, Wells I	ries: List all banks aintains funds.	CITY ▲ or other depositories in whi	STATE ▲ Telephone Number	
TITLE OR POSITION Lianks or Other Depositor afety deposit boxes or ma	ries: List all banks aintains funds.	CITY A	STATE ▲ Telephone Number	
TITLE OR POSITION	▼	CITY A	STATE ▲ Telephone Number	
			STATE ▲	ZIP CODE A
				ZIP CODE ▲
3 a			A = A + A + A + A + A + A + A + A + A +	
9				
Mailing Address				
Full Name				
esignated Agent: Identify	by name, address	s (phone number – optional)		
Connected	d Organization	Affiliated Committee Jo	oint Fundraising Represent	ative Leadership PAC Spe
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
-				
Mailing Address				
lame of Any Connected	Organization, Affil	liated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
4			1 LO 15 Hamber	<u> </u>
I			FEC ID number	C
3.			FEC ID number	C
2. 3.			FEC ID number	С
1		<u> </u>	FEC ID number	C

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

Page ____ **of** ____

TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	▼		STATE A	ZIP CODE ZIP CODE Desits funds, holds accounts, rents
TITLE OR POSITION anks or Other Deposito afety deposit boxes or material deposit boxes or material depository, etc.	vries: List all bankaintains funds.	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION anks or Other Deposito afety deposit boxes or material and of Bank, Caden	vries: List all bankaintains funds.	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	▼ vries: List all bankaintains funds.	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	▼	CITY A	STATE A	ZIP CODE A
			STATE 4	
maining / dulloos				
maining / Marcos				
maining / ladioss		<u> </u>		
Mailing Address				
Full Name				
esignated Agent: Identify	y by name, addre	ss (phone number – optiona	ul)	
Connected	d Organization	Affiliated Committee	Joint Fundraising Repres	entative Leadership PAC Spo
Relationship:		CITY A	STATE	▲ ZIP CODE ▲
				, , , , -
Mailing Address				
ame of Any Connected	Organization, A	ffiliated Committee, Joint F	undraising Representa	tive, or Leadership PAC Spons
4				
1			FEC ID number	
3.			FEC ID number	
3.			 FEC ID numbe	er C
			FEC ID numbe	er C