# 2025 14 Q E 00502000

**FEC** FORM 1

Use

Only

#### STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAILCENTER

**FEC FORM 1** 

(Revised 03/2022)

NAME OF (Check if name Example: If typing, type 112FE4M5 COMMITTEE (in full) over the lines. is changed) PRDIVIANCE FOR GONGRESS 50 ADDRESS (number and street) (Check if address is changed) ZIP CODE A STATE A COMMITTEE'S E-MAIL ADDRESS (Check if address Kiusti ntinicicionariesis@amos is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 04 01 2025 DATE FEC IDENTIFICATION NUMBER > ( ) H IS THIS STATEMENT OR 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 Signature of Treasurer Date 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:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

C Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	•
Candidate Committee:	•
(a) This committee is a principal campaign committee. (Comple	ete the candidate information below.)
(b) This committee is an authorized committee, and is NOT a information below.)	principal campaign committee. (Complete the candidate
Name of Candidate RUSTIIN PROPERTY	
Candidate Party Affiliation INO Office Sought: House	State (U) Senate President District
(c) This committee supports/opposes only one candidate, and	
Name of Candidate	
Party Committee:	/Domocratic
(d) This committee is a (National, State or subordinate) comm	(Democratic, nittee of the Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify co	nnected organization on line 6.) Its connected organization is a
Corporation Corporation	n w/o Capital Stock Labor Organization
Membership Organization Trade Asso	ciation Cooperative
In addition, this committee is a Lobbyist/Registra	nt PAC.
(f) This committee supports/opposes more than one Federal committee. (i.e., nonconnected committee)	candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registra	nt PAC.
In addition, this committee is a Leadership PAC.	(Identify sponsor on line 6.)
(g) This committee is an independent expenditure-only political	I committee (Super PAC).
In addition, this committee is a Lobbyist/Registra	nt PAC.
(h) This committee is a political committee with both contributi	on and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registra	nt PAC.
Joint Fundraising Representative:	
- •	enses and disburses net proceeds for two or more political orized committee of a federal candidate.
This committee collects contributions, pays fundraising exp committees/organizations, none of which is an authorized	enses and disburses net proceeds for two or more political committee of a federal candidate.
Committees Participating in Joint Fundraiser	
1. [ ] ] ] ] ] ] ] ] ] ]	

I	FEC Form 1 (Revised	03/2022)				$\lambda$	Page <b>3</b>
<u></u>	Nrite or Type Committee Name		• .			•	
6.	Name of Any Connected (	Organization, Affiliate	ed Committee, Joint	Fundraising Repr	resentative, o	or Leadersh	ip PAC Sponsor
			11111				
				<u> </u>			
	Mailing Address						
							<u> </u>
		للللللللل	CITY A		STATE A	ــــــا ع	ZIP CODE A
	Relationship: Connected	d Organization 🔲 Aff	filiated Organization	Joint Fundraisin	g Representat	tive 🗍 Le	eadership PAC Sponso
7.	Custodian of Records: Ider books and records.	ntify by name, address	; (phone number op	tional) and position	of the person	in possessio	n of committee
	Full Name Mailing Address	TIN PRO	VANGE d STREET	<u>                                     </u>			
		Pitpin			加工	5.4.7	59-1
	Title or Position -	•	CITY A		STATE ▲	7	ZIP CODE A
	Title or Position ▼	1 1 1 1 1 1		Telephone nui	mber 1	51-1	0,21-10,14.4
8.	Treasurer: List the name a any designated agent (e.g.,		umber optional) of	the treasurer of the	e committee;	and the nam	ne and address of
	Full Name of Treasurer	TIN PRO	YANCE.	<u> </u>			
	Mailing Address	1118 35	0 57 18 8	ati i i i i			
		للسلسا		<u> </u>			
		MERINIA		لبينيا	WI	BAA	541-
	Title or Position ▼		CITY A		STATE ▲		ZIP CODE A
		<u> </u>		Telephone nu	mber 🔟	151-14	22-10140

CITY A

STATE A

ZIP CODE A

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NONET: 04: 44: 0M: 0050N00N

FEC Form 1 (Revised 03/2022)

Full Name of Designated Agent

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FEC	Form	15	(Revised	03/2022)

### Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

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Page	of	

				,		,
5(i) c	or(j). Joint Fundraisin	g Participant:				•
	1			☐ FEC ID	number number	
	4.		_1 ·1 ·1 ·1 ·1 ·1 ·1 ·1 ·1 ·1 ·1 ·1 ·1 ·1		number /	
<b>6</b> .	Name of Any Connected	Organization, Affiliate	d Committee, Joint	Fundraising Rep	resentative,	or Leadership PAC Sponsor
			 <del>1 1 1 1 1 1 1 1</del>	1 1 1 1 1 1	1 1 1 1	
	Mailing Address	1,,,,,	1 1 4 1 1 1 1		1 1 1 1	
	. •		1 1 1 1 1 1			
	Relationship:		CITY ▲	· 	STATE A	ZIP CODE ▲
	Connected	1 Organization Affil	iated Committee	Joint Fundraising	Representati	ve D Leadership PAC Sponsor
8.	Designated Agent: Identif	by name, address (ph	none number – option	nai)		
	Full Name				1111	
	Mailing Address		<del>_</del>			
						<u> </u>
	TITLE OR POSITION	<u> </u>	CITY A ·	<u> </u>	STATE A	ZiP CODE ▲
				Telephone N	umber	<b></b>
9.	Banks or Other Deposito safety deposit boxes or ma		other depositories in	which the commi	tee deposits	funds, holds accounts, rents
	Name of Bank, Depository, etc.					
	Mailing Address					
		<u> </u>				
ı			CITY A		STATE A	ZIP CODE ▲

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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#### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.					
	a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					
_						
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my					
	candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)					
	candidacy. NOTE: This designation should be filed with the principal campaign committee.					
	candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)					
3.	candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)					
8.	candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.					

Rustin Provance 108 3rd street Depin, wi 54759

tederal Election Commission 999 E St NW Stc 910 Wilshington, DC 20463

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FEC MAIL CENTER

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Federal Election Commission  ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  The FEC added this page to the end of this filing to indicate how it was received.					
Hand Delivered	Date of Receipt				
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Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):  Nex	Date of Receipt  It Business Day Delivery				
Received via FAX	Date of Receipt				
Received via Email	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	Date of Receipt or Postmarked				
MO C PREPARER	4/14/25 DATE PREPARED				
(4/2023)					