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2019 NOV 21 AM 9:32

622 North Water Street
Suite 500
Milwaukee, WI 53202
Telephone: 414-273-3939
Fax: 414-273-3947
www.foslaw.com

Robert J. Ollman
rollman@foslaw.com

November 15, 2019

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Federal Election Commission
1050 First Street, NE
Washington, D.C. 20463

Re: Traditional American Values PAC, Inc. (the "PAC")
FEC Identification Number: C00720334

To Whom It May Concern:

This office represents Robert Piaro, the treasurer of the above-mentioned PAC. I have enclosed the PAC's Amended FEC Form 1, Statement of Organization.

Please let me know if you need anything further.

Sincerely,

ROBERT J. OLLMAN, JR.

RJO/abs

Enclosure

cc: Client (Via email only)

NOV 15 2019 11:01 AM

2019 NOV 21 AM 10:42

Committee Name: **Traditional American Values PAC, Inc.**
Today's Date:

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORT ANALYSIS DIVISION

Federal Election Commission
1050 First Street, NE
Washington, D.C. 20463

Re: Form 1, Statement of Organization – Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,



Robert Piaro, Treasurer

NOV 21 10:42 AM '19

1

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**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Traditional American Values PAC, Inc.

ADDRESS (number and street) 8444 County Road M
 (Check if address is changed)
Fredonia CITY W STATE 53021 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) bob.piaro@traditionalamericanvalues.org
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

2. DATE

3. FEC IDENTIFICATION NUMBER C 00720334

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 Robert Piaro

Signature of Treasurer *Robert Piaro* Date 11/14/2019

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.

2019 NOV 21 AM 9:33

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 _____ (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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. _____ FEC ID number

2. _____ FEC ID number

3. _____ FEC ID number

4. _____ FEC ID number

Write or Type Committee Name

Traditional American Values PAC, Inc.

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

US Veterans Assistance Foundation, Inc.

Mailing Address 200 South Executive Drive, Suite 101
Bristolfield WI 53005
CITY STATE ZIP CODE

Relationship: Connected Organization X Affiliated Committee 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 Treasurer
Mailing Address
Title or Position CITY STATE ZIP CODE
Telephone number

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 Robert Piaro
Mailing Address 8444 County Road M
Fredonia WI 53021
CITY STATE ZIP CODE
Title or Position Treasurer Telephone number 262-353-5339

2010-11-11 11:01 AM

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

[Grid for Name of Bank, Depository, etc. - PNC Bank]

Mailing Address

[Grid for Mailing Address - 1225 Fond du lac Ave]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3 - Kewaskum, WI, 53406]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. - Empty]

Mailing Address

[Grid for Mailing Address Line 1 - Empty]

[Grid for Mailing Address Line 2 - Empty]

[Grid for Mailing Address Line 3 - Empty]

CITY

STATE

ZIP CODE

NOT FOR FILING ON COMPLETION

Write or Type Committee Name

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

Americans for the Cure of Breast Cancer, Inc.

Mailing Address N19 W24400 Riverwood Drive, Suite 350
Waukesha WI 53118
CITY STATE ZIP CODE

Relationship: Connected Organization X Affiliated Committee 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
Mailing Address
CITY STATE ZIP CODE
Telephone number

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
Mailing Address
CITY STATE ZIP CODE
Title or Position
Telephone number

2009-01-06 10:11:11 AM

Write or Type Committee Name

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

Standing By Veterans, Inc.

Mailing Address

11414 W. Park Place, Suite 202

Milwaukee WI 53224

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

2009-02-09 11:01:00 AM

Write or Type Committee Name

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

Association of Emergency Responders & Firefighters, Inc.

Mailing Address

342 N. Water Street, Suit 600

Milwaukee WI 53202

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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FOX | O'N
622 N. WATER S

X-RAYED BY FEC SECURITY

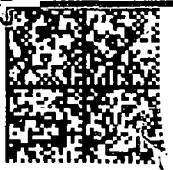
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KEE, WI 53202-4978

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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7012 2210 0002 5940 4317

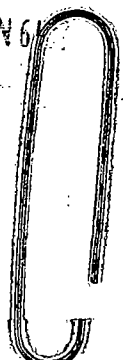
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ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 11-15-19
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	11-21-19 DATE PREPARED

20191115 11:00 AM