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. ANN PAC P.O. Box 3535 ADDRESS (number and street) (Check if address is changed) **Ballwin** 63022 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tcdatwyler@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2019 C00531764 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT 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. Datwyler, Thomas, , , Type or Print Name of Treasurer Datwyler, Thomas, , , [Electronically Filed] 12 2019 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	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	e Committee:	
(a)	Ш	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. (Complinformation below.)	ete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		· · · · · ·	emocratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected 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 segrecommittee. (i.e., nonconnected committee)	egated 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.)	
Join	t Fund	Iraising 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.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

FF0 F 1 /D :	4 02/2000)	D 2
FEC Form 1 (Revise Write or Type Committee Na		Page 3
	me	
ANN PAC		
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
Wagner, Ann, L., ,		
Mailing Address	313 St. Andrews Court	
	Ballwin MO 63	3011
	CITY STATE	ZIP CODE
Relationship: Connec	eted Organization Affiliated Committee Joint Fundraising Representative	✗ Leadership PAC Sponsor
. Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the person	in possession of committee
Datwyle	er, Thomas, C., ,	
Full Name	499 South Capitol Street SW	
Mailing Address	499 South Capitor Street SW	
	#405 	
	Washington DC 20	0003
Title or Position	CITY STATE	ZIP CODE
Treasurer	715 Telephone number	338 8544
3. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and ., assistant treasurer).	the name and address of
	r, Thomas, C., ,	ı
of Treasurer	1400 South Conital Street SW	
Mailing Address	499 South Capitol Street SW	
	 #405	
	Washington DC 20	0003
Title or Decision	CITY STATE	ZIP CODE
Title or Position Treasurer	715 Telephone number	_ 338 8544

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
safety deposit bo	r Depositories: List all banks or other depositories in which the committee deposits funds, oxes or maintains funds.	,
safety deposit be Name of Bank, I	oxes or maintains funds. Depository, etc. Commerce Bank/Commerce Bancshares, Inc. 14317 Manchester Road	
safety deposit bo	oxes or maintains funds. Depository, etc. Commerce Bank/Commerce Bancshares, Inc. 14317 Manchester Road	
safety deposit be Name of Bank, I	Depository, etc. Commerce Bank/Commerce Bancshares, Inc. 14317 Manchester Road	0011
safety deposit be Name of Bank, I	Depository, etc. Commerce Bank/Commerce Bancshares, Inc. 14317 Manchester Road	
safety deposit be Name of Bank, I	Depository, etc. Commerce Bank/Commerce Bancshares, Inc. 14317 Manchester Road Ballwin CITY STATE	3011
safety deposit be Name of Bank, I Mailing Address	Depository, etc. Commerce Bank/Commerce Bancshares, Inc. 14317 Manchester Road Ballwin CITY STATE	3011
safety deposit be Name of Bank, I Mailing Address	Depository, etc. Commerce Bank/Commerce Bancshares, Inc. 14317 Manchester Road Ballwin CITY STATE Depository, etc.	3011
safety deposit be Name of Bank, I Mailing Address	Depository, etc. Commerce Bank/Commerce Bancshares, Inc. 14317 Manchester Road Ballwin CITY STATE Depository, etc.	3011
safety deposit be Name of Bank, I Mailing Address	Depository, etc. Commerce Bank/Commerce Bancshares, Inc. 14317 Manchester Road Ballwin CITY STATE Depository, etc.	2011 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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h). Joint Fundraisir		FEC ID number	C
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		T LO 15 Hambor	0
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Financial Innovati	on Committee		
<u> </u>			
	228 S. Washington St.		
Mailing Address			
	Ste. 115		
	Alexandria	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	y by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depository, etc	y by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depository, etc	y by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A