Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. MARNY PAC PO BOX 183 ADDRESS (number and street) (Check if address is changed) **HUDSON** 54016 WI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tcdatwyler@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00853531 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. Type or Print Name of Treasurer DATWYLER, THOMAS, , DATWYLER, THOMAS, , , Date 04 16 2024 Signature of Treasurer 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: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

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. (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 Office Party Affiliation Sought: House Senate President	State			
(  I	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
(  I	Name of Candidate				
-	Party Committee:				
	(d) This committee is a (National, State or subordinate) committee of the Republican	c, , etc.) Party			
(	Political Action Committee (PAC):				
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or				
	Corporation Corporation w/o Capital Stock Labor C	Organization			
	Membership Organization Trade Association Coopera	_			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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.)					
(	(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:				
(	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic 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 politic committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser					
	1. C				

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٧	/rite or Type Committee Name				
	MARNY PAC				
ò.	FRATTO, MARIO, , ,	ganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor		
	Mailing Address	964 COUNTY ROAD 4			
		<u> </u>			
		GENEVA NY	14456		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represer	ntative X Leadership PAC Sponso		
<u>.</u>	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	DATWYLEI	s, THOMAS, , ,			
	Full Name				
	Mailing Address	PO BOX 183			
		HUDSON	54016		
		CITY ▲ STATE ▲	ZIP CODE A		
	Title or Position ▼	SIAIE	ZIF GODE A		
	CUSTODIAN OF RECORDS		202 866 8229		
3.	<b>Treasurer:</b> 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).				
		R, THOMAS, , ,			
	of Treasurer	DO DOV 400			
	Mailing Address	PO BOX 183			
		HUDSON   WI	54016		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼				
	TREASURER	Telephone number	202   -   866   -   8229		

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Full Name of Designated			
Agent			
Mailing Address			
Title or Position		STATE A	ZIP CODE ▲
	Telephone numb	er	
	Depositories: List all banks or other depositories in which the committee ses or maintains funds.	deposits funds, hold	s accounts, rents
Name of Bank, [	epository, etc.		
	CHAIN BRIDGE BANK		
Mailing Address	1445A LAUGHLIN AVE		
	MCLEAN	VA 22101	
	CITY ▲ S	STATE A	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	<u> </u>		
Mailing Address			
	CITY ▲ S	TATE A	ZIP CODE ▲