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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Rodney for Congress PO Box 344 ADDRESS (number and street) (Check if address is changed) Taylorville 62568-0344 IL 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) http://electrodney.com/ (Check if address is changed) DATE 01 2019 C00521948 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. Datwyler, Thomas, , , Type or Print Name of Treasurer Datwyler, Thomas, , , [Electronically Filed] 03 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 Only

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate informat	ion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign commiting information below.)	ittee. (Complete the candidate
Name of Candidate Davis, Rodney, L, ,	
Candidate Party Affiliation  REP  Office Sought:  House  Senate Property Affiliation	State IL resident District 13
(c) This committee supports/opposes only one candidate, and is NOT an authorized com-	nmittee.
Name of Candidate	
Party Committee:	(5
(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	e 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 scommittee. (i.e., nonconnected committee)	separate segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federal of the committee of a federal of the committee of	
(h) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1. FEC ID number	C
2.	C
3. FEC ID number	C
4.	C

FEC Form 1 (Revise	ed 02/2009)	Page <b>3</b>
Write or Type Committee Na		- 0
Rodney for Co	ongress	
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
Patriot Day II 2015		
Fathor Day II 2013	<u>                                     </u>	
Mailing Address	PO Box 9891	
	Arlington VA 222	19-1891
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee January Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	dentify by name, address (phone number optional) and position of the person ir	n possession of committee
Datwyle	er, Thomas, , ,	
Full Name	,499 South Capitol Street SW	
Mailing Address		
	,#407 	
	Washington DC 200	03-4016
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		
3. <b>Treasurer:</b> List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
Full Name Datwyle	er, Thomas, , ,	
of Treasurer		
Mailing Address	499 South Capitol Street SW	
	<u> </u> #407	
	Washington   DC   2000	03-4016
Title on Decition	CITY STATE	ZIP CODE
Title or Position Treasurer	Tolophono number	-  , ,  -  , , , .
	Telephone number	

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other D safety deposit boxe	es or maintains funds.	
safety deposit box Name of Bank, De		
safety deposit boxon Name of Bank, De	Chain Bridge Bank  1445-A Laughlin Ave	ZIP CODE
safety deposit boxon Name of Bank, De	Chain Bridge Bank  1445-A Laughlin Ave  McLean  CITY  STATE	ZIP CODE
Name of Bank, De	Chain Bridge Bank  1445-A Laughlin Ave  McLean  CITY  STATE  Possitory, etc.  U.S. Bank  108 W. Market Street	ZIP CODE
Safety deposit boxe Name of Bank, De  Mailing Address  Name of Bank, De	Chain Bridge Bank  1445-A Laughlin Ave  McLean  CITY  STATE  Prository, etc.	ZIP CODE

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
			-	
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	or Leadership PAC Sponsor
	Governing Majorit	<b>y</b> 		
		831 Linwood Ct		
	Mailing Address	631 Liliwood Ct		
		Birmingham	AL	35222-4428
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representat	Leadership PAC Sponsor
8.	Designated Agent: Identify			
٥.		ov name andress (phone number – optional)		
		by name, address (phone number - optional)		ı
	Full Name	by name, address (phone number – optional)		
		by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name	CITY	STATE A	ZIP CODE A
	Full Name	CITY A		ZIP CODE A
	Full Name	CITY A	STATE ▲	ZIP CODE <b>A</b>
9.	Full Name      Mailing Address  TITLE OR POSITION	CITY   CITY   Tes: List all banks or other depositories in which	STATE ▲	
9.	Full Name  Mailing Address  TITLE OR POSITION   Banks or Other Depositor	CITY   CITY   Te  ries: List all banks or other depositories in which intains funds.	STATE ▲	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY   CITY   Te  ries: List all banks or other depositories in which intains funds.	STATE ▲	
9.	Full Name Mailing Address  TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma	CITY   CITY   Tes: List all banks or other depositories in which intains funds.	STATE ▲	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY   CITY   Tes: List all banks or other depositories in which intains funds.	STATE ▲	

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

Page \_\_\_\_ **of** \_\_\_\_\_

h). <b>Joint Fundraisi</b>			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
Rodney Davis Vi	ctory Fund		
Mailing Address	499 S Capitol St SW		
	Ste 407		
	Washington	DC	20003-4016
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY    Pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	Rodney Illinois Vid	ctory Fund		
	Mailing Address	499 S Capitol St SW		
		Ste 407		
		Washington	DC	20003-4016
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
<ol> <li>8.</li> <li>9.</li> </ol>	Full Name   _   _   _    Mailing Address  TITLE OR POSITION	CITY   City   Te	STATE A	
	Full Name	CITY   City   Te	STATE A	
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or matching Name of Bank, PNC	CITY   City   Te	STATE A	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY   CITY   Te  ries: List all banks or other depositories in which intains funds.	STATE A	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY   CITY   Te  ries: List all banks or other depositories in which intains funds.	STATE A	

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

Page \_\_\_\_ **of** \_\_\_\_\_

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
PATRIOT ROUN	D IV 2018		
Mailing Address	PO Box 9891		
	Arlington	, ,   VA	22219-1891
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number – optional)	Tanadang Hoproconic	
esignated Agent: Identi			
esignated Agent: Identi	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identing Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identii  Full Name	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or maname of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.  Bank  108 W. Market St.	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or maname of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

Page \_\_\_\_ **of** \_\_\_\_\_

h). Joint Fundraisir		FEC ID number	С
1.		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Take Back The H	_		
<u> </u>			
	DO D		
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee  Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or materials and the same of Bank, Wells	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or market	y by name, address (phone number – optional)  CITY   CITY   Teleprises: List all banks or other depositories in which aintains funds.  Fargo Bank	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions, epository, etc	y by name, address (phone number – optional)  CITY   CITY   Teleprises: List all banks or other depositories in which aintains funds.  Fargo Bank	STATE A	ZIP CODE A

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

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h). <b>Joint Fundraisi</b>	.g . apa		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fun Itural Republican Members Trust Ak		ve, or Leadership PAC Spon
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	int Fundraising Represent	tative Leadership PAC S
	Affiliated Committee Joing Joing by name, address (phone number – optional)	int Fundraising Represent	tative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	tative Leadership PAC S
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esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
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esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE   Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE   Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE   Telephone Number	ZIP CODE A