FEC FORM 1	STATEMEN ORGANIZA		PAGE 1 / 4 -
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
Shelby County R	epublican Party I	Federal Account	
ADDRESS (number and street)	P.O. Box 643		
<ul> <li>(Check if address is changed)</li> </ul>			
	Sidney └ │ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		OH     45365       STATE ▲     ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	tcdatwyler@gmail.com		
	Optional Second E-Mail Add	ress	
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)		
2. DATE 05 / 0	<sup>D</sup> / Y Y Y Y 3 2021		
3. FEC IDENTIFICATION N	UMBER ► C cc	0778472	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	Pr Datwyler, Thomas, , ,		
Signature of Treasurer	yler, Thomas, , ,	[Electronically Filed]	Date 05 / 03 / 2021
NOTE: Submission of false, erron		nay subject the person signing th DN SHOULD BE REPORTED WI	his Statement to the penalties of 2 U.S.C. §437
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

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FEC Foi	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF C	OMMITTEE	
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. (Compleinformation below.)	te the candidate
Name of Candidate		
Candidate Party Affiliatio	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	nmittee:	
(d) ×		emocratic, publican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a
	Corporation Corporation w/o Capital Stock	abor 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 segre committee. (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.)	
Joint Fund	raising 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 or 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.	FEC ID number	
4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Shelby County Republican Party Federal Account

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

T											
	Mailing Address	PO BOX 24875									
						ОН	44124				
						STATE		7IP	CODE		
			CITY					2.11			
	Relationship: Connected		ed Committee	X Joint Fund			ive	Leaders		C Spon	sor
7.	Relationship: Connected Custodian of Records: Ider books and records.	Organization Affiliate	ed Committee		raising Re	epresenta		Leaders	ship PA	-	
7.	Custodian of Records: Ider books and records.	Organization Affiliate	ed Committee		raising Re	epresenta		Leaders	ship PA	-	
7.	Custodian of Records: Ider books and records.	Organization Affiliate	ed Committee		raising Re	epresenta		Leaders	ship PA	-	
7.	Custodian of Records: Ider books and records.	Organization Affiliate	ed Committee		raising Re	epresenta		Leaders	ship PA	-	

	Hudson			WI	54016
Title or Position		CITY		STATE	ZIP CODE
Treasurer			Telephone nur	nber 715	338 - 8544

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 D of Treasurer	Datwyler, Thomas, , ,	 I	I	I	I	I	I	I		1	I	I	I	I	1	I	I	I	I	I	1	I	I	I	I	1	.
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Mailing Address	PO Box 183																										
	Hudson									1					ΨI			54	401	6				- [_			
	Hudson		CI	TY										L	WI ATE			54	401	6	ZI	P (		-			

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Full Name of Designated Agent								ĺ																	1		
Mailing Address																											
						1											L			L			1			1	
								CIT	Y								ST	ATE				ZI	р С	COD	θE		
Title or Position																											
												Tele	eph	ione	e ni	uml	ber										

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.

Chain	Bridge Bank		
Mailing Address	1445A Laughlin Avenue		
	McLean		2101
	CITY	STATE	ZIP CODE
Name of Bank, Depository, o	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE