Only

## STATEMENT OF

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**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. MILLER-MEEKS FOR CONGRESS PO Box 33 ADDRESS (number and street) (Check if address is changed) Ottumwa 52501 IΑ 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 09 2021 C00558825 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] 09 2021 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 <b>2</b>
		OMMITTEE	
Can		e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	elete the candidate
Nam Cand	e of didate	MILLER-MEEKS, MARIANNETTE JANE, , ,	
	didate y Affiliati	on REP Office Sought: House Senate President	State IA
(0)	П	This committee curports/appaces only are condidate and is NOT an authorized committee	District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	nected 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.	Осороганус
(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	aregated 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.)	
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.	o 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.		
	4		
	4.		

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Write or Type Committee Name		Tage <b>3</b>
	S FOR CONGRESS	
	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
•		, and the second
Take Back The House		
Mailing Address	PO Box 30844	
	Bethesda MD CITY STATE	20824-0844 
Relationship: Connected	d Organization Affiliated Committee	e Leadership PAC Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person	on in possession of committee
Datwyler, 7	Γhomas, , ,	
Mailing Address	PO Box 183	
Maining Address		
	Hudson	54016
Title or Position	CITY STATE	ZIP CODE
_		
Treasurer	715 Telephone number	
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
Full Name Datwyler, T	homas, , ,	1
of Treasurer	PO Box 183	
Mailing Address		
	I Hudeon	54016
	Hudson WI STATE	54016 ZIP CODE
Title or Position Treasurer	715 Telephone number	

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	r Depositories: List all banks or other depositories in which the committee deposits funds, holoxes or maintains funds.  Depository, etc.	ds accounts, rents
safety deposit be	oxes or maintains funds.  Depository, etc.  EagleBank  17815 Woodmont Avenue	ds accounts, rents
safety deposit be Name of Bank,	Depository, etc.  EagleBank  7815 Woodmont Avenue	ds accounts, rents
safety deposit be Name of Bank,	Depository, etc.  EagleBank  7815 Woodmont Avenue  Bethesda  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc.    EagleBank	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  EagleBank  7815 Woodmont Avenue  Bethesda  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc.    EagleBank	
safety deposit be Name of Bank, Mailing Address	Depository, etc.    EagleBank	
safety deposit be Name of Bank, Mailing Address	Depository, etc.    EagleBank	

FEC Form 1S (Revised 02/2017)

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

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1.			
		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
=	ed Organization, Affiliated Committee, Joint Fund S VICTORY FUND	draising Representative	e, or Leadership PAC Sponso
Mailing Address	PO BOX 183		
	HUDSON	WI	54016
		STATE ▲	ZIP CODE ▲
Relationship:	CITY ▲ cted Organization	nt Fundraising Representa	
Conne			
Conne	cted Organization Affiliated Committee		
Conne  Designated Agent: Idea	cted Organization Affiliated Committee		
Conne  Designated Agent: Iden  Full Name	cted Organization Affiliated Committee		
Conne  Designated Agent: Iden  Full Name	Affiliated Committee    Affili	nt Fundraising Representa	ative Leadership PAC Spo
Conne  Designated Agent: Iden  Full Name	Affiliated Committee    Join  Affiliated Committee    Join  Affiliated Committee    CITY    Affiliated Committee     CITY    Affiliated Committee     CITY    Affiliated Committee		

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

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(h). <b>Joint Fundraisi</b>	ig i artioipanti		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S. Washington Street		
Ü	Suite 115		
	Alexandria	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		int Fundraising Representa	ative Leadership PAC Spo
	d Organization Affiliated Committee Jo	int Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif		int Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identif		int Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identing Full Name  Mailing Address	y by name, address (phone number – optional)	int Fundraising Representation	Leadership PAC Spo
Pesignated Agent: Identif	y by name, address (phone number – optional)  CITY		
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification  Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

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

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h). <b>Joint Fundraisir</b>	g raiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Mailing Address	228 S. WASHINGTON STREET		
ŭ	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join  by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or main ame of Bank, epository, etc	ries: List all banks or other depositories in which	STATE A	ZIP CODE A