Only

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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. Kyle Sinclair for TX28 PO Box 769361 ADDRESS (number and street) (Check if address is changed) San Antonio 78245 CITY A STATE A ZIP CODE ▲ 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 2023 C00833202 FEC IDENTIFICATION NUMBER > 3. 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] 02 10 2023 Signature of Treasurer Date 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

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TYPE OF COMMITTEE:					
Candidate Committee:					
(a) This committee is a principal campaign committee. (Complete t	ne candidate information below.)				
(b) This committee is an authorized committee, and is NOT a princinformation below.)	cipal campaign committee. (Complete the candidate				
Name of Candidate Sinclair, Kyle, , ,					
Candidate Office Party Affiliation REP Sought: * House	Senate President District 28				
(c) This committee supports/opposes only one candidate, and is N	OT an authorized committee.				
Name of Candidate					
Party Committee:					
(d) This committee is a (National, State or subordinate) committee	(Democratic, e of the Republican, etc.) Party				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connect	ted organization on line 6.) Its connected organization is a				
Corporation W/o	Capital Stock Labor Organization				
Membership Organization Trade Association					
In addition, this committee is a Lobbyist/Registrant PA	_				
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
In addition, this committee is a Lobbyist/Registrant PA	ıc.				
In addition, this committee is a Leadership PAC. (Ider	ntify sponsor on line 6.)				
(g) This committee is an independent expenditure-only political committee (Super PAC).					
In addition, this committee is a Lobbyist/Registrant PA	ıC.				
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).					
In addition, this committee is a Lobbyist/Registrant PA	nC.				
Joint Fundraising Representative:					
(i) This committee collects contributions, pays fundraising expense committees/organizations, at least one of which is an authorize	·				
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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	Vrite or Type Committee Name				
	Kyle Sinclair fo	r TX28			
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor		
	Mailing Address				
		CITY ▲ STATE	E ▲ ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Repre			
	Tiolationistip.	Organization Fundation Ciganization	250 mative Decision 1710 openior		
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	Datwyler, T	homas, , ,			
	Full Name				
	Mailing Address	PO Box 183			
		Hudson WI	54016		
		CITY ▲ STATE	E ▲ ZIP CODE ▲		
	Title or Position ▼				
	Treasurer	Telephone number	715 - 338 - 8544		
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the commassistant treasurer).	nittee; and the name and address of		
	Full Name Datwyler, 1	homas, , ,			
	of Treasurer				
	Mailing Address	PO Box 183			
		Hudson	54016		
	Title or Position ▼	CITY ▲ STATE	E ▲ ZIP CODE ▲		
	Treasurer	Telephone number	715 _ 338 _ 8544		

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Full 1	Name of gnated	(101000 02200)					
Agen							
Mailii	ng Address						
Title	or Position •	CITY ▲	STATE ▲	ZIP CODE ▲			
		Telephone	e number				
		Depositories: List all banks or other depositories in which the cones or maintains funds.	nmittee deposits fu	unds, holds accounts, rents			
Name	Name of Bank, Depository, etc.						
		Chain Bridge Bank					
Mailir	ng Address	1445A Laughlin Avenue					
		McLean	VA	22101			
		CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.							
Mailir	ng Address						
		CITY ▲	STATE ▲	ZIP CODE ▲			