FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	9 12FE4M5
Harwell for Co	ngress	
ADDRESS (number and stree	P.O. Box 159026	
(Check if address is changed)	S [
	Nashville	TN37215
	CITY 🔺	STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL AD		
(Check if address is changed)	s tcdatwyler@gmail.com	
	Optional Second E-Mail Address	
COMMITTEE'S WEB PAGE		
2. DATE 02	24 / Y Y Y Y 2022	
3. FEC IDENTIFICATION	N NUMBER ► C C00806463	
4. IS THIS STATEMENT	× NEW (N) OR AMENDED (A	A)
I certify that I have examine	ed this Statement and to the best of my knowledge and bel	ief it is true, correct and complete.
Type or Print Name of Trea	Surer Bottorff, Dennis, , ,	
Signature of Treasurer	Bottorff, Dennis, , , [Electronically Filed]	7 Date 02 24 2022
NOTE: Submission of false, e	erroneous, or incomplete information may subject the person sigr ANY CHANGE IN INFORMATION SHOULD BE REPORTE	
Office Use Only	For further informat Federal Election Com Toll Free 800-424-95 Local 202-694-1100	Imission FEC FORIVI I

02/24/2022 10 : 00

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	FEC Fo	orm 1 (Revised 02/2009)	Page 2
TYF		COMMITTEE	-
Ca	ndidate	e 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. (Complet information below.)	e the candidate
	ne of Ididate	Harwell, Beth, , ,	
	ididate ty Affiliati	ion REP Office Sought: X House Senate President	State TN District 05
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Pa	rty Con	nmittee:	
(d)			mocratic, publican, etc.) Party.
Pol	itical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association C	ooperative
		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)	gated 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.)	
Joii	nt Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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Write or Type Committee Name

Harwell for Congress

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

Mailing Address				
		CITY	STATE	ZIP CODE
Relationship: Connecte	ed Organization	Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name,	address (phone number	optional) and position of the person	in possession of committee

Datwyler,	homas, , ,
Full Name	
Mailing Address	PO Box 183
	Hudson WI 54016
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 711 - 533 - 8854

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 of Treasurer	Bottorff, Dennis, , ,
Mailing Address	4801 Post Road
	Nashville
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

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Full Name of Designated Agent	Datwyler, Th	nomas, , ,																						1					
Mailing Address	l	PO Box 183																											
	l																												
	l	Hudson														Ľ	NI			Ľ	540	16				·			
					(CIT	Y									ST/	ATE						ZI	P	COI	DE			
Title or Position	surer		1 1	I	I	I	1				Tele	eph	one	e ni	ıml	ber			71	5	-	.	33	8	-	.	85	44	

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	VA 22101	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE