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STATEMEN ⁻	T OF
ORGANIZA	TION

FEC FORM 1		STATEME ORGANIZ	-	Off	PAGE 1 / 4
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Arizona Fir	st PAC	; Inc.			
ADDRESS (number a	nd street)	PO Box 183			
(Check if a is changed	address				
	J)	Hudson		WI 540'	16
		CITY ▲		STATE A	ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRES	S			
(Check if a is changed		compliance@axcapt	eam.com		
		Optional Second E-Mail / tcdatwyler@gmail.	Address COM		
COMMITTEE'S WEB	address	PRESS (URL)			
2. DATE 0	7 / D	D / Y Y Y Y 2023			
3. FEC IDENTIFIC	CATION NU	MBER ► C	C00846766		
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined thi	s Statement and to the be	est of my knowledge and belief it	is true, correct and	complete.
Type or Print Name	of Treasurer	Datwyler, Thomas, , ,			
Signature of Treasure	er Datwyl	er, Thomas, , ,	[Electronically Filed]	Date 07	28 / Y Y Y Y 2023
NOTE: Submission of	false, errone		on may subject the person signing t MATION SHOULD BE REPORTED		penalties of 52 U.S.C. §30109
Office Use Only			For further information cd Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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5.	TYPE OF COMMITTEE:	
	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. (Complete the information below.)	e candidate
	Name of Candidate	
	Candidate Office Sought: House Senate President	State District
	c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (National, State (Democratic, or subordinate) committee of the d) This committee is a Image: Committee of the or subordinate) committee of the or subordinate) committee of the or subordinate) Image: Committee of the or subordinate) committee of the or subordinate)	
	Political Action Committee (PAC):	
	e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperat	live
	In addition, this committee is a Lobbyist/Registrant PAC.	
	f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I 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.)	
	g) X This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	C).
	In addition, this committee is a Lobbyist/Registrant PAC.	

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(j) 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
2.

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Write or Type Committee Name	
Arizona First PAC Inc.	

6.	Name of Any Connected O	rganization,	Affiliate	d Co	ommi	ittee	, Jo	oint	Fu	ndr	aisi	ng	Rep	ores	ent	tati	ve,	or	Le	ade	rsh	ip F	PAC	Sp	on	sor
	Mailing Address																									
		CITY ▲									STATE A ZIP CODE A															
	Relationship: Connected	Organization	Affi	iated	Orga	aniza	ation	ı		Joir	nt Fu	undr	raisi	ng I	Rep	res	enta	ative	e		Le	ade	ershi	рР	AC	Spon

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 ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number 715 - 338 - 8544

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

Full Name	Datwyler, Thomas, , ,
of Treasurer	
Mailing Address	PO Box 183
	Hudson WI 54016
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Telephone number 715 - 338 - 8544

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Full Name of Designated Agent		
Mailing Address		
	CITY ▲ ST	TATE ▲ ZIP CODE ▲
Title or Position ▼		
	Telephone numbe	ır [==

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 B	ridge I	Bank																			
Mailing Address		1445A L	_aughlii	n Aver	iue																	
													1					1				
		McLear) 									VA			22	2101]-[
					С	ITY 4					S	TATE	E 🔺				ZI	Р С	ODE	E 🔺		
Name of Bank, D	Depository, e	tc. ⊥ ⊥ ⊥					1 1	 	1 1									.	1 1			
Mailing Address																						
					С	ITY 4					S	TATE					ZI	Р С	ODE	E 🔺		