Only

PAGE 1 / 4

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. **HOWE FOR CONGRESS BOX 172** ADDRESS (number and street) (Check if address is changed) **RED WING** 55066 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@howeforcongress.com (Check if address is changed) Optional Second E-Mail Address tcdatwyler@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) howeforcongress.com (Check if address is changed) DATE 03 2016 C00588624 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. Thomas Datwyler Type or Print Name of Treasurer Thomas Datwyler [Electronically Filed] 04 08 2016 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 i	orm 1 (Revised 02/2009) Page 2	
		COMMITTEE	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Nam	ne of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) _ JOHN STERLING HOWE	
Can	didate		_
	didate y Affiliatio	ion REP Office State Senate President District	=
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee: (National, State (Democratic,	
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Par	ty.
Poli	itical A	action Committee (PAC):	_
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	s a:
		Corporation Corporation w/o Capital Stock Labor Organization	I
		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 segregated fund or par committee. (i.e., nonconnected committee)	rty
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	draising Representative:	_
(g)		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.	
(h)		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.	
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		Ī

FEC Form 1 (Revise	ed 02/2009)	 Page 3
Write or Type Committee Na	ame	·
HOWE FOR (CONGRESS	
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	E ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
. Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of the	ne person in possession of committee
Lisa M Full Name	Howe	
Mailing Address	2345 S Oak Drive	
	Red Wing	55066
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the commi g., assistant treasurer).	ittee; and the name and address of
Full Name Thomas of Treasurer	s Datwyler	
Mailing Address	7300 Hudson Blvd N	
	#2 4 0	
	St. Paul	55128
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	715 - 338 - 8544

	Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		[-] [-]
	Telephone number	
We	ellsFargo	
Mailing Address	9062 Buchanon Trail Inver Grove Heights MN	55076
	9062 Buchanon Trail	55076
	9062 Buchanon Trail Inver Grove Heights CITY STATE	
Mailing Address	9062 Buchanon Trail Inver Grove Heights CITY STATE	
Mailing Address	9062 Buchanon Trail Inver Grove Heights CITY STATE	
Mailing Address	9062 Buchanon Trail Inver Grove Heights CITY STATE	
Mailing Address Name of Bank, Deposi	9062 Buchanon Trail Inver Grove Heights CITY STATE	
Mailing Address Name of Bank, Deposi	9062 Buchanon Trail Inver Grove Heights CITY STATE	