| Image# 202203219495794139 | | | | PAGE 1/4 |
|-----------------------------------|--|--|-------------------------|---------------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | | | <i>"</i> |
| 1. NAME OF | (Check if name | Example of tuning tune | | ffice Use Only |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Tim Aalders for | Congress Comm | ittee | | |
| | | | | |
| | | | | |
| ADDRESS (number and street) | 5306 W 10320 N | | | |
| (Check if address | | | | |
| is changed) | Highland | | UT 1 840 | |
| | | | | |
| | CITY A | | STATE A | ZIP CODE▲ |
| COMMITTEE'S E-MAIL ADDF | RESS | | | |
| (Check if address | tcdatwyler@gmail.com |) | | |
| is changed) | Optional Second E-Mail Ad | dress | | |
| | | | | |
| (Check if address is changed) | | | | |
| | 21 Y Y Y Y Y Y 2022 | | | |
| 3. FEC IDENTIFICATION | NUMBER ► C | 00809996 | | |
| 4. IS THIS STATEMENT | × NEW (N) OR | AMENDED (A) | | |
| certify that I have examined | this Statement and to the best | of my knowledge and belief | it is true, correct and | d complete |
| | | | | p |
| Type or Print Name of Treasu | rer Datwyler, Thomas, , , | | | |
| Signature of Treasurer Da | twyler, Thomas, , , | [Electronically Filed] | Date 03 | 21 / Y Y Y Y 2022 |
| NOTE: Submission of false, erro | oneous, or incomplete information ANY CHANGE IN INFORMATI | may subject the person signing | | penalties of 2 U.S.C. §437g |
| Office Use Only | | For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

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|----------------------------|--|
| | COMMITTEE |
| Candidat | 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. (Complete the candidate information below.) |
| Name of Candidate | Aalders, Tim, , , |
| Candidate Party Affilia | tion REP Office Sought: X House Senate President District 03 |
| (C) | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| Name of Candidate | |
| Party Co | nmittee: |
| (d) | This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party. |
| Political / | Action Committee (PAC): |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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. |
| (f) | 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 PAC. |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) |
| Joint Fun | 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. |
| Con | nmittees Participating in Joint Fundraiser |
| 1. | FEC ID number |
| 2. | FEC ID number |
| 3. | FEC ID number |
| 4. | FEC ID number C |
| | |

I

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Write or Type Committee Name

Tim Aalders for Congress Committee

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

| | Mailing Address | | |
|----|------------------------|--|---|
| | | | |
| | | | |
| | | CITY | STATE ZIP CODE |
| | Relationship: Connecte | d Organization Affiliated Committee Jo | oint Fundraising Representative Leadership PAC Sponsor |
| 7. | books and records. | | onal) and position of the person in possession of committee |
| | Full Name | Thomas, , , | |
| | Mailing Address | PO Box 183 | |
| | | | |
| | | Hudson | WI 54016 |
| | Title or Position | CITY | STATE ZIP CODE |
| | Treasurer | | 715 338 8544 Telephone number |

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 | Datwyler, Thomas, , , | 1 1 | I | I | I | I | I | I | 1 | | 1 | I | I | I | 1 | I | I | I | I | I | 1 | 1 | I | I | I | 1 | |
|---------------------------|-----------------------|-----|---|----|----|---|---|---|---|--|---|---|---|---|----|----|---|---|----|------|---|----|-----|------------|---------|---|------|
| | | | I | | | _ | _ | _ | - | | | | | | | | | | _ | _ | _ | _ | _ | - | - | - | |
| Mailing Address | PO Box 183 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Hudson | | | | | | | | | | | | | | L | WI | | | 54 | 401 | 6 | | | | | | |
| | | | | CI | TY | | | | | | | | | | ST | | | | 54 | 4010 | 6 | 71 | P C | _ - :00 | L)F | | |

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| Full Name of Designated Agent | | | | | | | | | | | | | | | | | 1 | | | | | | | |
|-------------------------------------|--|---|--|--|--|--|----|----|--|--|------|-----|-----|------|-----|-----|-----|--|--|----|----|----|---|--|
| Mailing Address | | l | | | | | | | | | | | | | | | | | | | | | | |
| | | l | | | | | | | | | | | | | | | | | | | | | | |
| | | l | | | | | | | | | | | | | | | | | | | | | 1 | |
| | | | | | | | CI | ΓY | | | | | | | | STA | λΤΕ | | | ZI | ΡC | DE | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Tele | eph | one | e ni | umt | ber | | | | | | | | |

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.

| Centra | I Bank | | |
|---------------------------|-----------------|-------|----------|
| Mailing Address | 175 E. Main St. | | |
| | | | |
| | American Fork | | 4003 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |