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. DRAIN THE SWAMP OHIO 499 SOUTH CAPITOL STREET SW ADDRESS (number and street) SUITE 407 (Check if address is changed) WASHINGTON 20003 DC CITY A STATE A ZIP CODE A 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 03 2017 C00659730 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. DATWYLER, THOMAS, , , Type or Print Name of Treasurer DATWYLER, THOMAS, , , [Electronically Filed] 03 2017 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

| FI | FC Fo | rm 1 (Revised 02/2009) | Page 2 | | | | |
|-----------------|-------------------|--|--|--|--|--|--|
| TYPE | OF C | OMMITTEE | 1 4go 2 | | | | |
| Cano | didate | Committee: | | | | | |
| (a) | Ш | 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. (Cominformation below.) | plete the candidate | | | | |
| Name Candi | | | | | | | |
| Candid Party | date Affiliati | Office Sought: House Senate President | State | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| Name Candid | | | | | | | |
| Party | y Con | nmittee: | | | | | |
| (d) | | · · · · · · · · · · · · · · · · · · · | (Democratic, Republican, etc.) Party. | | | | |
| Politi | ical A | ction Committee (PAC): | | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con | nected 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) | x | 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 | Fund | raising Representative: | | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political | | | | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political | | | | |
| | Com | mittees Participating in Joint Fundraiser | | | | | |
| | 1. | FEC ID number | | | | | |
| | 2. | FEC ID number | | | | | |
| | 3. | FEC ID number | | | | | |
| | 4. | | | | | | |

| Write or Type Committee Name DRAIN THE SWAMP OHIO Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address SUITE 407 WASHINGTON DC 20003 Title or Position CITY STATE ZIP CODE | 550.5 | ' | 2 |
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| DRAIN THE SWAMP OHIO . Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Agg SOUTH CAPITOL STREET SW Mailing Address WASHINGTON Title or Position CITY STATE ZIP CODE TREASURER Telephone 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 Agg SOUTH CAPITOL STREET SW STATE ZIP CODE 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 Mailing Address Agg SOUTH CAPITOL STREET SW STATE ZIP CODE Title or Position TREASURER Title or Position CITY STATE ZIP CODE Title or Position TREASURER | | | Page 3 |
| Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor NONE Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundralsing Representative Leadership PAC Sponso Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. DATWYLER, THOMAS.,, Full Name 499 SOUTH CAPITOL STREET SW Mailing Address VASHINGTON Title or Position CITY STATE ZIP CODE TREASURER Telephone number Position 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 DATWYLER, THOMAS.,, of Treasurer Mailing Address 499 SOUTH CAPITOL STREET SW SUITE 407 WASHINGTON DC 20003 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 Mailing Address Mailing Address Assistant treasurer Mailing Address Assistant treasurer Mailing Address Assistant treasurer Treasurer Assistant treasurer Assis | | | |
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| Cuty State zip Code Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name A99 SOUTH CAPITOL STREET SW Mailing Address Sulffe 407 WASHINGTON Title or Position 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 Mailing Address A99 SOUTH CAPITOL STREET SW Sulffe 407 WASHINGTON DC 20003 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 Mailing Address A99 SOUTH CAPITOL STREET SW Sulffe 407 WASHINGTON DC 20003 CITY STATE ZIP CODE | NONE | | |
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| of Treasurer Mailing Address 499 SOUTH CAPITOL STREET SW | 3. Treasurer: List the name any designated agent (e) | ne and address (phone number optional) of the treasurer of the comm e.g., assistant treasurer). | ittee; and the name and address of |
| Mailing Address 499 SOUTH CAPITOL STREET SW | | NYLER, THOMAS, , , | |
| WASHINGTON CITY STATE ZIP CODE Title or Position TREASURER | of Ireasurer | 1499 SOLITH CAPITOL STREET SW | |
| WASHINGTON DC 20003 — CITY STATE ZIP CODE Title or Position TREASURER | Mailing Address | | |
| CITY STATE ZIP CODE Title or Position , TREASURER | | | |
| Title or Position , TREASURER | | | |
| | | CITY STATE | ZIP CODE |
| | INLAGURER | Telephone number | |

| FEC For | 1 (Revised 02/2009) | | | Page 4 |
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| | | | | |
| Full Name of | | | | |
| Designated Agent | | | | |
| Mailing Address | | | | |
| | | | | |
| | 1 | | | 1–1 |
| | | CITY | STATE | ZIP CODE |
| Title or Position | | | | |
| | | Te | lephone number | |
| | | | | |
| safety deposit be Name of Bank, | Depositories: List all bank exes or maintains funds. Depository, etc. | ks or other depositories in which | tne committee deposits funds | |
| safety deposit be | xes or maintains funds. | BANK | the committee deposits funds | |
| safety deposit be Name of Bank, | ces or maintains funds. Depository, etc. CHAIN BRIDGE E 1445-A LAUG | BANK | | |
| safety deposit be Name of Bank, | xes or maintains funds. Depository, etc. CHAIN BRIDGE E | BANK | | 2101 |
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Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: