**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Grassley Committee, Inc. PO Box 1000 ADDRESS (number and street) (Check if address is changed) Des Moines 50304-1000 IΑ 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) www.grassleyworks.com (Check if address is changed) DATE C00230482 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. Watson, Dave, , , Type or Print Name of Treasurer Watson, Dave,,, [Electronically Filed] 07 25 2020 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 <b>Form</b>	1 (Revised 02/2009)	Page <b>2</b>
TYPE OF CO		
Candidate C	Committee:	
(a) <b>x</b>	This committee is a principal campaign committee. (Complete the candidate information below.)	)
	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate	Grassley, Charles E., , ,	
Candidate Party Affiliation	REP Office Sought: House X Senate President	State IA  District 00
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comn		
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Act	tion Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected 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.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated 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.)	
Joint Fundra	aising Representative:	
	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.	vo or more political
	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.	vo or more political
Commi	ittees 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 Nam		3
Grassley Comr	nittee. Inc.	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
Hawkeye Fund		
Mailing Address	PO Box 156	
Č		
	Des Moines IA 5030	1-0156
	CITY STATE	ZIP CODE
_		
Relationship: Connected	ad Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	entify by name, address (phone number optional) and position of the person in	possession of committee
Datwyler, Full Name	Thomas, , ,	1 1 1 1 1 1 1
Mailing Address	499 S Capitol St SW	
ag / taal eee	Ste 407	
	Washington DC 2000	3-4016
Title or Decition	CITY	71D 00D5
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	
3. <b>Treasurer:</b> List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Watson, D	Dave, , ,	
of Treasurer	14200 University Ave	
Mailing Address	4200 University Ave	
	Ste 410	
		6-5945
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 515	457 - 2262

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Full Name of Designated Agent	Jenkins, Warren, , ,	
Mailing Address	312 NW Linden St	
	Ankeny IA 50023-21  CITY STATE	146 ZIP CODE
Title or Position  Designated Age	nt 	
Banks or Other safety deposit bo Name of Bank, D	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.  Depository, etc.	accounts, rents
	Bankers Trust Checking	
Mailing Address	Bankers Trust Checking  2200 Wilson Blvd Ste 100	
Mailing Address		
Mailing Address		
Mailing Address	2200 Wilson Blvd Ste 100  Arlington  VA 22201	ZIP CODE
Mailing Address  Name of Bank, D	2200 Wilson Blvd Ste 100  Arlington  CITY  STATE	ZIP CODE
Name of Bank, D	2200 Wilson Blvd Ste 100  Arlington  CITY  STATE	ZIP CODE
	2200 Wilson Blvd Ste 100  Arlington  CITY  STATE  Depository, etc.  Chain Bridge Bank  1445A Laughlin Avenue	ZIP CODE
Name of Bank, D	2200 Wilson Blvd Ste 100  Arlington  CITY  STATE  Depository, etc.  Chain Bridge Bank	ZIP CODE

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1.			FEC ID number	
3. 4. 4.				
4.			FEC ID number	C
			FEC ID number	C
ame of Any Connected C			FEC ID number	C
	Organization, Affiliated	d Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identify  Full Name	by name, address (ph	one number – optional)		
Mailing Address	1			
Maining / Nacioss				
TITLE OR POSITION V		CITY A	STATE ▲	ZIP CODE ▲
			lephone Number	
afety deposit boxes or main ame of Bank, Bankers	ies: List all banks or ontains funds.  s Trust Checking	other depositories in which	the committee deposit	s funds, holds accounts, ren
afety deposit boxes or main ame of Bank, Bankers	ntains funds.	other depositories in which	the committee deposit	s funds, holds accounts, ren
afety deposit boxes or main ame of Bank, epository, etc.	ntains funds. s Trust Checking	other depositories in which	the committee deposit	s funds, holds accounts, ren

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5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.	FE	EC ID number	C
	2.	FE	EC ID number	С
	3	FE	EC ID number	C
	4	FE	EC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising	g Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization	raising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE A
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail	CITY   CITY   Telepho  ries: List all banks or other depositories in which the co	STATE <b>A</b> one Number	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main that the same of Bank, Depository, etc.	CITY   CITY   Telephoneries: List all banks or other depositories in which the continuations funds.	STATE <b>A</b> one Number	
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Great Mailing Address	CITY   CITY   Telepho  ries: List all banks or other depositories in which the continuations funds.  Western Bank (323)	STATE <b>A</b> one Number	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main that the same of Bank, Depository, etc.	CITY   CITY   Telepho  ries: List all banks or other depositories in which the continuations funds.  Western Bank (323)	STATE <b>A</b> one Number	

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h). <b>Joint Fundraisi</b> n	•				
1.			FEC ID	number	C
2.			FEC ID	number	С
3.			FEC ID	number	С
4.			FEC ID	number	С
ame of Any Connected	Organization, Affil	iated Committee, Joint F	undraising Rep	resentativ	e, or Leadership PAC Spo
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE ▲
	d Organization	Affiliated Committee	Joint Fundraising	Represent	ative Leadership PAC S
Connected		Affiliated Committee		Represent	ative Leadership PAC S
Connected				Represent	ative Leadership PAC S
Connected Connec				Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name				Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name				Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name Mailing Address	by name, address		il)	Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address	c (phone number – optional	il)	STATE A	
Esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or mailing address or mailing and address or other Deposito affects of Bank, Great	v by name, address	city  or other depositories in w	Telephone No	STATE A	
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or material deposition and the companion of Bank, epository, etc.	ries: List all banks aintains funds.  Western Bank	city  or other depositories in w	Telephone No	STATE A	ZIP CODE A

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h). <b>Joint Fundraisi</b>	ng Participant:						
1.					FEC ID numb	er C	
2.					FEC ID numb	er C	
3.					FEC ID numb	er C	
4.					FEC ID numb	er C	
ame of Any Connected	Organization,	Affiliated Com	mittee, Joint	Fundraisi	ng Representa	ative, or Le	adership PAC Spon
Mailing Address							
Relationship:		CIT	Y 🛦		STATE	<b>A</b>	ZIP CODE ▲
	ed Organization  fy by name, addi	Affiliated C			draising Repres	sentative	Leadership PAC S
esignated Agent: Identi					draising Repres	eentative	Leadership PAC S
esignated Agent: Identi					draising Repres	eentative	Leadership PAC S
esignated Agent: Identi					draising Repres	eentative	Leadership PAC S
esignated Agent: Identi	fy by name, add	ress (phone nu	umber – optio	nal)			
esignated Agent: Identi	fy by name, add	ress (phone nu	umber – optio	nal)			
esignated Agent: Identing Full Name  Mailing Address	fy by name, add	ress (phone nu	umber – optio	nal)			
esignated Agent: Identing Full Name	fy by name, add	ress (phone nu	umber – optio	nal)	STATE A		
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION	fy by name, add	ress (phone nu	umber – option	nal)  Teleph	STATE A		ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of the content of t	fy by name, add	ress (phone nu	umber – option	nal)  Teleph	STATE A		ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, Veridi	fy by name, add	ress (phone nu	umber – option	nal)  Teleph	STATE A		ZIP CODE A
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esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or maname of Bank, epository, etc.	fy by name, adding the pries: List all bar aintains funds.  an (14/25)	ress (phone nu	umber – option	nal)  Teleph	STATE A		ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or maname of Bank, epository, etc.	fy by name, adding the pries: List all bar aintains funds.  an (14/25)	ress (phone nu	umber – option	nal)  Teleph	STATE A		ZIP CODE   holds accounts, ren