(Revised 06/2012)

**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. Boarder Security PAC PO Box 183 ADDRESS (number and street) (Check if address is changed) Hudson 54016 CITY A STATE A ZIP CODE ▲ 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 2022 C00828251 FEC IDENTIFICATION NUMBER > 3. 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] 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

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	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 Party Affiliation Sought: House Senate President	State					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name of Candidate							
	Party Committee:						
	(d) This committee is a (National, State or subordinate) committee of the Republican,						
	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 O	rganization					
	Membership Organization Trade Association Coopera	tive					
	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.)	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						
	1						

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٧	Vrite or Type Committee Name				
	Boarder Secur	ity PAC			
6.	Name of Any Connected C NONE	organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor		
	Mailing Address				
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor		
			-		
<u>.                                    </u>	Custodian of Records: Identification books and records.	ustodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee boks and records.			
	Datwyler,	Γhomas, , ,			
	Full Name				
	Mailing Address	PO Box 183			
		Hudson	6		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼		0022		
	Treasurer	Telephone number 715 -	338 - 8544		
3.		asurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of designated agent (e.g., assistant treasurer).			
		Γhomas, , ,			
	of Treasurer	PO Dov. 400			
	Mailing Address	PO Box 183			
		Hudson WI 54016	6		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼				
	Treasurer		338 - 8544		

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Full 1	Name of gnated	(101000 02200)				
Agen						
Mailii	ng Address					
Title	or Position •	CITY ▲	STATE ▲	ZIP CODE ▲		
		Telephone	e number			
		Depositories: List all banks or other depositories in which the cones or maintains funds.	nmittee deposits fu	unds, holds accounts, rents		
Name	Name of Bank, Depository, etc.					
		Chain Bridge Bank				
Mailir	ng Address	1445A Laughlin Avenue				
		McLean	VA	22101		
		CITY ▲	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.						
Mailir	ng Address					
		CITY ▲	STATE ▲	ZIP CODE ▲		