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. Catella for Congress 1101 South 10th Street ADDRESS (number and street) (Check if address is changed) Saint Charles 60174 IL 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) catellaforcongress.com (Check if address is changed) DATE 2019 C00720458 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, , , Datwyler Type or Print Name of Treasurer Datwyler, Thomas, , , Datwyler [Electronically Filed] 09 2019 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

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	COMMITTEE te Committee:
(a) x	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.) Catella, Anthony, , ,
Candidate	
Candidate Party Affili	ation REP Office Sought: House Senate President District 14
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee: (National, State (Democratic,
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the 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 Fu	ndraising 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 committees/organizations, at least one of which is an authorized committee of a federal candidate. 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.
Co	mmittees Participating in Joint Fundraiser
1.	FEC ID number C
2.	FEC ID number
3.	FEC ID number
4.	

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Write or Type Committee Na		<u> </u>
Catella for Co	ngress	
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NONE		
Mailing Address		
-		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of the person i	n possession of committee
	er, Thomas, , , Datwyler	
Full Name	499 South Capitol Street SW, #405	
Mailing Address	₁ #405	
	Washington DC 200	003
Title or Position	CITY STATE	ZIP CODE
Treasurer	715 Telephone number	- 338 - 8544
3. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the distribution of the treasurer of the committee; and the distribution of the treasurer of the committee; and the distribution of the treasurer of the committee; and the distribution of the treasurer of the committee; and the distribution of the treasurer of the committee; and the distribution of the treasurer of the committee; and the distribution of the treasurer of the committee; and the distribution of the treasurer of the committee; and the distribution of the treasurer of the committee; and the distribution of the treasurer of the committee; and the distribution of the treasurer of the committee; and the distribution of the treasurer of the committee; and the distribution of the committee; and the distribution of the committee of the committee of the distribution of the	ne name and address of
Full Name Datwyle of Treasurer	er, Thomas, , , Datwyler	
Mailing Address	499 South Capitol Street SW, #405	
	#405	
	Washington DC 200	003
Title or Position , Treasurer	CITY STATE	ZIP CODE
i leasulei	Telephone number 715	- 338 - 8544

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Full Name of Designated		, , , , , , , , , , , , , , , , , , ,
Agent Mailing Address		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1.1
	Telephone number	
Name of Bank, Mailing Address	Fifth/Third Bank 1600 East Main Street	
	Saint Charles IL 60174	
	CITY STATE :	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		