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. Mike Moon for Congress 2022 P.O. Box 604 ADDRESS (number and street) (Check if address is changed) Republic 65738 MO 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 30 2021 C00788273 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. Mark, Jeffrey, William, , Type or Print Name of Treasurer Mark, Jeffrey, William, , [Electronically Filed] 80 30 2021 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

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Con information below.)	nplete the candidate
Nam Cand	e of didate	Moon, Mike, , ,	
	didate / Affiliati	on REP Office Sought: X House Senate President	State MO District 07
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee	e Name	
Mike Moon	for Congress 2022	
	ected Organization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
NONE		
<u> </u>		
Mailing Address		
Mailing Address		
		, _ , , , , }
	CITY STATE	ZIP CODE
Relationship: Co	nnected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Record books and records.	ds: Identify by name, address (phone number optional) and position of the perso	in in possession of committee
Ma Full Name	ark, Jeffrey, William, ,	
Mailing Address	13735 Lawrence 1155	
	Mt. Vernon MO	65712
Title or Position	CITY STATE	ZIP CODE
Treasurer	715 Telephone number	
. Treasurer: List the na any designated agent	ame and address (phone number optional) of the treasurer of the committee; and (e.g., assistant treasurer).	the name and address of
Full Name Ma	rk, Jeffrey, William, ,	
Mailing Address	13735 Lawrence 1155	
		65712
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated Agent	Datwyler, Thomas, , ,	
Mailing Address	PO Box 183	
	Hudson , WI , 54016	
		CODE
Title or Position Assistant Treas	surer 715 – 338	8544
safety deposit be	r Depositories: List all banks or other depositories in which the committee deposits funds, holds a loxes or maintains funds. Depository, etc.	ccounts, rents
safety deposit b Name of Bank,	Depository, etc. Bank of Missouri 1520 E. Elm St.	ccounts, rents
safety deposit b Name of Bank,	Depository, etc. Bank of Missouri 1520 E. Elm St.	ccounts, rents
safety deposit be	Depository, etc. Bank of Missouri 1520 E. Elm St.	ccounts, rents
safety deposit b Name of Bank,	Depository, etc. Bank of Missouri 520 E. Elm St. Republic MO 65738	ccounts, rents
afety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of Missouri 520 E. Elm St. Republic MO 65738	
afety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of Missouri 520 E. Elm St. Republic CITY STATE ZII	
afety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of Missouri	
lafety deposit be lame of Bank, lame of Bank, lame of Bank,	Depository, etc. Bank of Missouri	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of Missouri	