FEC

Only

STATEMENT OF

PAGE 1/9

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. FEENSTRA FOR CONGRESS 641 2nd St ADDRESS (number and street) (Check if address is changed) Hull 51239 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tcdatwyler@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) FEENSTRAFORCONGRESS.COM (Check if address is changed) DATE 2024 C00693663 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Datwyler, Thomas, , Date 07 14 2024 Signature of Treasurer Datwyler, Thomas, , , 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	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 calinformation below.)	ndidate
	Name of Candidate Feenstra, Randall, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State IA District 04
	(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, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ganization is a:
	Corporation Corporation w/o Capital Stock Labor Organ	ization
	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 fur committee. (i.e., nonconnected committee)	nd or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) 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 PAC).	
	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 monotonittees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or monomorphisms committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Committees Participating in Joint Fundraiser	
	1. C	

Treasurer

_	FEC Form 1 (Revis		Page 3
V	Vrite or Type Committee N		
_		FOR CONGRESS	- Landaudi's BAO On an an
6.	GT Farm Team III	ed Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
		•	
	Mailing Address	PO Box 30844	
		Bethesda MD	20824-0844
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Conne	ected Organization Affiliated Organization X Joint Fundraising Representati	ve Leadership PAC Sponso
7.	Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of the person	n possession of committee
	Datwy	vler, Thomas, , ,	
	Full Name		
	Mailing Address	PO Box 183	
		Hudson	54016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	5 -
8.	Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; as.g., assistant treasurer).	and the name and address of
	Full Name Datwy of Treasurer	/ler, Thomas, , ,	
	Mailing Address	PO Box 183	
		Hudson WI	54016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	OHT — STATE —	211 OODL =

338

Telephone number

8544

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
		·
	Depositories: List all banks or other depositories in which the committee deposits funds, haves or maintains funds.	olds accounts, rents
Name of Bank, D	pepository, etc.	
Mailing Address	lowa State Bank	
	Hull IA 5123	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	pepository, etc.	
	TRUIST (FORMERLY BB&T)	
Mailing Address	2200 WILSON BLVD	
	SUITE 100	
	ARLINGTON VA 22220	01
	CITY ▲ STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1					
			FEC ID	number	C
2			FEC ID	number	C
3.			FEC ID	number	C
4.			FEC ID	number	С
Feenstra Victory	_	liated Committee, Joint I	Fundraising Repi	resentative	e, or Leadership PAC Spon
Mailing Address	641 2nd Street				
	Hull			IA	51239
Relationship:		CITY A		STATE A	ZIP CODE ▲
Conr	nected Organization	Affiliated Committee X s (phone number – option	Joint Fundraising	Representa	tive Leadership PAC S
Conr				Representa	ative Leadership PAC S
Conresignated Agent: Id				Representa	Leadership PAC S
Conresignated Agent: Id				Representa	Leadership PAC S
esignated Agent: Id		s (phone number – option	al)		
esignated Agent: Id	lentify by name, address		al)	Representa	Leadership PAC S

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1 2						
2. 💷				FEC II	O number	С
				FEC II	O number	C
3. 🖳				FEC II	O number	C
4.				FEC II	O number	С
				_		
Name of A	Any Connected	Organization, Affi	liated Committee, Joint F	Fundraising Re	presentativo	e, or Leadership PAC Sponso
FRESH	HMAN AGRICU	JLTURAL REPU	BLICAN MEMBERS TR	RUST AKA FA	RM TRUS	T
Maili	ng Address	PO BOX 30844		1 1 1 1 1	1 1 1 1	
	ŭ					
		BETHESDA		1	MD	20824
Rela	tionship:		CITY A		STATE A	ZIP CODE ▲
	Connected	d Organization	Affiliated Committee X	Joint Fundraisin	y riepieseila	ative Leadership PAC Spo
Designate	d Agent: Identify	by name, address	s (phone number – optiona	al)		
Full Na	ame					
	Addross					
Mailing	Addiess					
Mailing	y Address					
Mailing	y Address					
			CITY A		STATE A	ZIP CODE A
	E OR POSITION		CITY A	Telephone N		ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

D	9	
Page	of ⁹	

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connector	l Organization, Affiliated Committee, Joint Fund	Iraising Representative	or Leadershin PAC Spons
FOUNDING FATHE		Haising Representative	
Mailing Address	C/O RED CURVE SOLUTIONS		
	138 CONANT ST, 2ND FL		
	BEVERLY	MA MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Join	nt Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Join	nt Fundraising Represente	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Join fy by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional) CITY		
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite tafety deposit boxes or management of the connected teacher o	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Depositional Property of the Deposition of Bank, Depository, etc.	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
IOWA VICTORY FU	ND		
Mailing Address	824 S. MILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee X Join	t Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identif	Affiliated Committee X Join by by name, address (phone number – optional)		
Connecte Designated Agent: Identif	Affiliated Committee X Join by pame, address (phone number – optional)	t Fundraising Representation	Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	Affiliated Committee		
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposited safety deposit boxes or many and the content of the content	Affiliated Committee	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the composition of Bank, Depository, etc. Frontie	Affiliated Committee	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponsor
GT FARM TEAM 202	24		
Mailing Address	PO BOX 30844		
		<u> </u>	<u> </u>
	BETHESDA	, , , MD ,	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Joi	nt Fundraising Representa	ative Leadership PAC Sponso
Designated Agent: Identify	y by name, address (phone number - optional)		
Full Name			
Mailing Address			
Mailing Address			
Mailing Address			
	CITY A	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	•	ı	ZIP CODE A
	•	STATE A Telephone Number	ZIP CODE A
TITLE OR POSITION	pries: List all banks or other depositories in which	Telephone Number	
TITLE OR POSITION	pries: List all banks or other depositories in which	Telephone Number	
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	pries: List all banks or other depositories in which	Telephone Number h the committee deposite	
Banks or Other Deposito safety deposit boxes or ma	pries: List all banks or other depositories in whice aintains funds.	Telephone Number h the committee deposite	
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	pries: List all banks or other depositories in whice aintains funds.	Telephone Number h the committee deposite	