Only

STATEMENT OF

PAGE 1 / 4

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. DAN-PAFIRST PAC PO Box 183 ADDRESS (number and street) (Check if address is changed) Hudson 54016 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tcdatwyler@gmail.com (Check if address X is changed) Optional Second E-Mail Address tcdatwyler@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00708172 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. Datwyler, Thomas, , , Type or Print Name of Treasurer Datwyler, Thomas, , , [Electronically Filed] 02 10 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

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 se committee. (i.e., nonconnected committee)	gregated 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 F	undraising Representative:	
(g)	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
(h)	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.	o or more political
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

	22(222)	
FEC Form 1 (Revised		Page 3
Write or Type Committee Name		
DAN-PAFIRST	PAC	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
MEUSER, DANIEL, , ,	, 	
Mailing Address	573 CARVERTON RD	
	WYOMING PA 186	644-9373
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	✗ Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the person	in possession of committee
	Thomas, , ,	ı
Full Name	PO Box 183	
Mailing Address		
	Hudson WI 544	016
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 715	338 8544
3. Treasurer: List the name an any designated agent (e.g., a	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	he name and address of
Full Name Datwyler, of Treasurer	Thomas, , ,	
Mailing Address	PO Box 183	
	Hudson	016
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 715	- 338 - 8544

I'EC FOII	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 .
	Telephone number	
safety deposit be Name of Bank,	Chain Bridge Bank	
	oxes or maintains funds. Depository, etc. Chain Bridge Bank	
Name of Bank,	Depository, etc. Chain Bridge Bank 1445A Laughlin Ave	
Name of Bank,	Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE	
Name of Bank, Mailing Address	Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE	
Name of Bank, Mailing Address	Depository, etc. Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE Depository, etc.	