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. American Renaissance PAC PO Box 751271 ADDRESS (number and street) (Check if address is changed) Las Vegas NV89136 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) (Check if address is changed) DATE 2023 C00781666 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 11 80 2023 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

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|--|--|
| TYPE OF COMMITTEE: | |
| Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate information of the candidate inf | ation below) |
| (b) This committee is an authorized committee, and is NOT a principal campaign cominformation below.) | · |
| Name of Candidate | <u> </u> |
| Candidate Party Affiliation Office Sought: House Senate | State President District |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized co | |
| Name of Candidate | |
| Party Committee: | |
| (d) This committee is a (National, State or subordinate) committee of the | (Democratic, 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) X This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee) | separate segregated fund or party |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| In addition, this committee is a Leadership PAC. (Identify sponsor on line | e 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 committees/organizations, at least one of which is an authorized committee of a fee | · |
| (j) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal ca | |
| Committees Participating in Joint Fundraiser | |
| | C |

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| I | FEC Form 1 (Revised | d 02/2009) | Page 3 |
|----|--|--|--------------------------------|
| V | Vrite or Type Committee Nar American Rena | | |
| 6. | | Organization, Affiliated Committee, Joint Fundraising Representative | or Leadership PAC Sponsor |
| 0. | NONE | organization, Annual Committee, Come Fundationing Representative | , or Loudership TAO openior |
| | | | |
| | | | |
| | Mailing Address | | |
| | | | |
| | | | I I_I |
| | | OTITE 1 | 710.0005.4 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Relationship: Connect | ed Organization Affiliated Organization Joint Fundraising Represent | tative Leadership PAC Sponso |
| | | | |
| 7. | Custodian of Records: Ide | entify by name, address (phone number optional) and position of the perso | on in possession of committee |
| | Datwyle | r, Thomas, , , | |
| | Full Name | ,,, | |
| | Mailing Address | PO Box 183 | |
| | | | |
| | | Hudson | 54016 |
| | | 0.000 | |
| | Title or Position ▼ | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Treasurer | | 715 338 8544 |
| | | Telephone number | |
| 8. | any designated agent (e.g | and address (phone number optional) of the treasurer of the committee, assistant treasurer). | e; and the name and address of |
| | Full Name Datwyle of Treasurer | r, Thomas, , , | |
| | | PO Box 183 | |
| | Mailing Address | | |
| | | | |
| | | Hudson | 54016 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | Treasurer | | 715 - 338 - 8544 |

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|-------------------------------------|--|----------------------|
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | | |
| Title or Position | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Telephone number | |
| Banks or Other safety deposit bo | Depositories: List all banks or other depositories in which the committee deposits funds, haves or maintains funds. | olds accounts, rents |
| Name of Bank, D | Depository, etc. | |
| | Chain Bridge Bank | |
| Mailing Address | 1445A Laughlin Avenue | |
| | | |
| | McLean VA 2210 | 01 |
| | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| Name of Bank, D | Depository, etc. | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY ▲ STATE ▲ | ZIP CODE ▲ |