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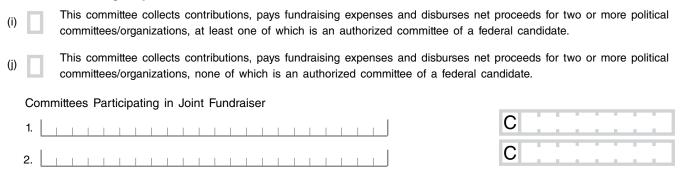
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STATEMENT	OF
ORGANIZATI	ON

FORM 1		ORGANIZ											
				(	Office Use Only								
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5									
Cicely Davi	s for Cor	ngress											
ADDRESS (number a		15 Excelsior Blvd.											
★ (Check if a is changed	address <sub>I</sub> Pl	//B 311											
is changed		aint Louis Park		MN 55 STATE ▲	5416 ZIP CODE ▲								
COMMITTEE'S E-MA													
(Check if a is changed	address <sub>I</sub> to	datwyler@gmail.com	<b>)</b> 										
	,	tional Second E-Mail Ad	dress										
COMMITTEE'S WEB	address <sub>I</sub> cio	55 (URL) elydavis.com											
2. DATE 10 / D D / Y Y Y Y 10 05 2022													
3. FEC IDENTIFIC	CATION NUMB	ER ► C c	00784843										
4. 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.													
Type or Print Name of Treasurer Datwyler, Thomas, , ,													
Signature of Treasure	er Datwyler, 7	homas, , ,	[Electronically Filed]	Date 10	/ D D / Y Y Y Y 05 / 2022								
NOTE: Submission of			may subject the person signing TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §30109								
Office Use Only			For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)								

FEC Form 1 (Revised 03/2022)	Page <b>2</b>								
. TYPE OF COMMITTEE:									
Candidate Committee:									
(a) <b>X</b> 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.)									
Name of Candidate Davis, Cicely, , ,									
Candidate Office Party Affiliation REP Office Sought: K House Senate President	State MN District 05								
(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 (Democrati	c, , etc.) Party								
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:								
Corporation Corporation w/o Capital Stock Labor C	Organization								
Membership Organization Trade Association Cooper	ative								
In addition, this committee is a Lobbyist/Registrant PAC.									
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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.)									
(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 P	AC).								
In addition, this committee is a Lobbyist/Registrant PAC.									

## Joint Fundraising Representative:



Relationship:

	_																																
FEC Form 1 (Revised 02/2009) Page									ge (	3																							
۷	Vrite or Type Committee Name																																
	Cicely Davis for Congress																																
6.	Name of Any Connected O	rganiz	atio	n, A	\ffilia	atec	I C	om	mit	tee	, J	oin	t F	un	drai	isin	g F	Rep	ore	sen	tat	ive	, o	r L	eac	lers	shij	ρP	AC	Sp	on	SOI	
																																	_
	Mailing Address			1 1																													
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Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Datwyler, T	homas, , ,				
Full Name					
Mailing Address	PO Box 183				
	Hudson		WI	54016	
		STATE	▲ ZIP	P CODE ▲	
Title or Position ▼					
Treasurer			Telephone number	715 - 338	8544

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Datwyler, Thomas, , ,						
of Treasurer							
Mailing Address	PO Box 183						
	Hudson WI 54016						
	CITY ▲ STATE ▲ ZIP CODE ▲						
Title or Position ▼							
Treasurer         715         338         8544           Telephone number         715         1         1         1							

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Full Name of Designated Agent							
Mailing Address							
			CITY A	STATE 🔺	ZIP CODE		
Title or Position ▼							
Telephone number							

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Bridge Bank		
Mailing Address	1445A Laughlin Avenue		
	McLean	VA 22101	
	CITY A	STATE A	ZIP CODE
Name of Bank, Depository, e	<b>∙tc.</b>		
Mailing Address			
	CITY A	STATE A	ZIP CODE ▲