FEC

Only

STATEMENT OF

PAGE 1/8

ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) HOUSLEY FOR SENATE COMMITTEE 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) housleyforsenate.com (Check if address is changed) DATE 09 2021 C00664219 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 09 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		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. (Compinformation below.)	olete the candidate
Nam Can	e of didate	Housley, Karin, , ,	
	didate / Affiliati	on REP Office Sought: House X Senate President	State MN District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee: (National, State	Democratic,
(d)			Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi	nected 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 secommittee. (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.)	
Join	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number C	
	Δ		

FEC Form 1 (Re	vised 02/2009)		Page 3
Write or Type Committee	Name		
HOUSLEY F	FOR SENATE COMM	ITTEE	
6. Name of Any Conne	cted Organization, Affiliated Committee,	Joint Fundraising Representat	tive, or Leadership PAC Sponsor
2018 Senators Cl	assic Committee		
Mailing Address	228 S. Washington Street		
maining / taal eee	Suite 115		
	Alexandria	VA	22314
	CITY	STATI	E ZIP CODE
_			ZII CODE
Relationship: Cor	nnected Organization Affiliated Committee	ee X Joint Fundraising Repres	entative Leadership PAC Sponsor
 Custodian of Record books and records. 	s: Identify by name, address (phone numb	er optional) and position of th	ne person in possession of committee
Dat Full Name	wyler, Thomas, , ,		
	PO Box 183		
Mailing Address			
	Hudson	, , WI	, ,54016
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	715 - 338 - 8544
	me and address (phone number optiona (e.g., assistant treasurer).	l) of the treasurer of the commit	ttee; and the name and address of
Full Name Date of Treasurer	wyler, Thomas, , ,		
Mailing Address	PO Box 183		
	Hudson	wi	54016
Tidle on Dook!	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number	715 - 338 - 8544

FEC Form 1 (R	Revised 02/2009)	Page 4
Full Name of Designated Agent		1 1 1 1 1 1 1
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of Name of Bank, Deposit		
safety deposit boxes of Name of Bank, Deposit	nk of America 600 N Washington Street	314
Name of Bank, Deposi	nk of America 600 N Washington Street	
Name of Bank, Deposi	r maintains funds. itory, etc. nk of America 600 N Washington Street Alexandria CITY STATE	314
Name of Bank, Deposition Mailing Address Name of Bank, Deposition Name	r maintains funds. itory, etc. nk of America 600 N Washington Street Alexandria CITY STATE itory, etc.	314
Name of Bank, Deposition Mailing Address Name of Bank, Deposition Name	r maintains funds. itory, etc. nk of America 600 N Washington Street Alexandria CITY STATE itory, etc. ain Bridge Bank	314
Name of Bank, Deposition Mailing Address Name of Bank, Deposition Name of Bank, Deposition	r maintains funds. itory, etc. nk of America 600 N Washington Street Alexandria CITY STATE itory, etc.	314 ZIP CODE

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

n). Joint Fundraisi i	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Karin Housley Vio	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	824 S Milledge Ave		
	Ste 101		
	Athens	GA	30605-1332
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sp
Connecte			ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee		ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee		ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee		ative Leadership PAC Sp
Connecte esignated Agent: Identification Full Name Mailing Address	Affiliated Committee y Jo y by name, address (phone number – optional)		ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	pint Fu	ndraising Represent
Connecte ent: Identif	Affiliated Committee y Jo y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. Bank	Te	STATE A
Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Inks or Other Depositor fety deposit boxes or m	Affiliated Committee Ty by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds.	state Telephone Number	ZIP CODE
Connecte ignated Agent: Identification Full Name Mailing Address TITLE OR POSITION aks or Other Deposite the deposit boxes or mane of Bank, pository, etc.	Affiliated Committee y Jo y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. Bank	state Telephone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page ___ **of** ____

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	С
6.	Name of Any Connected Winsome Leaders	Organization, Affiliated Committee, Joint Fundrai	sing Representativ	e, or Leadership PAC Sponsor
	Mailing Address	901 N Washington St		
		Ste 700 Alexandria	, VA	22314-1535
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
			undraising Represent	
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tele	phone Number	
9.	safety deposit boxes or ma		e committee deposit	s funds, holds accounts, rents
	Donositor: sta			
	Depository, etc.	6001 Stillwater Blvd North		
	Depository, etc	6001 Stillwater Blvd North		
		6001 Stillwater Blvd North	MN	55082

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

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
ame of Any Connected Keep the Majority	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address	Po Box 3986		
ag / taaeee			
	Washington	, DC	20007-0986
Relationship:			
neialionship.	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, U.S. E	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite of the deposite boxes or mailing and the control of the control	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, U.S. E epository, etc.	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisi	ig raiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Common Sense	vvomen 		
Mailing Address	901 N Washington St		
Mailing Address	Ste 700		
	Alexandria	, , VA ,	22314-1535
Dalationahin			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	by by name, address (phone number – optional)	t Fundraising Representation	
esignated Agent: Identing Full Name	by by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name _ _ _	cy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ame of Bank, Wells	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Fargo	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Fargo	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Fargo	STATE A	ZIP CODE A