Only

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STATEMENT OF **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. Lead Encourage Elect PAC PO Box 183 ADDRESS (number and street) (Check if address is changed) Hudson 54016-0183 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tcdatwyler@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2021 C00494302 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] 03 08 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

	550 <b>5</b> -	4 (During 4 00 (000)	David <b>0</b>
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE e 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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State UT District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 separate s committee. (i.e., nonconnected committee)	egregated 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 Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revised 0	)2/2009)	Page <b>3</b>
Write or Type Committee Name		
Lead Encourage	e Elect PAC	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
,Mike Lee Victory,Fund		
	PO Box 183	
Mailing Address		
	Hudson WI 54016-0183	
	CITY STATE ZIF	P CODE
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising Representative Leade	rship PAC Sponso
. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in posses	ssion of committee
Datwyler, T	Thomas, , ,	
Full Name	PO Box 183	
Mailing Address		
	Hudson WI 54016-0183	
Title or Position	CITY STATE ZIF	CODE
Custodian of Records	Telephone number	
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
Full Name Datwyler, T	homas, , ,	
Mailing Address	PO Box 183	
	Hudson WI 54016-0183	
Title or Position	CITY STATE ZIP	CODE
Treasurer	Telephone number	

FEC <b>Form 1</b>	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated LAgent	_ee, Mike, , Sen.,	
Mailing Address	PO Box 1537	
	Salt Lake City UT 84  CITY STATE	ZIP CODE
Title or Position Candidate	Telephone number	
		holds accounts ronts
Banks or Other De safety deposit boxes	epositories: List all banks or other depositories in which the committee deposits funds, es or maintains funds.	, Holds accounts, Tents
Banks or Other Desafety deposit boxes Name of Bank, Dep	es or maintains funds.	, notes accounts, rents
safety deposit boxes  Name of Bank, Dep	es or maintains funds.	, notes accounts, rents
safety deposit boxes  Name of Bank, Dep	pository, etc.	, notus accounts, rents
safety deposit boxes Name of Bank, Dep	es or maintains funds.  pository, etc.  Chain Bridge Bank	, noids accounts, tents
safety deposit boxes Name of Bank, Dep	ces or maintains funds.  pository, etc.  Chain Bridge Bank  1445A Laughlin Avenue	11011
safety deposit boxes Name of Bank, Dep	ces or maintains funds.  pository, etc.  Chain Bridge Bank  1445A Laughlin Avenue	
safety deposit boxes Name of Bank, Dep	control maintains funds.  Chain Bridge Bank  1445A Laughlin Avenue  McLean  CITY  STATE	2101
Name of Bank, Dep	control maintains funds.  Chain Bridge Bank  1445A Laughlin Avenue  McLean  CITY  STATE	2101
Name of Bank, Dep	Chain Bridge Bank  1445A Laughlin Avenue  McLean  CITY  STATE  pository, etc.	2101
Name of Bank, Dep  Mailing Address  Name of Bank, Dep	chain Bridge Bank  1445A Laughlin Avenue  McLean  CITY  STATE  Toolin's Bank	2101
Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Chain Bridge Bank  1445A Laughlin Avenue  McLean  CITY  STATE  Pository, etc.  Zion's Bank  310 South Main St.	2101

FEC Form 1S (Revised 02/2017)

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

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h). <b>Joint Fundraisi</b>	3		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Lee, Mike, , Sen.	, 		
Mailing Address	PO Box 1537		
	Salt Lake City	UT	84110-1537
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint	t Fundraising Representa	ative
Connecte	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Representa	ative
Connecte		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address	by by name, address (phone number – optional)  CITY		
Esignated Agent: Identification of the companion of the c	cy by name, address (phone number – optional)  CITY   CITY   Topries: 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 mane of Bank,	cy by name, address (phone number – optional)  CITY   CITY   Topries: 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 mame of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Topries: List all banks or other depositories in which	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). <b>Joint Fundraisi</b>	1	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Red Victory 2022	: 		
Mailing Address	PO Box 183		
	Hudson	WI	54016-0183
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC 5
	y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identii  Full Name    Mailing Address	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identif	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name   _   _    Mailing Address  TITLE OR POSITION	by by name, address (phone number – optional)  CITY	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name	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 mane of Bank,	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 mane of Bank,	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 mame of Bank, epository, etc.	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 mame of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A