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STATEMENT OF ORGANIZATION

FORM 1	OTTAATTIE		
			Office Use Only
1. NAME OF COMMITTEE (in fu	ill) (Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Easy to Vote	, Hard to Cheat		
ADDRESS (number and	PO Box 183		
(Check if add is changed)	Iress		
is changed)			
	CITY ▲		STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL	ADDRESS		
(Check if add is changed)	Iress tcdatwyler@gmail.co	m 	
	Optional Second E-Mail A	Address	
COMMITTEE'S WEB PA			
2. DATE 08	/ D D / Y Y Y Y 27 2022		
3. FEC IDENTIFICAT		C00823856	
4. IS THIS STATEME	NT X NEW (N) OR	AMENDED (A)	
I certify that I have exa	mined this Statement and to the be	st of my knowledge and belief it	is true, correct and complete.
Type or Print Name of	Treasurer Datwyler, Thomas, , ,		
Signature of Treasurer	Datwyler, Thomas, , ,	[Electronically Filed]	Date 08 / 27 / Y Y Y Y 2022
NOTE: Submission of fals		n may subject the person signing th IATION SHOULD BE REPORTED V	nis Statement to the penalties of 52 U.S.C. §30109 NITHIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

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5. T	YPE OF COMMITTEE:	
C	andidate Committee:	
(8	This committee is a principal campaign committee. (Complete the candidate information below.)	
(t	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the ca information below.)	andidate
	Name of Candidate	
	Candidate Office Sought: House Senate President	State
(0	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
F ((arty Committee: (National, State (Democratic, or subordinate) committee of the (Democratic, Republican, etc.)	c.) Party
P (e	olitical Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected o	rganization is a:
	Corporation Corporation w/o Capital Stock Labor Organ	nization
	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 segregated fu committee. (i.e., nonconnected committee)	nd or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(0) X This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(ł	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 proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 2.

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۷	Vrite or Type Committee Name	•								
	Easy to Vote, I	Hard	to C	heat						
6.	Name of Any Connected O	rganizati	on, Affil	iated Co	ommittee	e, Joint	Fundraisin	ig Representat	ive, or Leadership	PAC Sponsor
	Mailing Address									

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

STATE **▲**

ZIP CODE 🔺

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

CITY

Datwyler, T	homas, , ,					
Full Name						
Mailing Address	PO Box 183					
	Hudson	WI 54016				
	CITY A	STATE ▲ ZIP CODE ▲				
Title or Position ▼						
Treasurer 715 338 8544 Telephone number - <t< td=""></t<>						

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 A STATE A ZIP CODE A							
Title or Position ▼								
Treasurer 715 338 8544 Telephone number 1 1 1								

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	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.

	Chain B	ridge I	Bank																			
Mailing Address		1445A L	_aughlii	n Aver	iue																	
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		McLear) 									VA			22	2101]-[
					С	ITY 4					S	TATE	E 🔺				ZI	Р С	ODE	E 🔺		
Name of Bank, D	Depository, e	tc. ⊥ ⊥ ⊥					1 1	 	1 1									.	1 1			
Mailing Address																						
					С	ITY 4					S	TATE					ZI	Р С	ODE	E 🔺		