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. Grassley Committee, Inc. PO Box 1000 ADDRESS (number and street) (Check if address is changed) Des Moines 50304 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) www.grassleyworks.com (Check if address is changed) DATE 03 2022 C00230482 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 Watson, Dave, , Date 05 30 2025 Signature of Treasurer Watson, Dave, , , 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

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate 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. (Complete the conformation below.)	andidate
	Name of Candidate Grassley, Charles E., , ,	
	Candidate Party Affiliation REP Office Sought: House X Senate President	State IA District 00
	(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 or subordinate) committee of the Republican, etc.	c.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	organization is a:
	Corporation Corporation w/o Capital Stock Labor Orga	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 for committee. (i.e., nonconnected committee)	und 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 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
	Committees Participating in Joint Fundraiser	
	1	

I	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name	u I	
_	Grassley Commi		
6.		ganization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
	Hawkeye Fund		
	Mailing Address	PO Box 156	
		1	
		Des Moines IA	50301-0156
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	ve Leadership PAC Sponso
	Tiolationip. Commoded	7 January Osma Landraising Hoprosomann	Loadolollip 1710 opolisc
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in	n possession of committee
	Datwyler, T	homas, , ,	
	Full Name		
	Mailing Address	PO Box 183	
		Hudson WI	54016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	5
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
	Full Name Watson, Da of Treasurer	ive, , ,	
		4200 University Ave	
	Mailing Address	Ste 410	
		West Des Moines	50266-5945
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		5 - 457 - 2262

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated Da Agent Mailing Address	PO Box 183		H016
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasurer	-	Telephone number 715	_ 338 _ 8544 _
Banks or Other Dep safety deposit boxes	positories: List all banks or other depositories in which or maintains funds.	n the committee deposits funds,	holds accounts, rents
Name of Bank, Depo	ository, etc.		
Mailing Address	hain Bridge Bank 1445A Laughlin Avenue McLean	VA 22	101
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, Depo	ository, etc.		
Ba	ankers Trust Checking	1	
Mailing Address	656 Grand Ave		
	Des Moines	IA 50	309
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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(h). Joint Fundrais	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
CORNYN VICTORY	COMMITTEE		
Mailing Address	PO BOX 13026		
	AUSTIN	NC	78711
		STATE ▲	ZIP CODE ▲
	ed Organization	oint Fundraising Represent	ative Leadership PAC Spo
Connect	ed Organization Affiliated Committee X J		ative Leadership PAC Spo
Connect Designated Agent: Ident	ed Organization Affiliated Committee X J		ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X J		Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X J		Leadership PAC Spo
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Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee X July July July July July July July July		
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee X July July Indiana Affiliated Committee X July Indiana Affiliate	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite tafety deposit boxes or necessary to the content of	ed Organization	STATE Telephone Number ch the committee deposit	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite the properties of Bank, Veriding Name of Bank, Veriding	an Bank Affiliated Committee Affiliated Committee Affiliated Committee Affiliated Committee Affiliated Committee Affiliated Committee CITY ▲ CITY ▲ Ories: List all banks or other depositories in white maintains funds.	STATE Telephone Number ch the committee deposit	ZIP CODE ZIP CODE ss funds, holds accounts, rents
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be a significant or contact the contact tha	Affiliated Committee X July July Indiana Service Servi	STATE Telephone Number ch the committee deposit	ZIP CODE ZIP CODE ss funds, holds accounts, rents
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be a significant or contact the contact tha	Affiliated Committee X July July Indiana Service Servi	STATE Telephone Number ch the committee deposit	ZIP CODE ZIP CODE ss funds, holds accounts, rents

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

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	ising Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
_	ted Organization, Affiliated Committee, Joint Fund	draising Representative	, or Leadership PAC Sponso
2021 SENATORS	CLASSIC COMMITTEE		
Mailing Address	228 S. WASHINGTON STREET		
, and the second	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Designated Agent: Ide	ntify by name, address (phone number - optional)		
Designated Agent: Ide	ntify by name, address (phone number – optional)		
	ntify by name, address (phone number – optional)		
Full Name	ntify by name, address (phone number – optional)		
Full Name	ntify by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	ON V	STATE STATE	ZIP CODE A
Full Name	ON V	1	ZIP CODE A
Full Name Mailing Address	ON ▼ CITY ▲ sitories: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITI Banks or Other Deposafety deposit boxes or	ON ▼ CITY ▲ sitories: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITI Banks or Other Depoisafety deposit boxes or Name of Bank, Greater	ON ▼ CITY ▲ sitories: List all banks or other depositories in which maintains funds.	Telephone Number	
Full Name Mailing Address TITLE OR POSITI Banks or Other Deposafety deposit boxes or Name of Bank, Depository, etc.	ON ▼ CITY ▲ sitories: List all banks or other depositories in which maintains funds. at Western Bank	Telephone Number	
Full Name Mailing Address TITLE OR POSITI Banks or Other Deposafety deposit boxes or Name of Bank, Depository, etc.	ON ▼ CITY ▲ sitories: List all banks or other depositories in which maintains funds. at Western Bank	Telephone Number	

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
TAKE BACK THE SI	ENATE		
Mailing Address	PO BOX 9891		
	ARLINGTON	VA I	22219
Relationship:	CITY ▲	STATE A	ZIP CODE A
riciationship.			
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification	ed Organization Affiliated Committee X J		ative Leadership PAC Sp
Connecte esignated Agent: Identif	ed Organization Affiliated Committee X J		ative Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
TEAM MCCONNELI	l Organization, Affiliated Committee, Joint Fu -	ndraising Representative	e, or Leadership PAC Spon
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)	
	<u> </u>		
Mailing Address			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) or (h).	Joint Fundraisin	g Participant:			
1.			FEC I	D number	C
2.			FEC I	D number	C
3.			FEC I	D number	C
4.			FEC I	D number	C
		Organization, Affiliated Committee,	Joint Fundraising Re	presentative	e, or Leadership PAC Sponsor
202	22 Senators Classi	c Committee			
N	Mailing Address	228 S. Washington Street			
	g	Suite 115			
		Alexandria		VA I	22314
F	Relationship:	CITY ▲		STATE A	ZIP CODE ▲
	Connected	d Organization	X Joint Fundraisin	a Benresenta	ative Leadership PAC Sponso
	ialed Agent: identity	by name, address (phone number –	optional)		
Ful	II Name				
	II Name				
Ма	ailing Address	CITY		STATE A	ZIP CODE A
Ма		CITY A	Telephone N		ZIP CODE A
Ма	ailing Address	CITY A	Telephone N		ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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2.			FEC ID nur	nber C	
3.	<u> </u>		FEC ID nur	nber C	
4.			FEC ID nur	nber C	
lame of Any Connect	ed Organization, Affiliate	d Committee, Joint F	undraising Represe	ntative, or	Leadership PAC Spons
Cotton Senate Vict	ory 2022				
Mailing Address	901 N Washington S	t, Ste 700		1 1 1 1	
•					
	Alexandria			/A	22314
Relationship:		CITY A	STA	⊥ ∟ TE ▲	ZIP CODE ▲
Connec	eted Organization Affil	liated Committee X	Joint Fundraising Rep	resentative	Leadership PAC Sp
esignated Agent: Ider	itify by name, address (pr	none number – optiona	al)		
Full Name					
Mailing Address					
				1 1 1 1	
TITLE OR POSITIO	 	CITY A	STAT		ZIP CODE ▲
TITLE OR POSITIO		CITY A	STAT Telephone Numbe		ZIP CODE A

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

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h). Joint Fundrais	ing raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
_	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
HINSON GRASSLE	Y VICTORY		
Mailing Address	PO BOX 811		
	MARION	IA I	52302
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connect	ed Organization Affiliated Committee X Julian Julian Julian Affiliated Committee X Julian Jul	oint Fundraising Represent	ative Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi r			
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fun	draising Representativ	re, or Leadership PAC Spon
Mailing Address	C/O RED CURVE SOLUTIONS	1 1 1 1 1 1 1 1	
. J	138 CONANT STREET, SUITE 201		
	BEVERLY	MA L	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Represent	tative Leadership PAC S
Connecte	d Organization Affiliated Committee X Joi	int Fundraising Represent	tative Leadership PAC S
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esignated Agent: Identification Full Name Mailing Address	d Organization Affiliated Committee X Joint by by name, address (phone number – optional) CITY		
Connecte esignated Agent: Identife Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	d Organization Affiliated Committee X Joint Join	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	d Organization Affiliated Committee X Joint Join	STATE A Telephone Number	ZIP CODE A