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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) over the lines. is changed) Committee to Elect Sam Peters PO Box 752555 ADDRESS (number and street) (Check if address is changed) Las Vegas 89136 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS tcdatwyler@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.sampeters4congress.com (Check if address is changed) DATE 10 05 2022 C00700898 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] 10 05 2022 Signature of Treasurer Date 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 Only

Local 202-694-1100

| EC | Form 1 (Revised 03/2022)   | 2        |
|----|--|----------|
| 7  | PE OF COMMITTEE:   |          |
| (  | indidate Committee:  |          |
| (  | This committee is a principal campaign committee. (Complete the candidate information below.)  |          |
| (  | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  |          |
|    | Name of Candidate Peters, Samuel, James, Mr,   |          |
|    | Candidate Party Affiliation REP Sought: House Senate President  District   | NV<br>04 |
| (  | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |          |
|    | Name of Candidate  |          |
| F  | rty Committee:   |          |
| (  | This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party   |          |
| F  | litical Action Committee (PAC):  |          |
| (  | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization  | on is a: |
|    | Corporation Corporation w/o Capital Stock Labor Organization   |          |
|    | Membership Organization Trade Association Cooperative  |          |
|    | In addition, this committee is a Lobbyist/Registrant PAC.  |          |
| (  | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa committee. (i.e., nonconnected committee)   | rty      |
|    | In addition, this committee is a Lobbyist/Registrant PAC.  |          |
|    | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |          |
| (  | This committee is an independent expenditure-only political committee (Super PAC).   |          |
|    | In addition, this committee is a Lobbyist/Registrant PAC.  |          |
| (  |  |          |
|    | In addition, this committee is a Lobbyist/Registrant PAC.  |          |
| J  | int Fundraising Representative:  |          |
| (  | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, at least one of which is an authorized committee of a federal candidate. | cal      |
| (  | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.         | cal      |
|    | Committees Participating in Joint Fundraiser   |          |
|    | 1. C   | 4        |

| I  | FEC Form 1 (Revised 0.                                     | 2/2009)  | Page <b>3</b>          |
|----|--|--|------------------------|
| V  | rite or Type Committee Name                                | lect Sam Peters  |                        |
| 6. | Name of Any Connected Or                                   | ganization, Affiliated Committee, Joint Fundraising Representative, or Le REPUBLICAN NOMINEE FUND 2022 | adership PAC Sponsor   |
|    |  |  |                        |
|    | Mailing Address  | PO BOX 9891  |                        |
|    |  | ARLINGTON   VA   22  | 2219                   |
|    |  | CITY ▲ STATE ▲   | ZIP CODE ▲             |
|    | Relationship: Connected                                    | Organization Affiliated Organization Joint Fundraising Representative                                  | Leadership PAC Sponso  |
| 7. | Custodian of Records: Idention books and records.          | y by name, address (phone number optional) and position of the person in pos                           | ssession of committee  |
|    | Datwyler, T  | nomas, , ,   |                        |
|    | Mailing Address  | PO Box 183   |                        |
|    |  | Hudson   WI   54   | 4016                   |
|    |  |  |                        |
|    | Title or Position ▼  | CITY ▲ STATE ▲   | ZIP CODE ▲             |
|    | Treasurer  | Telephone number   | _ 338 8544             |
| 8. | Treasurer: List the name and any designated agent (e.g., a | address (phone number optional) of the treasurer of the committee; and t ssistant treasurer).          | he name and address of |
|    | Full Name Datwyler, T                                      | nomas, , ,   |                        |
|    | Mailing Address  | PO Box 183   |                        |
|    |  |  |                        |
|    |  | Hudson WI 54   | 4016                   |
|    | Title or Position ▼  | CITY ▲ STATE ▲   | ZIP CODE ▲             |
|    | Treasurer  | Telephone number   | _ 338 8544             |

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|-------------------------------------|---|----------------------------|
| Full Name of<br>Designated<br>Agent |   |                            |
| Mailing Address                     |   |                            |
|                                     |   |                            |
|                                     |   |                            |
| Title or Position ▼                 | CITY ▲ STATE ▲  | ZIP CODE ▲                 |
| l                                   |   |                            |
|                                     | Depositories: List all banks or other depositories in which the committee deposits function or maintains funds. | nds, holds accounts, rents |
| Name of Bank, D                     | epository, etc.   |                            |
|                                     | Wells Fargo   |                            |
| Mailing Address                     | 1900 Village Center Cir   |                            |
|                                     |   |                            |
|                                     | Las Vegas NV  | 89134                      |
|                                     | CITY ▲ STATE ▲  | ZIP CODE ▲                 |
| Name of Bank, De                    | epository, etc.   |                            |
|                                     | Chain Bridge Bank   |                            |
| Mailing Address                     | 1445A Laughlin Avenue   |                            |
|                                     |   |                            |
|                                     | McLean   VA   | 22101                      |
|                                     | CITY ▲ STATE ▲  | ZIP CODE ▲                 |
|                                     |   |                            |

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

FEC Form 1S (Revised 02/2017)

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| Hudson  CITY  STATE  ZIP CODE  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  ated Agent: Identify by name, address (phone number – optional)  | 5(g) or (h).               | Joint Fundraising   | Participant:   |                       |   |
|---|----------------------------|---|--|-----------------------|---|
| FEC ID number  FEC ID number  C  Of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor in Peters Victory Fund  failing Address  PO Box 183  Hudson  WI  STATE A  ZIP CODE A  Connected Organization  Affiliated Committee  V  Joint Fundraising Representative  Leadership PAC Spons  ated Agent: Identify by name, address (phone number – optional)                  | 1.                         |   |  | FEC ID number         | C   |
| of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor in Peters Victory Fund  Mailing Address  PO Box 183  Hudson  CITY A  STATE A  ZIP CODE A  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  ated Agent: Identify by name, address (phone number – optional)  | 2.                         |   |  | FEC ID number         | C   |
| of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor in Peters Victory Fund  failing Address  PO Box 183  Hudson  Hudson  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor  At Affiliated Committee  Affiliated Committee  Name | 3.                         |   |  | FEC ID number         | C   |
| of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor in Peters Victory Fund  failing Address  PO Box 183  Hudson  Hudson  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor  At Affiliated Committee  Affiliated Committee  Name | 4.                         |   |  | FEC ID number         | С   |
| Mailing Address  PO Box 183  Hudson  CITY A  STATE A  ZIP CODE A  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  ated Agent: Identify by name, address (phone number – optional)   | <del></del>                |   |  |                       |   |
| Mailing Address  PO Box 183  Hudson  CITY A  STATE A  ZIP CODE A  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  ated Agent: Identify by name, address (phone number – optional)   | 6. <b>Name</b>             | e of Any Connected (  | Organization, Affiliated Committee, Joint Fundrai  | sing Representative   | e, or Leadership PAC Sponsor              |
| Hudson  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  Attendance Agent: Identify by name, address (phone number – optional)   |                            |   |  |                       |   |
| Hudson  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  Attendance Agent: Identify by name, address (phone number – optional)   |                            |   |  |                       |   |
| Hudson  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  Attendance Agent: Identify by name, address (phone number – optional)   |                            |   |  |                       |   |
| Hudson  CITY  STATE  ZIP CODE  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  ated Agent: Identify by name, address (phone number – optional)  |                            | Mailing Address   | PO Box 183   |                       |   |
| Relationship:  CITY   STATE   ZIP CODE   Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  ated Agent: Identify by name, address (phone number – optional)  |                            | 3 1   |  |                       |   |
| Relationship:  CITY   STATE   ZIP CODE   Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons  ated Agent: Identify by name, address (phone number – optional)  |                            |   | · Hudson   | WI .                  | . 54016                                   |
| Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons ated Agent: Identify by name, address (phone number – optional)   |                            | Dalatianahini   |  |                       |   |
| ated Agent: Identify by name, address (phone number – optional)  Name   |                            |   |  |                       |   |
| Name  |                            | Connected   | Organization Affiliated Committee Joint F  | undraising Representa | ative Leadership PAC Sponsor              |
|   | <br>B. <b>Desig</b>        | nated Agent: Identify   | bv name. address (phone number – optional)   |                       |   |
|   | Fu                         | ull Name  | by name, address (phone number – optional)   |                       |   |
|   | Fu                         | ull Name  | by name, address (phone number – optional)   |                       |   |
| CITY ▲ STATE ▲ ZIP CODE ▲   | Fu                         | ull Name  |  |                       |   |
| ILE OR POSITION ▼   | Fu                         | ull Name  | CITY A   | STATE A               | ZIP CODE A                                |
|   | Fu                         | ull Name  | CITY A   | STATE A               | ZIP CODE A                                |
| TLE OR PC   | Fu                         | ull Name  |  |                       |   |
|   | Ft M                       | ull Name  | CITY A   | phone Number          | ZIP CODE A                                |
| deposit boxes or maintains funds.   | Fu M                       | ull Name  | CITY   CITY   Tele  ies: List all banks or other depositories in which th  | phone Number          | ZIP CODE A                                |
| deposit boxes or maintains funds.  of Bank, Evolve Bank & Trust  tory, etc.   | M T L D. Banks safety Name | dailing Address  TITLE OR POSITION  s or Other Depositorial deposit boxes or main   | CITY   CITY   Tele  ies: List all banks or other depositories in which the ntains funds.  Bank & Trust                             | phone Number          | ZIP CODE A                                |
| deposit boxes or maintains funds.  of Bank, Evolve Bank & Trust tory, etc. (301 Shoppingway Boulevard)  | M T L D. Banks safety Name | Idailing Address  TITLE OR POSITION  S or Other Depositoric deposit boxes or main e of Bank, Evolve                       | CITY   CITY   Tele  ies: List all banks or other depositories in which the ntains funds.  Bank & Trust                             | phone Number          | ZIP CODE A                                |
| deposit boxes or maintains funds.  of Bank, Evolve Bank & Trust tory, etc. (301 Shoppingway Boulevard)  | M T L D. Banks safety Name | Idailing Address  TITLE OR POSITION  s or Other Depositoring deposit boxes or main deposit boxes or main depository, etc. | CITY   CITY   Tele  ies: List all banks or other depositories in which the ntains funds.  Bank & Trust                             | phone Number          | ZIP CODE A                                |
| deposit boxes or maintains funds.  of Bank, Evolve Bank & Trust tory, etc. (301 Shoppingway Boulevard)  | M T L D. Banks safety Name | Idailing Address  TITLE OR POSITION  s or Other Depositoring deposit boxes or main deposit boxes or main depository, etc. | CITY   CITY   Tele  ies: List all banks or other depositories in which the intains funds.  Bank & Trust  301 Shoppingway Boulevard | e committee deposit   | ZIP CODE   S funds, holds accounts, rents |

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

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|------|---|-----|---|--|
| raue |   | OI. |   |  |

| (h). <b>Joint Fundraisi</b>  | ng Participant:   |                          |                            |
|--|---|--------------------------|----------------------------|
| 1.   |   | FEC ID number            | C                          |
| 2.   |   | FEC ID number            | C                          |
| 3.   |   | FEC ID number            | C                          |
| 4.   |   | FEC ID number            | C                          |
|  | I Organization, Affiliated Committee, Joint Fu 2 VICTORY FUND | ndraising Representative | e, or Leadership PAC Spons |
|  |   |                          |                            |
| Mailing Address  | P.O. BOX 341027   |                          |                            |
|  |   |                          |                            |
|  | AUSTIN  | TX                       | 78734                      |
| Relationship:  | CITY ▲  | STATE ▲                  | ZIP CODE ▲                 |
|  | fy by name, address (phone number – optional)                 |                          |                            |
| Full Name  |   |                          |                            |
| Full Name  |   |                          |                            |
|  |   |                          |                            |
|  |   |                          |                            |
|  | CITY A  | STATE A                  | ZIP CODE A                 |
| Mailing Address  | CITY A  | STATE   Telephone Number | ZIP CODE <b>A</b>          |
| Mailing Address  TITLE OR POSITION   | pries: List all banks or other depositories in wh             | Telephone Number         |                            |
| Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, repository, etc. | pries: List all banks or other depositories in wh             | Telephone Number         |                            |
| Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, repository, etc. | pries: List all banks or other depositories in wh             | Telephone Number         |                            |

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 Fundraisir</b>  |  |                              |                           |
|--|--|------------------------------|---------------------------|
| 1.   |  | FEC ID number                | C                         |
| 2.   |  | FEC ID number                | С                         |
| 3.   |  | FEC ID number                | С                         |
| 4.   |  | FEC ID number                | С                         |
| ame of Any Connected   | Organization, Affiliated Committee, Joint Funda  | raising Representative       | e, or Leadership PAC Spon |
| INCC NEVADA  |  |                              |                           |
|  |  |                              |                           |
| Mailing Address  | 228 S WASHINGTON ST  |                              |                           |
| Mailing Addition   | STE 115  |                              |                           |
|  | ALEXANDRIA   | VA I                         | 22314                     |
| Relationship:  | CITY ▲   | STATE A                      | ZIP CODE ▲                |
|  |  | t Fundraising Representa     | ative Leadership PAC Sp   |
|  | d Organization Affiliated Committee X Joint y by name, address (phone number – optional) | t Fundraising Representa     | Leadership PAC Sp         |
| esignated Agent: Identif   |  | t Fundraising Representa     | Leadership PAC Sp         |
| esignated Agent: Identif   |  | t Fundraising Representa     | Leadership PAC Sp         |
| esignated Agent: Identif   |  | t Fundraising Representa     | Leadership PAC Sp         |
| esignated Agent: Identif  Full Name    Mailing Address   | y by name, address (phone number – optional)   | t Fundraising Representation | Leadership PAC Sp         |
| esignated Agent: Identif   | y by name, address (phone number – optional)  CITY                                       |                              |                           |
| esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, | y by name, address (phone number – optional)  CITY   To                                  | STATE A                      | ZIP CODE A                |
| esignated Agent: Identification Full Name  | y by name, address (phone number – optional)  CITY   To                                  | STATE A                      | ZIP CODE A                |
| esignated Agent: Identification Full Name  | y by name, address (phone number – optional)  CITY   To                                  | STATE A                      | ZIP CODE A                |