Only

## STATEMENT OF

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**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) **BLAC PAC** PO Box 183 ADDRESS (number and street) (Check if address is changed) Hudson 54016 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) (Check if address is changed) DATE 02 20 2023 C00833848 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 20 2023 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

Local 202-694-1100

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TYPE OF COMMITTEE:				
Candidate Committee:				
(a) This committee is a principal campaign committee. (Cor	nplete the candidate information below.)			
(b) This committee is an authorized committee, and is NOT information below.)	a principal campaign committee. (Complete the candidate			
Name of Candidate				
Candidate Office Party Affiliation Sought: House	State President  District			
(c) This committee supports/opposes only one candidate, a	nd is NOT an authorized committee.			
Name of Candidate				
Party Committee:				
(d) This committee is a (National, State or subordinate) co	(Democratic, Republican, etc.) Party			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify	connected organization on line 6.) Its connected organization is a			
Corporation Corpora	tion w/o Capital Stock Labor Organization			
Membership Organization Trade A	ssociation Cooperative			
In addition, this committee is a Lobbyist/Regis	trant PAC.			
(f) This committee supports/opposes more than one Feder committee. (i.e., nonconnected committee)	al candidate, and is NOT a separate segregated fund or party			
In addition, this committee is a Lobbyist/Regis	trant PAC.			
In addition, this committee is a Leadership PA	.C. (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/Regis	trant PAC.			
Joint Fundraising Representative:				
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				
1.	C			

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۷۱	Vrite or Type Committee Name		
	BLAC PAC		
6.	Name of Any Connected Or NONE	ganization, Affiliated Committee, Joint Fundraising Representative, or I	-eadership PAC Sponsor
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in p	possession of committee
	Datwyler, T	homas, , ,	
	Full Name		
	Mailing Address	PO Box 183	
		1	
		Hudson	54016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	338 8544
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	I the name and address of
	Full Name Datwyler, T	homas, , ,	
	of Treasurer		
	Mailing Address	PO Box 183	
		Hudson WI	54016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	338 8544

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Full Name of Designated Agent							
Mailing Address							
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲				
	Tele	phone number	-  -  -  -				
Banks or Other Depositori safety deposit boxes or main	es: List all banks or other depositories in which the tains funds.	e committee deposits funds,	holds accounts, rents				
Name of Bank, Depository, e	etc.						
Chain Bridge Bank							
Mailing Address	1445A Laughlin Avenue						
	McLean	VA22	2101				
	CITY A	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY A	STATE ▲	ZIP CODE ▲				