FEC

Only

STATEMENT OF

PAGE 1/8

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. FEENSTRA FOR CONGRESS 641 2nd St ADDRESS (number and street) (Check if address is changed) Hull 51239 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) FEENSTRAFORCONGRESS.COM (Check if address is changed) DATE 2023 C00693663 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 Datwyler, Thomas, , Date 12 20 2023 Signature of Treasurer Datwyler, Thomas, , , 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

| EC Form 1 (Revised 03/2022) | Page 2 |
|--|-----------------------|
| TYPE OF COMMITTEE: | |
| Candidate Committee: | |
| (a) X 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 information below.) | ne candidate |
| Name of Candidate Feenstra, Randall, , , | |
| Candidate Party Affiliation REP Office Sought: X House Senate President | State IA District 04 |
| (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 | c, ı, etc.) Party |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | ed organization is a: |
| Corporation Corporation w/o Capital Stock Labor C | Organization |
| Membership Organization Trade Association Cooper | _ |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee) | ed 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.) | |
| (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 P | AC). |
| 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 committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political |
| (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | or more political |
| Committees Participating in Joint Fundraiser | |
| 1C | |
| C | |

| | FEC Form 1 (Revised 0 |)2/2009) | | Page 3 |
|----|--|---|---------------------------------|-------------------------------------|
| V | Vrite or Type Committee Name | | | . 250 |
| | FEENSTRA FOR | | | |
| 6. | Name of Any Connected O | rganization, Affiliated Committee, Jo | int Fundraising Representa | tive, or Leadership PAC Sponsor |
| | GT Farm Team III | | | |
| | | | | |
| | Mailing Address | PO Box 30844 | | |
| | | | | |
| | | Bethesda | MD | 20824-0844 |
| | | CITY ▲ | STATE | ZIP CODE A |
| | | | | |
| | Relationship: Connected | Organization Affiliated Organization | X Joint Fundraising Repre | sentative Leadership PAC Sponso |
| 7. | Custodian of Records: Ident books and records. | tify by name, address (phone number | optional) and position of the p | erson in possession of committee |
| | Datwyler, T | Γhomas, , , | | |
| | Full Name | | | |
| | Mailing Address | PO Box 183 | | |
| | | | | |
| | | Hudson | w _i | 54016 |
| | | CITY ▲ | STATE | ZIP CODE ▲ |
| | Title or Position ▼ | OH F | SIAIT | ZIF GODE A |
| | Treasurer | | Telephone number | 715 - 338 - 8544 |
| | | | | |
| 8. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) assistant treasurer). | of the treasurer of the comm | nittee; and the name and address of |
| | Full Name Datwyler, T | Γhomas, , , | | |
| | of Treasurer | | | |
| | Mailing Address | PO Box 183 | | |
| | | | <u> </u> | |
| | | Hudson | w | 54016 |
| | | CITY ▲ | STATE | ZIP CODE ▲ |
| | Title or Position ▼ | | | |
| | Treasurer | | Telephone number | 715 - 338 - 8544 |

| FEC Form 1 | (Revised 02/2009) | Page 4 |
|-------------------------------------|--|---------------------------|
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | | |
| Title or Decition — | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| Title or Position ▼ | | |
| | Depositories: List all banks or other depositories in which the committee deposits funder or maintains funds. | ds, holds accounts, rents |
| Name of Bank, De | epository, etc. | |
| Mailing Address | Iowa State Bank 1101 Main St | |
| | Hull CITY A STATE A | 51239 ZIP CODE ▲ |
| Name of Bank, De | epository, etc. | |
| | TRUIST (FORMERLY BB&T) | |
| Mailing Address | 2200 WILSON BLVD | |
| | SUITE 100 | |
| | ARLINGTON | 22201 |
| | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | | |

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

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| h). Joint Fundraisi | .9 | | |
|---|--|-----------------------|---------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| 7. | | | |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fundr | aising Representativ | e, or Leadership PAC Spon |
| - Constra victory r di | | | |
| | | | |
| Mailing Address | 641 2nd Street | | |
| | | | |
| | Hull | I IA | 51239 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | Fundraising Represent | ative Leadership PAC Sp |
| | d Organization Affiliated Committee X Joint y by name, address (phone number – optional) | Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | | Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | | Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | | Fundraising Represent | Ative Leadership PAC Sp |
| esignated Agent: Identification Full Name Mailing Address | y by name, address (phone number – optional) | Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identif | y by name, address (phone number – optional) CITY | | |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) 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, epository, etc | y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Fargo Bank | STATE A | ZIP CODE A |

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

Page ___ **of** 8___

| 1. | | | | | | | |
|---|------------------------------|------------------------------|--------------------------|--------------------|--------------|----------------------|--------|
| | | | | FEC II | O number | C | |
| 2. | | | | FEC II | O number | С | |
| 3. | | 1 1 1 1 1 1 | | FEC II | O number | С | |
| 4. | | | | FEC II | O number | С | |
| | | | | | | | |
| Name of Any | y Connected | Organization, Aff | iliated Committee, Joint | Fundraising Re | presentativ | e, or Leadership PAC | Spons |
| FRESHM | IAN AGRICU | LTURAL REPU | IBLICAN MEMBERS T | RUST AKA FA | RM TRUS | T | |
| | | | | | | | |
| Mailing | Address | PO BOX 30844 | | | 1 1 1 1 | | 1 1 |
| 9 | 7.100.000 | | | | | | |
| | | BETHESDA | | | MD | 20824 | |
| | | | CITY A | | STATE A | ZIP CODE | = 🛦 |
| Relation | nship: | | | | | | |
| | Connected | Organization by name, addres | | ✓ Joint Fundraisin | g Represent | ative Leadership P | |
| Designated A | Connected Agent: Identify | | Affiliated Committee | | g Representa | ative Leadership P | |
| Designated <i>I</i> | Connected Agent: Identify | | Affiliated Committee | | g Represent | ative Leadership P | |
| Designated A | Connected Agent: Identify | | Affiliated Committee | | g Represent | ative Leadership P | |
| esignated A | Connected Agent: Identify | | Affiliated Committee | | g Represent | ative Leadership P | |
| Pesignated A Full Name Mailing A | Connected Agent: Identify | by name, addres | Affiliated Committee | | g Represent | Leadership P | AC Spo |
| Designated A Full Name Mailing A | Connected Agent: Identify e | by name, addres | Affiliated Committee | | STATE A | | AC Spo |

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

Page ___ **of** 8___

| (h). Joint Fundraisi | ng Participant: | | |
|--|---|---------------------------|----------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| Name of Any Connected | Organization, Affiliated Committee, Joint Fund | Iraising Representative | e, or Leadership PAC Spons |
| | | | |
| | | | |
| Mailing Address | C/O RED CURVE SOLUTIONS | | |
| | 138 CONANT ST, 2ND FL | | |
| | BEVERLY | MA | 01915 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Affiliated Committee X Join for by name, address (phone number – optional) | nt Fundraising Representa | Leavership FAC Spc |
| | | nt Fundraising Representa | Leadership FAC Spc |
| Designated Agent: Identi | | nt Fundraising Representa | Leadership FAC 3pc |
| Designated Agent: Identi | | nt Fundraising Representa | Leadership PAC Spo |
| Designated Agent: Identi | | nt Fundraising Representa | Leadership FAC 3pc |
| Designated Agent: Identi | fy by name, address (phone number – optional) | STATE A | ZIP CODE A |
| Designated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) CITY | | |
| Pesignated Agent: Identic Full Name Mailing Address TITLE OR POSITION Mailing Address Banks or Other Deposition fafety deposit boxes or mailing and | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the sa | cories: List all banks or other depositories in which aintains funds. | STATE A | ZIP CODE A |

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

| Page | of ⁸ | |
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| h). Joint Fundraisi | | | |
|--|---|-------------------------------|----------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| lame of Any Connected | Organization, Affiliated Committee, Joint Fund | Iraising Representative | e, or Leadership PAC Spons |
| IOWA VICTORY FU | ND | | |
| | | | |
| Mailing Address | 824 S. MILLEDGE AVE STE 101 | | |
| | | | |
| | ATHENS | GA | 30605 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | | nt Fundraising Representa | Leadership PAC Sp |
| | Affiliated Committee X Join for by name, address (phone number – optional) | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) | st Fundraising Representation | Leadership PAC Sp |
| esignated Agent: Identi | fy by name, address (phone number – optional) CITY | | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and the second se | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc | fy by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which aintains funds. | STATE A | ZIP CODE A |