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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) Pacific Northwest Political Action Committee PO Box 183 ADDRESS (number and street) (Check if address is changed) Hudson 54016 WI CITY A STATE A ZIP CODE A 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 05 2022 C00811802 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] 04 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 2 U.S.C. §437g. 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

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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	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.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee N		<u> </u>
Pacific Northy	west Political Action Committee	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
Datwy	eler, Thomas, , ,	
Mailing Address	PO Box 183	
3		
	Hudson	54016
Title or Position	CITY STAT	E ZIP CODE
Treasurer	Telephone number	715 338 - 8544
. <b>Treasurer:</b> List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the comm g., assistant treasurer).	nittee; and the name and address of
Full Name Datwyl of Treasurer	ler, Thomas, , ,	
Mailing Address	PO Box 183	
	Hudson	<u>  54016                                    </u>
Title or Position , Treasurer	CITY STATI	E ZIP CODE
	Telephone number	

FEC <b>Forr</b>	<b>1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1 1
	Telephone number	
Banks or Other safety deposit bo Name of Bank, I		accounts, rents
safety deposit bo	exes or maintains funds.	accounts, rents
safety deposit be Name of Bank, I	Chain Bridge Bank  1445A Laughlin Avenue  McLean  VA  222101	accounts, rents
safety deposit be Name of Bank, I	Chain Bridge Bank  1445A Laughlin Avenue  McLean  CITY  STATE  Z	
safety deposit be Name of Bank, I	Chain Bridge Bank  1445A Laughlin Avenue  McLean  CITY  STATE  Z	
safety deposit be Name of Bank, I	Chain Bridge Bank  1445A Laughlin Avenue  McLean  CITY  STATE  Z	
Name of Bank, I	Chain Bridge Bank  1445A Laughlin Avenue  McLean  CITY  STATE  Z	
Name of Bank, I	Chain Bridge Bank  1445A Laughlin Avenue  McLean  CITY  STATE  Z	

## : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: