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. Red Tide PAC 499 South Capitol Street SW ADDRESS (number and street) 407 (Check if address is changed) Washington 20003 DC 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 04 2018 C00689026 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, C.,, Type or Print Name of Treasurer Datwyler, Thomas, C.,, [Electronically Filed] 10 2018 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

Local 202-694-1100

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.		

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Write or Type Committee I	Name	
Red Tide PA	C	
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NONE		
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the person i	n possession of committee
Datw Full Name	yler, Thomas, C., ,	
Mailing Address	499 South Capitol Street SW	
ag . taa. eee	#407	
	Washington DC 200	003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	- 338 - 8544
	ne and address (phone number optional) of the treasurer of the committee; and the e.g., assistant treasurer).	ne name and address of
Full Name Datwy of Treasurer	yler, Thomas, C., ,	
Mailing Address	499 South Capitol Street SW	
	<u> </u> #407	
	Washington DC 200	103
Title or Position Treasurer	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	-
safety deposit boxe	epositories: List all banks or other depositories in which the committee deposits funds, es or maintains funds.	
safety deposit boxe Name of Bank, Dep	es or maintains funds.	
safety deposit boxe Name of Bank, Dep	ces or maintains funds. pository, etc. Chain Bridge Bank 1445A Laughlin Ave	
safety deposit boxe Name of Bank, Dep	es or maintains funds. pository, etc. Chain Bridge Bank	
safety deposit boxe Name of Bank, Dep	ces or maintains funds. pository, etc. Chain Bridge Bank 1445A Laughlin Ave	
safety deposit boxe Name of Bank, Dep	chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE	101
safety deposit boxe Name of Bank, Dep Mailing Address	chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE	101
safety deposit boxe Name of Bank, Dep Mailing Address	chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE	101
safety deposit boxe Name of Bank, Dep Mailing Address	chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE	101
Name of Bank, Dep	chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE	101
Name of Bank, Dep	chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE	101

: 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: