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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Pak-American Coalition Super PAC 499 South Capitol Street SW ADDRESS (number and street) #405 (Check if address is changed) Washington DC 20003 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 2023 C00826669 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] 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 Only

Local 202-694-1100

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	TYPE OF COMMITTEE:						
	Candidate 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. (Complete the information below.)	he candidate					
	Name of Candidate						
	Candidate Party Affiliation 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 Committee:						
	(Mational, State (Democrati	ic, n, etc.) Party					
	Political Action Committee (PAC):						
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:					
	Corporation Corporation w/o Capital Stock Labor (Organization					
	Membership Organization Trade Association Cooper	ative					
	In addition, this committee is a Lobbyist/Registrant PAC.						
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)						
	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 F	PAC).					
	In addition, this committee is a Lobbyist/Registrant 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.						
	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						
	1. C						

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٧	Vrite or Type Committee Name		0					
	Pak-American Coalition Super PAC Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
<i>,</i> .	NONE	organization, Anniated Committee,	cont i unulaising nepi	Coomanye, or Leade	.c.iip i Ao Opolisoi			
	Mailing Address							
		CITY ▲		STATE ▲	ZIP CODE ▲			
	Relationship: Connected	d Organization Affiliated Organizati	on Joint Fundraising	g Representative	Leadership PAC Sponsor			
	_	_	_					
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number	optional) and position o	of the person in posses	sion of committee			
	Datwyler,	Thomas, , ,						
	Full Name							
	Mailing Address	PO Box 183						
		Hudson		WI 54016				
		CITY ▲		STATE ▲	ZIP CODE ▲			
	Title or Position ▼							
	Treasurer		Telephone nun	mber	338			
3.	Treasurer: List the name at any designated agent (e.g.,	nd address (phone number optiona assistant treasurer).	al) of the treasurer of the	e committee; and the i	name and address of			
	Full Name Datwyler,	Thomas, , ,			_			
	of Treasurer							
	Mailing Address	PO Box 183						
		Hudson		WI 54016				
		CITY ▲		STATE ▲	ZIP CODE ▲			
	Title or Position ▼							
	Treasurer		Telephone nun	mber 715 - [338 - 8544			

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Full 1	Name of gnated	(101000 02200)					
Agen							
Mailii	ng Address						
Title	or Position •	CITY ▲	STATE ▲	ZIP CODE ▲			
		Telephone	e number				
		Depositories: List all banks or other depositories in which the cones or maintains funds.	nmittee deposits fu	unds, holds accounts, rents			
Name	Name of Bank, Depository, etc.						
		Chain Bridge Bank					
Mailir	ng Address	1445A Laughlin Avenue					
		McLean	VA	22101			
		CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.							
Mailir	ng Address						
		CITY ▲	STATE ▲	ZIP CODE ▲			