Only

## STATEMENT OF

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FEC FORM 1		_	RGAN							Office I	Jse Onl	lv		
1. NAME OF COMMITTEE (ir	r full)		Check if names changed)		mple:If typing	g, type	121	FE41				<del>,</del>		
USA Freed				ove										
 				1 1 1 1	1 1 1 1			ı			1 1	1 1	1 1	, I
ADDRESS (number a	nd street)	PO Box 1	83											
(Check if a is changed	address													
is changed	1)	Hudson					WI		54	4016	1 1	-		
		Cl	TY▲				STA	TE 🔺			ZIF	P CO	DE 🛦	
COMMITTEE'S E-MA	AIL ADDR	ESS												
(Check if a is changed		tcdatw	yler@gmail.	com										
	,	Optional	Second E-Mai	il Address		1 1 1 1		ı	ı		1 1	1 1	1 1	<sub>1</sub> [
COMMITTEE'S WEB  (Check if a is changed	address		RL) freedomfund.or	g 										
2. DATE 0		D / Y	y y y 2022											
3. FEC IDENTIFIC	CATION N	IUMBER <b>&gt;</b>	. C	C0074520	8									
4. IS THIS STATEM	MENT	NEW	(N) OF	R ×	AMEND	ED (A)								
I certify that I have e	examined	this Stateme	nt and to the	best of my	knowledge ar	nd belief it	is true	, corre	ect ar	nd con	nplete.			
Type or Print Name	of Treasur	er Datwyler	, Thomas, , ,											
Signature of Treasure	er <i>Datv</i>	vyler, Thomas,	, ,		[Electronically	Filed]	Date		08		05	/ Y	2022	
NOTE: Submission of	false, error		omplete informa							e pena	alties c	of 52 l	J.S.C.	§30109
Office Use					For further in Federal Election Toll Free 800-4	n Commission					C Forevised			

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>					
TYPE OF COMMITTEE:						
Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candidate info	ormation below.)					
(b) This committee is an authorized committee, and is NOT a principal campaign c information below.)	committee. (Complete the candidate					
Name of Candidate						
Candidate Party Affiliation Office Sought: House Senate	State President District					
(c) This committee supports/opposes only one candidate, and is NOT an authorize	d committee.					
Name of Candidate						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the	(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 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 NO committee. (i.e., nonconnected committee)	T a separate segregated 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 P	PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.						
(h) This committee is a political committee with both contribution and non-contribution	ion accounts (Hybrid PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.						
Joint Fundraising Representative:						
(i) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a	·					
(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					
	C					

	FEC Form 1 (Revised (	2/2009)	<b>l</b> Page <b>3</b>
٧	rite or Type Committee Name		-
	USA Freedom	Fund	
3.		rganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	e Leadership PAC Sponso
<u> </u>		ify by name, address (phone number optional) and position of the person in	possession of committee
	books and records.		
	Datwyler, 1	homas, , ,	
	Full Name	PO Pour 400	
	Mailing Address	PO Box 183	
		Hudson	54016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	S = S =	2.11 0052 =
	Treasurer	Telephone number	338 8544
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; an assistant treasurer).	d the name and address of
	Full Name Datwyler, 7	homas, , ,	
	of Treasurer		
	Mailing Address	PO Box 183	
		Hudson WI	54016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	715 Telephone number	

FEC Form 1 (Revised (	02/2009)		Page <b>4</b>
Full Name of Designated	<del></del> -		
Agent			
Mailing Address			
Tills on Bootton	CITY A	STATE ▲	ZIP CODE ▲
Title or Position ▼			
		Telephone number	
Banks or Other Depositori safety deposit boxes or main	es: List all banks or other depositories ntains funds.	in which the committee deposits for	unds, holds accounts, rents
Name of Bank, Depository,	etc.		
	Bridge Bank		
Mailing Address	1445A Laughlin Avenue		
	McLean	VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲