Image# 202401269600430066			_	PAGE 1 / 4
FEC FORM 1	STATEME ORGANIZ			
1. NAME OF	(Check if name	Example:If typing, type		e Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
ADDRESS (number and street)	626 N FREEDOM BLVD			
(Check if address is changed)				
is changed)	PROVO	· · · · · · · · · · · ·	UT 8460	1
	CITY A		STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	tcdatwyler@gmail.com			
lo onanged)	Optional Second E-Mail Ad	ldress		
X ◀ (Check if address is changed)	https://waltonforsenate.com/			
2. DATE 01 2				
3. FEC IDENTIFICATION N	UMBER ► C a	:00866053		
_		-		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	nis Statement and to the best	t of my knowledge and belief i	it is true, correct and c	complete.
Type or Print Name of Treasure				
type of this mame of nedsule	T DATWYLER, THOMAS, , ,			
Signature of Treasurer DAT	WYLER, THOMAS, , ,		Date 01 /	26 / Y Y Y Y Y 26
NOTE: Submission of false, erron		may subject the person signing		enalties of 52 U.S.C. §3010
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	sion F	EC FORM 1 (Revised 06/2012)

01/26/2024 12 : 30

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of WALTON, JASON, , Candidate UT State Candidate Office REP Senate House President Party Affiliation Sought: District 00 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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 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).

(h) In addition, this committee is a Lobbyist/Registrant PAC.
(h) In addition, this committee with both contribution and non-contribution 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 net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(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.
2.

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	Write or Type Committee Name																										-			
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7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

DATWYLE	R, THOMAS, , ,	
Full Name		
Mailing Address	502 6TH STREET	
	HUDSON	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
	Telephone number 202 - 866 - 8229	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	DATWYLER, THOMAS, , ,	
Mailing Address	502 6TH STREET	
	HUDSON WI 54016	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position		
	Telephone number 202 866 8229	

FEC Form 1 (Revised 02)2/2	20	09)]	Pag	je Z	4	
Full Name of Designated Agent																1											
Mailing Address			1																								
	L																										
	L																										
							CI	ΤY								:	STA	ΤE				ZI	ΡC		DE		
Title or Position ▼																											
												Tele	əph	one	e n	umt	ber										

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address			
			1
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE