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STATEME	NT	OF
ORGANIZ	ATI	ON

		Office Use Only		
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Nevada for Freed				
ADDRESS (number and street)	PO Box 183			
(Check if address is changed)				
<u> </u>	Hudson		WI 54	4016
	CITY ▲		STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	tcdatwyler@gmail.com) 		
<i>c ,</i>	Optional Second E-Mail Ad	dress		
 (Check if address is changed) 	https://www.nevadaforfreedor	n.com/		
2. DATE 09 0	1 2022			
3. FEC IDENTIFICATION N		00819987		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct ar	id complete.
Type or Print Name of Treasure	r Datwyler, Thomas, , ,			
Signature of Treasurer	yler, Thomas, , ,	[Electronically Filed]	Date 09	/ D D / Y Y Y Y 01 2022
NOTE: Submission of false, erron		may subject the person signing t TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §3010
Office Use Only		For further information c Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)

EC Form 1 (Revised 03/2022)	Page 2
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. (Complein information below.)	ete the candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the (Demo Republic) (d) This committee is a (National, State or subordinate) committee of the (Demo Republic)	cratic, lican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its com	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	oor Organization
	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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) x 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 (Hybr	rid 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.
 (j) Committees Participating in Joint Fundraiser
 2.

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Nevada for Freedom

I	Mailing Address			
		CITY 🔺	STATE 🔺	ZIP CODE

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

Datwyler, T	homas, , ,									
Full Name										
Mailing Address	PO Box 183									
	Hudson			54016 						
		CITY A	STATE	ZIP CODE 🔺	ZIP CODE					
Title or Position ▼										
Treasurer		т	elephone number	715 - 338 - 85	44					

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	Datwyler, Thomas, , ,
of Treasurer	
Mailing Address	PO Box 183
	Hudson WI 54016
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image: Telephone number 715 - 338 - 8544

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	

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.

	Chain B	ridge I	Bank																			
Mailing Address		1445A L	_aughlii	n Aver	iue																	
													1					1				
		McLear) 									VA			22	2101]-[
					С	ITY 4					S	TATE	E 🔺				ZI	Р С	ODE	E 🔺		
Name of Bank, D	Depository, e	tc. ⊥ ⊥ ⊥					1 1	 	1 1									.	1 1			
Mailing Address																						
					С	ITY 4					S	TATE					ZI	Р С	ODE	E 🔺		