**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) over the lines. is changed) DEFEND ALABAMA PO BOX 183 ADDRESS (number and street) (Check if address is changed) **HUDSON** 54016 WI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address COMPLIANCE@AXCAPTEAM.COM is changed) Optional Second E-Mail Address TCDATWYLER@GMAIL.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2023 C00855577 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. Type or Print Name of Treasurer DATWYLER, THOMAS, , DATWYLER, THOMAS, , , Date 11 03 2023 Signature of Treasurer 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

Local 202-694-1100

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5.	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 candidate information below.)					
Name of Candidate						
Candidate Office Party Affiliation Sought: House Senate President						
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate					
	arty Committee:					
	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party					
	olitical Action Committee (PAC):					
	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 NOT a separate segregated fur 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.)					
	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 PAC).					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	pint 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						
	1C					
	2.					

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V	rite or Type Committee Name	B.4.A	-
<u> </u>	DEFEND ALABA	.IVIA ganization, Affiliated Committee, Joint Fundraising Representativ	ve. or Leadership PAC Sponsor
	NONE	Januarion, 7.11111a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a	ro, or goddoromp the openior.
	Mailing Address		
		CITY ▲ STATE A	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represe	entative Leadership PAC Sponsor
	_		_
7.	Custodian of Records: Identi	y by name, address (phone number optional) and position of the per	son in possession of committee
	DATWYI FI	R, THOMAS, , ,	
	Full Name	,	
	Mailing Address	PO BOX 183	
		HUDSON	54016
		OTT A	
	Title or Position ▼	CITY ▲ STATE A	▲ ZIP CODE ▲
	CUSTODIAN OF RECORDS		715 - 338 - 8544
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committ ssistant treasurer).	tee; and the name and address of
	Full Name DATWYLE	R, THOMAS, , ,	
		PO BOX 183	
	Mailing Address	<u> </u>	
		HUDSON	54016
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	715 - 338 - 8544

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Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position ▼		
	Telephone number	
	epositories: List all banks or other depositories in which the committee deposits funds, s or maintains funds.	holds accounts, rents
Name of Bank, Dep	pository, etc.	
_(	CHAIN BRIDGE BANK	
Mailing Address	1445A LAUGHLIN AVE	
	MCLEAN VA 221	01
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Dep	pository, etc.	
L		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲