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STATEMENT OF ORGANIZATION

			(Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	35 RANGE RD			
(Check if address				
is changed)	RANGE		AL 63	3473
	CITY ▲		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)				
<i>,</i>	Optional Second E-Mail Add	dress		
2. DATE	D / Y Y Y Y 3 / 2023			
3. FEC IDENTIFICATION N		00856443		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	his Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	or DATWYLER, THOMAS, , ,			
Signature of Treasurer DAT	WYLER, THOMAS, , ,		Date 11	/ D D / Y Y Y Y 13 2023
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 of Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)

FE	C Form 1 (Revised 03/2022)	Page 2
5.	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) X 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 canor information below.)	didate
	Name of Candidate	
		State AL
	Party Affiliation REP Sought: X House Senate President Dis	strict 02
	(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 (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 on line 6.)	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	ation
	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 committee. (i.e., nonconnected committee)	l 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 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.

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.

Relationship:

Connected Organization

	FEC Form 1 (Revised 0	02/2009)						Page 3
۷	Write or Type Committee Name	ļ						
	ALBRITTON FO	R ALA	ЗАМ	4				
6.	Name of Any Connected O	rganization,	Affiliate	d Comr	nittee, Joi	int Fundraising Rep	resentative, or Leaders	ship PAC Sponsor
	Mailing Address							

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

STATE

Joint Fundraising Representative

ZIP CODE

Leadership PAC Sponsor

CITY

Affiliated Organization

DATWYLE	R, THOMAS, , ,																								
Mailing Address	502 6TH ST																								
												W	VI			Ľ	540 ⁻	16							
		CI	TY 🖌	•							S	STA	ΤE						Z	P	COL	ЭE			
Title or Position ▼																									
						٦	Tele	pho	one	nu	ımb	er		L	71	5			33	8		L	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 of Treasurer	DATWYLER, THOMAS, , ,
Mailing Address	502 6TH ST
	HUDSON
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
	Telephone number 715 338 8544

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Full Name of Designated Agent					
Mailing Address					
		CITY	′▲	STATE 🔺 💈	ZIP CODE 🔺
Title or Position ▼					
			Telephone numb	oer	

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	1445A LAUGHLIN AVE		
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I			
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE