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) is changed) over the lines. JUDGE FOR CONGRESS 18463 Clay Hill Road ADDRESS (number and street) (Check if address is changed) Dade City 33523 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tcdatwyler@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00797597 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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, , Date 04 05 2024 Signature of Treasurer Datwyler, Thomas, , , 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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	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 candidate information below.)						
	Name of Candidate JUDGE, JAMES, , ,					
	Candidate Party Affiliation REP Office Sought: X House Senate President	State FL District 15				
	c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
	Party Committee:					
	d) This committee is a (National, State or subordinate) committee of the Republican,					
	Political Action Committee (PAC):					
	e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:				
	Corporation Corporation w/o Capital Stock Labor On	rganization				
	Membership Organization Trade Association Cooperat	tive				
	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 par 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).					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	C).				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	Joint Fundraising Representative:					
	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					

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W	/rite or Type Committee Name			
	JUDGE FOR CC			
6.		ganization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leadership	PAC Sponsor
	NONE			
	Mailing Address			
		CITY A	STATE ▲ ZIF	CODE A
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising	Representative Lead	dership PAC Sponsor
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of	f the person in possession of	of committee
	Datwyler, T	homas, , ,		
	Full Name	DO D. 400		
	Mailing Address	PO Box 183		
		Hudson	WI 54016	
		CITY ▲	STATE ▲ ZIF	CODE A
	Title or Position ▼			
	Treasurer	Telephone num	ber 715 - 338	8544
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the ssistant treasurer).	committee; and the name	and address of
	Full Name Datwyler, T	homas, , ,		
	of Treasurer			
	Mailing Address	PO Box 183		
		Hudson	WI 54016	-
		CITY A	STATE ▲ ZIF	CODE A
	Title or Position ▼		-	
	Treasurer	Telephone num	ber 715 - 338	_ 8544

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Full Name of Designated Agent	1				
Mailing Address					
Title or Position		STATE A	ZIP CODE ▲		
Title of Position	1				
	Telephone numl	oer			
	Depositories: List all banks or other depositories in which the committee ees or maintains funds.	e deposits funds, hold	s accounts, rents		
Name of Bank, D	epository, etc.				
	Chain Bridge Bank				
Mailing Address	1445A Laughlin Avenue				
	McLean	VA 22101	[-] [
	CITY ▲	STATE A	ZIP CODE ▲		
Name of Bank, Depository, etc.					
	<u> </u>				
Mailing Address					
	CITY ▲	STATE A	ZIP CODE ▲		