Only

## STATEMENT OF

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FEC FORM 1			RGANIZ		ON				0#:	aa Haa	Ombr		
1. NAME OF		(Cr	neck if name	Fxa	mple:If typing	a, type	100	17.47.6		ce Use	Jnly		
COMMITTEE (in	full)		changed)		r the lines.	9, 1, 1, 1	TZF.	E4M5	)				
Red Victory	/ 22											<u> </u>	
ADDRESS (number a	nd street)	PO Box 183	<b>3</b>										
		Hudson	<b>'</b>				WI	E A	5401			ODE A	
COMMITTEE'S E-MA	AIL ADDRE	SS											
(Check if a is changed		tcdatwyle	er@gmail.co	om									
		Optional Se	econd E-Mail	Address									1
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (URL	)										
2. DATE 0	4 / 12		022										
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C	C0081250	03								
4. IS THIS STATEM	MENT X	NEW (N	l) OR		AMEND	DED (A)							
certify that I have e	examined th	is Statement	and to the be	est of my	knowledge ar	nd belief it	is true,	correc	t and	comple	te.		
Type or Print Name	of Treasure	Datwyler, 1	Γhomas, , ,										
Signature of Treasure	er <i>Dat</i> wy	vler, Thomas, , ,			[Electronically	y Filed]	Date	M 04	M /	12	]′[	202	2
NOTE: Submission of			plete informati E IN INFORM							enaltie:	of 2	U.S.C.	<del></del> §437g.
Office Use					For further in Federal Election Toll Free 800-4	on Commission			ı	FEC (Revis	FOR ed 06/2		

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	Committee:	
(a)	Ш	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. (Cominformation below.)	plete the candidate
Nam Can	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)			Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	gregated fund or party
( )		committee. (i.e., nonconnected committee)	J - J
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FRIENDS OF MIKE LEE INC	173827
	2.	NRSC FEC ID number C C000	27466
	3.	RON JOHNSON FOR SENATE, INC. FEC ID number C C002	82984
	4.		

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Write or Type Committee Nam		-
Red Victory 22		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in p	possession of committee
Datwyler,	, Thomas, , ,	
Mailing Address	PO Vox 183	
Mailing Address		
	Hudson WI 54016	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	338 - 8544
. <b>Treasurer</b> : List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Datwyler, of Treasurer	Thomas, , ,	
Mailing Address	PO Vox 183	
	Hudson WI 54016 CITY STATE	ZIP CODE
Title or Position Treasurer	715   Telephone number	338 8544

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	r Depositories: List all banks or other depositories in which the committee deposits funds, he loxes or maintains funds.  Depository, etc.  Chain Bridge Bank	
safety deposit b	Depository, etc.  Chain Bridge Bank  1445A Laughlin Avenue	
safety deposit b Name of Bank,	Depository, etc.  Chain Bridge Bank  1445A Laughlin Avenue	
safety deposit b Name of Bank,	Depository, etc.  Chain Bridge Bank  1445A Laughlin Avenue  McLean  CITY  STATE	1
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Chain Bridge Bank  1445A Laughlin Avenue  McLean  CITY  STATE	1
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Chain Bridge Bank  1445A Laughlin Avenue  McLean  CITY  STATE  Depository, etc.	1
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Chain Bridge Bank  1445A Laughlin Avenue  McLean  CITY  STATE  Depository, etc.	1
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Chain Bridge Bank  1445A Laughlin Avenue  McLean  CITY  STATE  Depository, etc.	1