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09/23/2022 14 : 06

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4 — Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name Example:If is changed) over the line	
Liberty Champ		
ADDRESS (number and stre	et) PO Box 183	
(Check if addres	S [	
	Hudson └ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │	WI     54016       STATE ▲     ZIP CODE ▲
COMMITTEE'S E-MAIL AD	DRESS	
(Check if addres	s tcdatwyler@gmail.com	
	Optional Second E-Mail Address	
COMMITTEE'S WEB PAGE		
2. DATE 09	D D / Y Y Y Y 23 / 2022	
3. FEC IDENTIFICATIO	N NUMBER ► C C00777334	
4. IS THIS STATEMENT	NEW (N) OR AN	IENDED (A)
I certify that I have examin	ed this Statement and to the best of my knowled	ge and belief it is true, correct and complete.
Type or Print Name of Trea	asurer Datwyler, Thomas, , ,	
Signature of Treasurer	Datwyler, Thomas, , , [Electron	nically Filed] Date 09 23 2022
NOTE: Submission of false,	erroneous, or incomplete information may subject the ANY CHANGE IN INFORMATION SHOULD I	person signing this Statement to the penalties of 52 U.S.C. §3010 BE REPORTED WITHIN 10 DAYS.
Office Use Only	Federal Toll Free	FEC FORM 1 Election Commission 800-424-9530 2-694-1100

EC Form 1 (Revised 03/2022)	Page <b>2</b>
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. (Compinformation below.)	plete the candidate
Name of Candidate	
Candidate Office Sought: House Senate Presiden	Statet District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a	nocratic, ublican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
Corporation Corporation w/o Capital Stock	_abor Organization
	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 seg committee. (i.e., nonconnected committee)	gregated 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 (Hy	ybrid 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.	L														С				
2.	L														С				

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Liberty Champions

6.	Name of Any	Conn	ected	Org	jani	zati	on,	Aff	ilia	ted	C	om	mit	tee	, J	oin	t F	uno	dra	isir	ng	Re	pre	sei	ntat	tive	, o	r L	ead	der	ship	PA	C	Spo	ons	or	
																																				<u> </u>	
	Mailing Addres	S		l																																	
				l																																	
				l																													-				
												СІТ	Y.											ST/	ATE						ZII	P C	OD	E			
	Relationship:	Co	onnect	ed O	rgar	nizat	tion	C	A	ffilia	ate	d O	rga	niza	tior	n		J	oint	Fu	ndr	aisi	ing	Re	pre	sen	tativ	/e			Lea	ders	hip	PA	C S	Зро	ารด

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			WI 54016	
		CITY 🔺		STATE A	ZIP CODE
Title or Position ▼					
Treasurer			Telephone nu	mber 715 - [	338 - 8544

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	Telephone number     715     -     338     -     8544

FEC Form 1 (Revised 02	2/:	20	09	9)																						Pa	ge ·	4	
Full Name of Designated Agent																													
Mailing Address	L																												
	L																												
	L																										- [_		
								CI	TΥ										ST	ATE				Z	ΊP	сс	DE		
Title or Position ▼																													
													٦	Fele	eph	one	e n	um	ber				- [				- [		

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 E	Bank																		
Mailing Address		1445A L	aughlin	Aven	ue																
		McLean											VA		2	2101			- [		
					CI	TY 🔺						ST	ATE				ZIP	со	DE		
Name of Bank, D	Depository, et	ic.					1	1 1				1 1		1 1		1 1		[		 	
Mailing Address																					
												L							-		
					CI	TY 🔺						ST	ATE				ZIP	со	DE		