Only

PAGE 1 / 4 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Defense of Freedom PAC PO Box 183 ADDRESS (number and street) (Check if address is changed) Hudson 54016 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS tcdatwyler@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00749572 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. Datwyler, Thomas, , , Type or Print Name of Treasurer Datwyler, Thomas, , , [Electronically Filed] 01 2023 Signature of Treasurer Date 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

FEC Form 1 (Revised 03/2022)	Page 2					
. 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 information below.)	the candidate					
Name of Candidate						
Candidate Party Affiliation Office Sought: House Senate President	State					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District					
Name of Candidate						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the Republic	atic, an, 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.)	ected organization is a:					
Corporation Corporation w/o Capital Stock Labo	r Organization					
Membership Organization Trade Association Coop	erative					
In addition, this committee is a Lobbyist/Registrant PAC.						
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated 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) This committee is an independent expenditure-only political committee (Super PAC).						
In addition, this committee is a Lobbyist/Registrant 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political					
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. C						
C						

l	FEC Form 1 (Revised 0	2/2009)			Page 3
V	/rite or Type Committee Name				
	Defense of Fre				
3.	Name of Any Connected Or LAUF, CATALINA, ,	ganization, Affiliated Committee, Jo	oint Fundraising Repre	esentative, or Leaders	ship PAC Sponsor
	Mailing Address	PO BOX 43			
		WOODSTOCK		IL 66098	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising	Representative x	Leadership PAC Sponsor
7.	Custodian of Records: Identi	fy by name, address (phone number	optional) and position of	f the person in possess	ion of committee
	Datwyler, T	nomas, , ,			
	Full Name				
	Mailing Address	PO Box 183			
		Hudson		WI 54016	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone num	ber 715 - L	338 - 8544
3.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) ssistant treasurer).	of the treasurer of the	committee; and the na	ame and address of
	Full Name Datwyler, T	nomas, , ,			
	of Treasurer				
	Mailing Address	PO Box 183			
		Hudson		WI 54016	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone num	ber 715	338 - 8544

F	FEC Form 1	(Revised 02/2009)		Page 4				
Full 1	Name of gnated	(101000 02200)						
Agen								
Mailii	ng Address							
Title	or Position •	CITY ▲	STATE ▲	ZIP CODE ▲				
		Telephone	e number					
		Depositories: List all banks or other depositories in which the cones or maintains funds.	nmittee deposits fu	unds, holds accounts, rents				
Name	Name of Bank, Depository, etc.							
		Chain Bridge Bank						
Mailir	ng Address	1445A Laughlin Avenue						
		McLean	VA	22101				
		CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.								
Mailir	ng Address							
		CITY ▲	STATE ▲	ZIP CODE ▲				