	TEMENT OF ORGA	ANIZATION	OFFICE USE ONLY
1. Name and Address of Comr	nittee	2. Date of this Statement	
2024 PAC 502 6th Street		12/11/2024	
Hudson, WI 54016		3. Estimated Membership	
		1	
		4. Amended Statement?	
Check If: New Committee	X	YesXNo	
5. All Committee Officers and D	Directors (including Chairperson, Tr	easurer, if any, and any other committee office	rs and directors)
a. <u>Name</u>	b. Position	c. <u>Address</u>	•
Thomas Datwyler	Chairperson 502 6	oth Street, Hudson, WI 54016	
Thomas Datwyler	Treasurer 502 6	6th Street, Hudson, WI 54016	
6. Affiliated Organizations			
		y or indirectly established, administers, or finar	ncially supports this committee.)
a. <u>Name</u>	b. <u>Address</u>	c.	Relationship to Committee
. All Depositories for Committee	e Funds (committee funds must be	deposited in one or more banks or savings an	d loop institutions
inds.)	,		d loan institutions or money market mutua
a. <u>Name</u>	b. Address		
hain Bridge Bank	1445A Laughlin Av	e, McLean, VA 22101	
Time of Committee			
Type of Committee IF THE POLITICAL COMMITT	EE SUPPORTS ONLY ONE CAND	DIDATE, check all that apply AND complete 8a	and 8b below:
IF THE POLITICAL COMMITTE		DIDATE, check all that apply AND complete 8a	
By my signature be By my signature be	low, I hereby certify that this comm	ittee is the principal campaign committee of the	
By my signature be By my signature be which is a committe	low, I hereby certify that this comm low, I hereby certify that this comm e of the candidate referenced in 8a	littee is the principal campaign committee of the hittee is the subsidiary of	e candidate referenced in 8a.
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