

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

ORDER FOR CONGRESS

ADDRESS (number and street)

2025 Zumbuhl Rd #35



(Check if address is changed)

Saint Charles

CITY ▲

MO

STATE ▲

63303

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

COMPLIANCE@AXCAPTEAM.COM

Optional Second E-Mail Address

tcdatwyler@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

MM / DD / YYYY
11 / 11 / 2024

3. FEC IDENTIFICATION NUMBER ►

C C00870238

4. 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.

Type or Print Name of Treasurer DATWYLER, THOMAS, , ,

Signature of Treasurer DATWYLER, THOMAS, , ,

Date

MM / DD / YYYY
06 / 02 / 2025

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

ONDER FOR CONGRESS**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

ONDER VICTORY FUND

Mailing Address

502 6TH STREET

HUDSON

WI

54016

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

DATWYLER, THOMAS, , ,

Mailing Address

502 6TH STREET

HUDSON

WI

54016

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

202

866

8229

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
of Treasurer

DATWYLER, THOMAS, , ,

Mailing Address

502 6TH STREET

HUDSON

WI

54016

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

202

866

8229

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

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 BRIDGE BANK

Mailing Address

1445A LAUGHLIN AVE

MCLEAN

CITY ▲

VA

STATE ▲

22101

ZIP CODE ▲

Name of Bank, Depository, etc.

First Resource Bank

Mailing Address

1946 Washington Ave S

Stillwater

CITY ▲

MN

STATE ▲

55082

ZIP CODE ▲