Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ONDER FOR CONGRESS 2025 Zumbehl Rd #35 ADDRESS (number and street) (Check if address is changed) Saint Charles 63303 MO CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address COMPLIANCE@AXCAPTEAM.COM is changed) Optional Second E-Mail Address tcdatwyler@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00870238 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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, , DATWYLER, THOMAS, , , Date 06 02 2025 Signature of Treasurer 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

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TYPE OF COMMITTEE:			
Candidate Committee:			
(a) X This committee is a principal campaign committee. (Complete the candidate information below.)			
This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
Name of Candidate ONDER, ROBERT, F, , JR.			
Candidate Party Affiliation REP Office Sought: House Senate President	State MO District 03		
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 05		
Name of Candidate			
Party Committee:			
(d) This committee is a (National, State or subordinate) committee of the Republican,	•		
Political Action Committee (PAC):			
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:		
Corporation Corporation w/o Capital Stock Labor O	rganization		
Membership Organization Trade Association Coopera			
In addition, this committee is a Lobbyist/Registrant PAC.			
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d 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.			
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	AC).		
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 o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r 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			
1C			

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٧	Vrite or Type Committee Name		
	ONDER FOR CO		
6.		ganization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
	ONDER VICTORY F	JND 	
	Mailing Address	502 6TH STREET	
		HUDSON WI 5	54016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the person in po	ossession of committee
	DATWYLE	R, THOMAS, , ,	
	Full Name		
	Mailing Address	502 6TH STREET	
		HUDSON	64016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	_ 866 8229
8.	any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	the name and address of
	Full Name DATWYLE of Treasurer	R, THOMAS, , ,	
	Mailing Address	502 6TH STREET	
		HUDSON WI 5	54016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER		_ 866 8229

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Full Name of Designated Agent			
Mailing Address			
	CITY ▲ STATE ▲	ZIP CODE ▲	
Title or Position			
	Telephone number		
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, hold ses or maintains funds.	s accounts, rents	
Name of Bank, D	epository, etc.		
	CHAIN BRIDGE BANK		
Mailing Address	1445A LAUGHLIN AVE		
	MCLEAN VA 22101		
	CITY ▲ STATE ▲	ZIP CODE ▲	
Name of Bank, Depository, etc.			
	First Resource Bank		
Mailing Address	1946 Washington Ave S		
	Stillwater MN 55082		
	CITY ▲ STATE ▲	ZIP CODE ▲	