FEC

STATEMENT OF

PAGE 1 / 16

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. LaLota for Congress PO Box 5744 ADDRESS (number and street) (Check if address is changed) Hauppauge 11788 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tcdatwyler@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00806018 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, , Date 80 12 2024 Signature of Treasurer Datwyler, Thomas, , , 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 the information below.)	e candidate
Name of Candidate LaLota, Nick, , ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State NY District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 01
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican	c, , etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	rganization
Membership Organization Trade Association Coopera	ative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate 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 Programme)	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
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	FEC Form 1 (Revised 0)	2/2009)	l Page 3
V	/rite or Type Committee Name	,	
	LaLota for Congr	ess	
3.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
	LALOTA VICTORY F	UND	
	Mailing Address	PO BOX 183	
		<u> </u>	
		HUDSON	54016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Represent	tative Leadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the perso	on in possession of committee
	Datwyler, T	nomas	
	Full Name		
	Mailing Address	PO Box 183	
		Hudson	54016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	715 - 338 - 8544
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committeessistant treasurer).	e; and the name and address of
	Full Name Datwyler, T	nomas, , ,	1
	of Treasurer	PO Box 183	
	Mailing Address	FO BOX 163	
		Hudson WI	54016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	715 - 338 - 8544

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position			
	Telephone n	umber	
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the comm kes or maintains funds.	ittee deposits funds, ho	ds accounts, rents
Name of Bank, D	epository, etc.		
	Chain Bridge Bank		
Mailing Address	1445A Laughlin avenue		
	McLean	VA 22101	
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Evolve Bank & Trust		
Mailing Address	301 Shoppingway Boulevard		
	West Memphis	AR 72301	
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ing i ai dolpant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
TAKE BACK NY-01	REPUBLICAN NOMINEE FUND 2022		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Join fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY CITY Pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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	ng Participant:		
1.		FEC ID numbe	r C
2.		FEC ID numbe	r C
3.		FEC ID numbe	r C
4.		FEC ID numbe	r C
NRCC New York Vic	Organization, Affiliated Committee, Joint tory	Fundraising Representa	live, or Leadership PAC Spon
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria	VA	22314
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
	d Organization Affiliated Committee 2 y by name, address (phone number – option	✓ Joint Fundraising Representation Signal (1) S	entative Leadership PAC Sp
			entative Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
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esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number – optic		
esignated Agent: Identi Full Name Mailing Address	y by name, address (phone number – optic	nal)	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optic	snal) STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone number – optic	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identic Full Name	y by name, address (phone number – optic	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identic Full Name	y by name, address (phone number – optic	STATE A Telephone Number	ZIP CODE A

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h). Joint Fundraisi	ig Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected , SCOTT FRANKLIN	Organization, Affiliated Committee, Joint Fur	draising Representative	e, or Leadership PAC Spon
Mailing Address	P.O. BOX 2811		
	LAKELAND	FL	33806
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Jofy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Sp
Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundrais i	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected NEW YORK MAJOR	I Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Mailing Address	PO BOX 183		
	HUDSON	WI WI	54016
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Jo fy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Sp
		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		int Fundraising Represent	Ative Leadership PAC Sp
esignated Agent: Ident		int Fundraising Represent	Leadership PAC Sp
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esignated Agent: Ident	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional)		
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	, or Leadership PAC Spons
PROTECT THE HO	JSE NEW YORK 2024		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent

Page	of	16	
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1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connecte	d Organization, Affiliated Committee, Joint	Fundraising Representativ	re, or Leadership PAC Spons
AMERICAN BATTL	EGROUND FUND		
	DO DOV 00044		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
			71D 00DE 4
	ted Organization	STATE Joint Fundraising Representation al)	
Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee X tify by name, address (phone number – option	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee X tify by name, address (phone number – option	al)	Leadership PAC Spo

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	FEC ID numb	per C
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	FEC ID numb	per C
	FEC ID numb	per C
	t Fundraising Represent	ative, or Leadership PAC Spon
824 S. MILLEDGE AVE. STE. 101		
ATHENS	GA	30605
CITY ▲	STATI	ZIP CODE ▲
CITY A	STATE	ZIP CODE A
	BUILDERS 824 S. MILLEDGE AVE. STE. 101 ATHENS CITY	The document of the first state

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	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Iomo of Any Connected	Organization, Affiliated Committee, Joint Fun	draining Penrocentative	or Londorphin DAC Span
GROW THE MAJOR		uraising nepresentative	. Of Leadership FAC Spons
Mailing Address	228 S WASHINGTON ST STE 115		
Relationship:	ALEXANDRIA	VA VA	22314 - -
neialionsnip.	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Jo y by name, address (phone number – optional)	int Fundraising Representa	Leadership 1710 op
esignated Agent: Identify		III Fundraising nepresent	Leadership 1760 op
esignated Agent: Identify		III Fundraising nepresente	Leadership 1710 op
esignated Agent: Identify		Intrinuitalising nepresente	
esignated Agent: Identify	by name, address (phone number – optional)		
esignated Agent: Identify	by name, address (phone number – optional)	STATE A	ZIP CODE A
resignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Full Name Mailing Address	ries: List all banks or other depositories in which intains funds.	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION And a green and a g	ries: List all banks or other depositories in which intains funds.	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID numb	er C
2		FEC ID numb	er C
3.		FEC ID numb	er C
4.		FEC ID numb	er C
Name of Any Connected STRONG ISLAND F	d Organization, Affiliated Committee, Joint F UND	Fundraising Represent	ative, or Leadership PAC Spons
Mailing Address	PO BOX 183		
	HUDSON	wi	54016
Relationship:	CITY ▲	STATE	ZIP CODE ▲
	ed Organization Affiliated Committee X fy by name, address (phone number – option	Joint Fundraising Repres	Sentative Leadership PAC Sp
			Sentative Leadership PAC Sp
Designated Agent: Ident			Leadership PAC Sp
Designated Agent: Ident			Leadership PAC Sp
Designated Agent: Ident			Leadership PAC Spontative
Designated Agent: Ident	fy by name, address (phone number – options		
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – options	al)	
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit	fy by name, address (phone number – options CITY ▲ Ories: List all banks or other depositories in w	STATE	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite the properties of the position of Bank, and the posit	fy by name, address (phone number – options) CITY CITY ories: List all banks or other depositories in what intains funds.	STATE Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	fy by name, address (phone number – options) CITY CITY ories: List all banks or other depositories in what intains funds.	STATE	ZIP CODE A Dosits funds, holds accounts, rents
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite the properties of the position of Bank, and the posit	fy by name, address (phone number – options) CITY CITY ories: List all banks or other depositories in water address (phone number – options) ories: List all banks or other depositories in water address (phone number – options)	STATE	ZIP CODE A Dosits funds, holds accounts, rents
Pesignated Agent: Ident Full Name	fy by name, address (phone number – options) CITY CITY ories: List all banks or other depositories in water address (phone number – options) ories: List all banks or other depositories in water address (phone number – options)	STATE Telephone Number	ZIP CODE A Dosits funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
PFRIENDS OF PFLU	JGER		
Mailing Address	PO BOX 30844		
	BETHESDA	, , , MD ,	20824
			ZIP CODE ▲
Relationship:	CITY A	STATE ▲	
Connected		STATE ▲ t Fundraising Representa	
Connected	d Organization Affiliated Committee X Join		
Connected Connec	d Organization Affiliated Committee X Join		
Connected Pesignated Agent: Identify	d Organization Affiliated Committee X Join		
Connected Pesignated Agent: Identify	d Organization Affiliated Committee X Join		
Connected Pesignated Agent: Identify Full Name Mailing Address	d Organization Affiliated Committee X Join by by name, address (phone number – optional)		
Connected Pesignated Agent: Identify	Affiliated Committee X Join by by name, address (phone number – optional) CITY	t Fundraising Represent	ative Leadership PAC Spo

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

EADERSHII	rganization, Affilia P FUND 2024	ated Committee, Join	FEC II	D number D number D number	C C C or Leadership PAC Spons
EADERSHII	P FUND 2024 320 1ST ST SE	ated Committee, Join	FEC II	D number	C
EADERSHII	320 1ST ST SE	ated Committee, Join	FEC II	D number	C
EADERSHII	320 1ST ST SE	ated Committee, Join			
EADERSHII	320 1ST ST SE	ated Committee, Join	Fundraising Re	presentative,	or Leadership PAC Spons
EADERSHII	320 1ST ST SE	ated Committee, Join	t Fundraising Re	presentative,	or Leadership PAC Spons
ldress	320 1ST ST SE				
·	WASHINGTON				
·	WASHINGTON				
				DC	20003
ip:		CITY A		STATE ▲	ZIP CODE ▲
ress					
POSITION ▼		CITY A		STATE ▲	ZIP CODE ▲
			Telephone N	lumber	
	ent: Identify b	ent: Identify by name, address ress POSITION	ent: Identify by name, address (phone number – option ress CITY POSITION The propositories: List all banks or other depositories in	ent: Identify by name, address (phone number – optional) ress CITY Telephone N r Depositories: List all banks or other depositories in which the commit	ent: Identify by name, address (phone number – optional) ress CITY STATE Telephone Number Telephone Number

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r(h). Joint Fundraisin	g Participant:			
1		FE	C ID number	C
2.		FE	C ID number	C
3.		FE	C ID number	C
4.		FE	C ID number	C
Name of Any Connected	Organization, Affiliated Committe	e, Joint Fundraising	Representative	e, or Leadership PAC Sponsor
GROW THE MAJORI	ΓΥ			
	220 C WACHINGTON CT CTC 44			
Mailing Address	228 S WASHINGTON ST STE 11:	,		
	ALEXANDRIA		_ VA	22314
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	by name, address (phone number	· - optional)		
Full Name				
Mailing Address				
TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
TITLE OR POSITION	▼ CITY ▲	Telephon	STATE ▲ e Number	ZIP CODE ▲