Only

STATEMENT OF

PAGE 1/7

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. Ann Wagner for Congress PO Box 50 ADDRESS (number and street) (Check if address is changed) Ballwin 63022 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tcdatwyler@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.annwagner.com (Check if address is changed) DATE 30 2021 C00495846 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, C.,, Type or Print Name of Treasurer Datwyler, Thomas, C.,, [Electronically Filed] 80 30 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

	-0 -	5 6
	EC Form 1 (Revised 02/2009)	Page 2
	OF COMMITTEE lidate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information belo	w.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	omplete the candidate
Name Candid	Vaulti, Alli, L., .	
Candid Party /	date REP Office Sought: * House Senate President	State MO District 02
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid		
Party	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its or	connected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated 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.)	
Joint	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	
	Committees Participating in Joint Fundraiser	
	1.	
	2. FEC ID number	
	3.	
	4.	

FEC Form 1 (Rev	vised 02/2009)	Page 3
Write or Type Committee		
	for Congress	
	cted Organization, Affiliated Committee, Joint Fundraising Representative, or I	eadership PAC Sponsor
		cadership i Ao Sponsoi
Take Back the Hou	use 2022 	
Mailing Address	PO Box 30844	
	Bethesda MD 2	20824-0844
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization 🗶 Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
 Custodian of Records books and records. 	s: Identify by name, address (phone number optional) and position of the perso	n in possession of committee
Datw Full Name	wyler, Thomas, C., ,	
Mailing Address	PO Box 183	
g variation		
	Hudson	54016
Title or Position	CITY STATE	ZIP CODE
Treasurer	715 Telephone number	338 8544
Treasurer: List the name any designated agent (controller)	me and address (phone number optional) of the treasurer of the committee; and (e.g., assistant treasurer).	I the name and address of
Full Name Datw	vyler, Thomas, C., ,	
	PO Box 183	
Mailing Address		
	Hudeon	54016
	Hudson WI E	7/P CODE
Title or Position Treasurer	715 Telephone number	ZIP CODE
_		

FEC For	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
	Telephone number	
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc.	decounts, rents
safety deposit b	Depository, etc. Capital One Bank 4825 Cordell Avenue	
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc. Capital One Bank 4825 Cordell Avenue	
safety deposit b Name of Bank,	Depository, etc. Capital One Bank 4825 Cordell Avenue Bethesda MA 20814	TIP CODE
safety deposit b Name of Bank,	Depository, etc. Capital One Bank 4825 Cordell Avenue Bethesda CITY STATE Z	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Capital One Bank 4825 Cordell Avenue Bethesda CITY STATE Z Chain Bridge Bank	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Capital One Bank 4825 Cordell Avenue Bethesda CITY STATE Z Depository, etc. Chain Bridge Bank 1145A Laughlin Avenue	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Capital One Bank 4825 Cordell Avenue Bethesda CITY STATE Z Depository, etc. Chain Bridge Bank 1145A Laughlin Avenue	

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

	g Participant:			
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
Name of Any Connected _WAGNER FOR M	Organization, Affiliated Comm	ittee, Joint Fundrais	sing Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 183			
	1			
	Hudson		WI	54016
Relationship:	CITY	A	STATE A	ZIP CODE ▲
	_			
Designated Agent: Identif	by name, address (phone num	ber – optional)		
Pesignated Agent: Identif	by name, address (phone num	ber – optional)		
	by name, address (phone num	ber – optional)		
Full Name	by name, address (phone num	ber – optional)		
Full Name	by name, address (phone num	ber – optional)		
Full Name	CITY	ber – optional)	STATE A	ZIP CODE A
Full Name	CITY		STATE A	
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or maintain to the control of the	ries: List all banks or other depaintains funds. erce Bank 8000 Forsyth Blvd	Telep	phone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or main and the common proposition of Bank, Depository, etc.	CITY ▲ ries: List all banks or other depaintains funds. erce Bank	Telep	phone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page ___ **of** ____

n). Joint Fundraisin						_			
1.						number	С		-
2.					FEC ID	number	С		
3.					FEC ID	number	С		
4.				Ш	FEC IC	number	С		
ame of Any Connected	_	filiated Commi	ttee, Joint	Fundrais	sing Rep	resentativ	e, or L	_eadership PA	.C Spor
Wagner Victory C	ommittee								
Mailing Address	PO Box 183								
	Hudson					WI	L	54016	- 💷
Relationship:		CITY A	A			STATE A		ZIP CC	DE 🛦
Connected	d Organization	Affiliated Com	nmittee	Joint F	undraising	Represen	tative	Leadership	
			_		undraising	Represen	tative	Leadership	
esignated Agent: Identify			_		undraising	Represen	tative	Leadership	
esignated Agent: Identify			_		undraising	Represen	tative	Leadership	
esignated Agent: Identify	by name, addres		ber – optio	nal)		Represen		Leadership	PAC S
esignated Agent: Identify Full Name	by name, address	ss (phone numl	ber – optio	nal)		Represen			PAC S
esignated Agent: Identify	by name, address	ss (phone numb	ber – optio	nal)		STATE A			PAC S
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	v by name, address	ss (phone numb	ber – optio	nal)	phone N	STATE A		ZIP COD	PAC S
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma ame of Bank, FVC Bepository, etc.	v by name, address	SS (phone numbers)	ber – optio	nal)	phone N	STATE A		ZIP COD	PAC S
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	v by name, address v by name, address v by name, address v by name, address	SS (phone numbers)	ber – optio	nal)	phone N	STATE A		ZIP COD	PAC S

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

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
		FEC ID number	С
4			
ame of Any Connected	Organization, Affiliated Committee, Joint Fur	draising Representative	e, or Leadership PAC Spor
Wagner-McHenry	Victory		
	6269 Leesburg Pike		
Mailing Address			
	B7		
	Falls Church	VA VA	22044
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	y by name, address (phone number – optional)		
esignated Agent: Identi	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name Mailing Address	CITY A		
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or mame of Bank, Wells	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or management of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite of the deposite boxes or make the deposite boxes of the deposite boxes of the deposite	CITY ▲ CITY ▲ pries: List all banks or other depositories in whice aintains funds. Fargo Bank	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY ▲ CITY ▲ Pries: List all banks or other depositories in whice aintains funds. Fargo Bank 8302 Woodmont Avenue	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or management of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in whice aintains funds. Fargo Bank	STATE A Telephone Number	ZIP CODE A