04/04/2024 14 : 20

STATI	EMENT	OF
ORG/	ANIZAT	ION

FEC FORM 1	STATEMENT ORGANIZAT	_	ſ	PAGE 1 / 15
1. NAME OF COMMITTEE (in full)		Example:If typing, type over the lines.	12FE4M5	
LaLota for Congres				
ADDRESS (number and street)	PO Box 5744			
(Check if address is changed)				
	Hauppauge └────────────────────────────────────		NY 11 STATE ▲	788 – ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	tcdatwyler@gmail.com			
<u> </u>	Optional Second E-Mail Addres	S		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL) NickLaLota.com			
2. DATE 04 0	4 / Y Y Y Y 2024			
3. FEC IDENTIFICATION N	JMBER ► C COOSC	6018		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined the	nis Statement and to the best of r	ny knowledge and belief it i	s true, correct and	d complete.
Type or Print Name of Treasure	r Datwyler, Thomas, , ,			
Signature of Treasurer Datw	yler, Thomas, , ,		Date 04	/ D D / Y Y Y Y 04 2024
NOTE: Submission of false, error	eous, or incomplete information may ANY CHANGE IN INFORMATION			penalties of 52 U.S.C. §30109
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of LaLota, Nick, , , Candidate State NY Candidate Office REP House Senate President Party Affiliation Sought: District 01 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, This committee is a (d) Republican, etc.) Party or subordinate) committee of the **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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 segregated fund or party committee. (i.e., nonconnected committee) 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).

(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Lobbvist/Registrant PAC.

## Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) 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
 1.
 2.

	FEC Form 1 (Revised 02/2009)	Page 3	3
V	Nrite or Type Committee Name		
	LaLota for Congress		
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sp	onsor

Mailing Address	PO BOX 183				
				WI 54016	
		CITY ▲		STATE 🔺	ZIP CODE
Relationship: Connected	Organization	liated Organization	X Joint Fundraisir	ng 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.

Datwyler,	Thomas, , ,			
Full Name				
Mailing Address	PO Box 183			
	Hudson		WI	54016
		CITY 🔺	STATE 🔺	ZIP CODE
Title or Position ▼				
Treasurer			Telephone number	715 - 338 - 8544

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	PO Box 183
	Hudson WI 54016
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Telephone number

FEC Form 1 (Revised 02	2/2	20	09	)																							Pag	e Z	4		
Full Name of Designated Agent							1															1		1				1			
Mailing Address	L																														
	L																														
	L																														
								CI	TΥ											ST	λΤΕ				ZI	ΡC		ЭЕ			
Title or Position ▼																															
															Tel	epł	none	ə n	umł	ber				- [							

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.

Ĺ	Chain Bridge Bank		
Mailing Address	1445A Laughlin avenue		
	McLean	VA 22101	
	CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, De	epository, etc.		
L	Evolve Bank & Trust		
Mailing Address	301 Shoppingway Boulevard		
	West Memphis	AR 72301	
	CITY 🔺	STATE A	ZIP CODE

5(g) or	(h). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. <b>N</b>	Name of Any Connected (	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 30844		
			MD	20824
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8. D		by name, address (phone number – optional)		
	Full Name	<u> </u>		
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE
		Te	elephone Number	[[
S	afety deposit boxes or mai		the committee deposit	s funds, holds accounts, rents
	Name of Bank, Wells Fa	argo 		
	Mailing Address	8302 Woodmont Avenue		
		Bethesda	MD	20814
1		CITY A	STATE A	ZIP CODE

5(g) or	r(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number C	
	3.		FEC ID number C	
	4.		FEC ID number C	
- 6. I	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative. or L	eadership PAC Sponsor
	NRCC New York Victo	-		
	Mailing Address	228 S. Washington Street		
		Suite 115		
		Alexandria		22314
	Relationship:		STATE A	ZIP CODE 🔺
	Connected	Organization Affiliated Committee X Joint I	Fundraising Representative	Leadership PAC Sponsor
-				
8. <b>I</b>	Designated Agent: Identify	by name, address (phone number - optional)		
8. <b>I</b>	Designated Agent: Identify	by name, address (phone number - optional)		
8. <b>I</b>		by name, address (phone number - optional)		
8. <b>I</b>	Full Name	by name, address (phone number - optional)		
8. <b>I</b>	Full Name	by name, address (phone number - optional)		
8. I	Full Name		└ · · · · · · · · · · · · · · · · · · ·	
8. I	Full Name			
8. <b>I</b>	Full Name		STATE	
9. 1	Full Name		ephone Number	]-[]-[
	Full Name Mailing Address TITLE OR POSITION		ephone Number	]-[]-[
	Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma		ephone Number	]-[]-[
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or ma         Name of Bank,         Depository, etc.		ephone Number	]-[]-[
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or ma         Name of Bank,         Depository, etc.		ephone Number	]-[]-[]

5(g) or (h).	Joint Fundraising	Participant:						
1.				FEC	D ID number	С		
2.				FEC	D number	С		
3.				FEC	D ID number	С		
4.				FEC	CID number	С		
6. <b>Name</b>	of Any Connected (	Prognization Affil	iated Committee, Joint	Fundraising	Bonrosontative	or Leade	archin PAC S	nonsor
	COTT FRANKLIN W	-		runulusing	representative	, or Leade		polisor
	Mailing Address	P.O. BOX 2811						
					FL	33806	; 	
	Relationship:		CITY A		STATE A		ZIP CODE	
	Connected	Organization	Affiliated Committee	Joint Fundrai	sing Representa	ative	Leadership PA	C Sponsor
8. Desig	nated Agent: Identify	by name, address	(phone number – option	nal)				
F	ull Name							
N	lailing Address							
-		_						
1	TITLE OR POSITION	•	1	Tolophon	e Number			
				Telephone				
9. Bank safety	s or Other Depositori / deposit boxes or main	<b>es:</b> List all banks ntains funds.	or other depositories in	which the con	nmittee deposit	s funds, ho	lds accounts,	rents
safety Name	s or Other Depositori deposit boxes or main of Bank, sitory, etc.	es: List all banks ntains funds.	or other depositories in	which the con	nmittee deposit	s funds, ho	lds accounts,	rents
safety Name	v deposit boxes or main e of Bank,	es: List all banks ntains funds.	or other depositories in	which the con	nmittee deposit:	s funds, ho	Ids accounts,	rents
safety Name	v deposit boxes or main e of Bank, sitory, etc.	es: List all banks ntains funds.	or other depositories in	which the con	nmittee deposit:	s funds, ho	Ids accounts,	rents
safety Name	v deposit boxes or main e of Bank, sitory, etc.	es: List all banks ntains funds.	or other depositories in	which the con	nmittee deposit:	s funds, ho	Ids accounts,	rents

5(g) or	(h). Joint Fundraising	g Participant:			
	1.			FEC ID number	C
	2.			FEC ID number	С
	3.			FEC ID number	С
	4.			FEC ID number	C
-					
6. <b>I</b>	Name of Any Connected	-	mmittee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 183			
					54016
	Relationship:	CI	TY A	STATE A	
	Connected	Organization Affiliated	Committee X Join	t Fundraising Represent	ative Leadership PAC Sponsor
_					
8. <b>C</b>	Designated Agent: Identify	by name, address (phone	number – optional)		
8. <b>C</b>	Designated Agent: Identify	by name, address (phone	number – optional)		
8. <b>E</b>		by name, address (phone	number - optional)		
8. C	Full Name	by name, address (phone	number - optional)		
8. <b>C</b>	Full Name	by name, address (phone	number - optional)		
8. C	Full Name				
8. C	Full Name				
8. C	Full Name			· · · · · · · · · · · · · · · · · · ·	
9. E	Full Name Mailing Address TITLE OR POSITION			elephone Number	
9. E	Full Name			elephone Number	
9. E S	Full Name Mailing Address TITLE OR POSITION			elephone Number	
9. E S	Full Name Mailing Address TITLE OR POSITION			elephone Number	
9. E S	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         Gatety deposit boxes or main         Name of Bank,         Depository, etc.			elephone Number	
9. E S	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         Gatety deposit boxes or main         Name of Bank,         Depository, etc.			elephone Number	

5(g) or (h)	). Joint Fundraising	J Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
6. <b>Na</b>	me of Any Connected (	Organization, Affiliated Committee, Joint Fundra	sing Benresentative or Leade	rshin PAC Sponsor
		-		
L				
	Mailing Address	PO BOX 30844		
		BETHESDA	MD 20824	
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representative	eadership PAC Sponsor
8. <b>Des</b>	signated Agent: Identify Full Name	by name, address (phone number - optional)		
	Mailing Address			
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	TITLE OR POSITION			
			ephone Number	
	nks or Other Depositor ety deposit boxes or mai	ies: List all banks or other depositories in which thintains funds.	e committee deposits funds, hol	ds accounts, rents
	me of Bank, pository, etc.			
	Mailing Address			
	Mailing Address			
	Mailing Address			

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	ND				
s PO BOX 308					
s PO BOX 308					
	344				
BETHESDA			MD	20824	
	CITY 🔺		STATE A	ZII	P CODE 🔺
dentify by name, add	ress (phone number – opt	onal)			
ITION V	CITY A		STATE A	ZIP	CODE 🔺
		Telephone N	lumber	– L	
	onnected Organization Identify by name, add	CITY ▲	CITY ▲ C	CITY A STATE A Onnected Organization Affiliated Committee X Joint Fundraising Representat Identify by name, address (phone number – optional)	CITY ▲ STATE ▲ ZII onnected Organization Affiliated Committee → Joint Fundraising Representative Lead Identify by name, address (phone number – optional) CITY ▲ STATE ▲ ZIP CITY ▲ STATE ▲ ZIP

(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	C
Name	e of Any Connected C	Organization, Affiliated Committee, Joint Fundrai	sing Representativ	e, or Leadership PAC Sponsor
EM				
	Mailing Address	824 S. MILLEDGE AVE. STE. 101		
		1		
			GA	30605
	Relationship:		STATE	
	Connected	Organization Affiliated Committee X Joint F	undraising Represent	ative Leadership PAC Sponso
Fi	ull Name			
М	lailing Address	1		
1	TITLE OR POSITION		STATE A	
L				
			phone Number	
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	s or Other Depositori	es: List all banks or other depositories in which th	·	ts funds, holds accounts, rents
	s or Other Depositori	es: List all banks or other depositories in which th	·	ts funds, holds accounts, rents
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safety Name	deposit boxes or main of Bank,	es: List all banks or other depositories in which th	·	ts funds, holds accounts, rents
safety Name	r deposit boxes or main e of Bank, sitory, etc.	es: List all banks or other depositories in which th	·	ts funds, holds accounts, rents
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5(g) or (h).	Joint Fundraising	Participant:		
1	<b>I.</b> [ ] ] ] ] ] ] ]		FEC ID number	C
2	2.		FEC ID number	С
3	3.		FEC ID number	C
4	4.		FEC ID number	С
6. Nam	ne of Any Connected C	Organization, Affiliated Committee, Joint Fundrais	ing Representative	, or Leadership PAC Sponsor
	Mailing Address	228 S WASHINGTON ST STE 115		
				22314
	Relationship:	CITY 🔺	STATE A	ZIP CODE
		by name, address (phone number – optional)		
	<b>gnated Agent:</b> Identify	by name, address (phone number – optional)		
F		by name, address (phone number – optional)		
F	Full Name	by name, address (phone number – optional)		
F	Full Name	by name, address (phone number – optional)		
F	Full Name			
F	Full Name		STATE	
9. <b>Ban</b> l	Full Name		bhone Number	
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9. Banl safet Nam	Full Name		bhone Number	
9. Banl safet Nam	Full Name          Mailing Address         TITLE OR POSITION         ks or Other Depositorie         ty deposit boxes or mair         he of Bank,         pository, etc.		bhone Number	
9. Banl safet Nam	Full Name          Mailing Address         TITLE OR POSITION         ks or Other Depositorie         ty deposit boxes or mair         he of Bank,         pository, etc.		bhone Number	

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5(g) or (h).	Joint Fundraising	Participant:		
1			FEC ID number	C
2	2.		FEC ID number	С
3	3.		FEC ID number	С
4	L		FEC ID number	С
	-	Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
S				
	Mailing Address	PO BOX 183		
			WI	54016
	Relationship:	CITY A	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. Desi	gnated Agent: Identify	by name, address (phone number - optional)		
	gnated Agent: Identify Full Name	by name, address (phone number - optional)		
F		by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name			
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9. <b>Ban</b> l	Full Name		lephone Number	
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9. Bank safet Nam	Full Name          Mailing Address         TITLE OR POSITION         Ks or Other Depositorie         ty deposit boxes or mair         e of Bank,         psitory, etc.		lephone Number	
9. Bank safet Nam	Full Name          Mailing Address         TITLE OR POSITION         Ks or Other Depositorie         ty deposit boxes or mair         e of Bank,         psitory, etc.		lephone Number	

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5(g) or (h	). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
	-	Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
L		JER 		
L				
	Mailing Address	PO BOX 30844		
		BETHESDA		20824
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. <b>De</b>	signated Agent: Identify	by name, address (phone number - optional)		
8. <b>De</b> s	signated Agent: Identify	by name, address (phone number - optional)		
8. <b>De</b> s		by name, address (phone number – optional)		
8. <b>De</b> s	Full Name	by name, address (phone number – optional)		
8. <b>De</b> s	Full Name	by name, address (phone number - optional)		
8. <b>De</b> :	Full Name			
8. <b>De</b> s	Full Name		I I I I I I I I I I I I I I I I I I I	
9. <b>Ba</b>	Full Name		lephone Number	
9. <b>Ba</b> saf	Full Name Mailing Address		lephone Number	
9. <b>Ba</b> saf	Full Name Mailing Address TITLE OR POSITION Y  Inks or Other Depositori fety deposit boxes or main me of Bank,		lephone Number	
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5(g) or (h	n). Joint Fundraising	9 Participant:						
	1.			FEC	ID number	С		
	2.			FEC	ID number	С		
	3.			FEC	ID number	С		
	4.			FEC	ID number	С		
6. <b>N</b> a	ame of Any Connected (	Organization, Affili	ated Committee, Joint	Fundraising F	Representative	e, or Leaders	hip PAC Spo	onsor
I	SCALISE LEADERSH	IP FUND 2024		-	-			
L								
L								
	Mailing Address	320 1ST ST SE						
		WASHINGTON				20003		
	Relationship:				STATE A			
	Connected	Organization	Affiliated Committee	× Joint Fundrai	sing Representa	ative Le	adership PAC	Sponsor
8. <b>De</b>	Full Name	by name, address	(phone number – optio	nal)				
8. <b>De</b>	Full Name	by name, address	(phone number – optio	nal)				
8. <b>De</b>		by name, address	(phone number – optio	nal)				
8. <b>De</b>	Full Name	by name, address	(phone number – optio	nal)				
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8. <b>De</b>	Full Name			nal)				
9. Ba sat	Full Name			Telephone	Number			
9. Ba sat	Full Name Mailing Address TITLE OR POSITION			Telephone	Number			
9. Ba sat	Full Name			Telephone	Number			
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