FEC

Only

STATEMENT OF

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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 ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tcdatwyler@gmail.com 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. Type or Print Name of Treasurer Datwyler, Thomas, C., Datwyler, Thomas, C.,, Date 05 30 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	<u> </u>
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate in	nformation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign information below.)	committee. (Complete the candidate
Name of Candidate Wagner, Ann, L., ,	
Candidate Party Affiliation REP Office Sought: House Senate	President State MO District 02
(c) This committee supports/opposes only one candidate, and is NOT an authori	zed committee.
Name of Candidate	
Party Committee:	(Domogratia
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
(e) This committee is a separate segregated fund. (Identify connected organization Corporation Corporation Wo Capital Stock Membership Organization In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is Norganization In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor of the committee) This committee is an independent expenditure-only political committee (Super-	Labor Organization Cooperative IOT a separate segregated fund or party 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, this committee is a Lobbyist/Registrant PAC.	ution accounts (Hybrid PAC).
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, at least one of which is an authorized committee or	•
(j) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, none of which is an authorized committee of a federal	•
Committees Participating in Joint Fundraiser	
1.	C

С

	FEC Form 1 (Revised 0)	2/2009)		Page 3
V	Vrite or Type Committee Name			
	Ann Wagner for	Congress		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundra	ising Representative, or Leader	rship PAC Sponsor
	Take Back the House	: 2022 		
	Mailing Address	PO Box 30844		
		Bethesda	MD 20824	-0844
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint	t Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) an	nd position of the person in posses	sion of committee
	Datwyler, T	homas, C., ,		
	Mailing Address	PO Box 183		
	· ·			
		United	NVI 54040	
		Hudson	WI 54016	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		ephone number 715 - L	338 - 8544
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasussistant treasurer).	surer of the committee; and the r	name and address of
	Full Name Datwyler, T of Treasurer	homas, C., ,		
	Mailing Address	PO Box 183		
		Hudson	WI 54016	
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼ Treasurer	1	, 715 , ,	338 8544
		Tele	ephone number	

Full Name of Designated Agent Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number Telep		FEC Form 1	(Revised 02/2009)	Page 4
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number		Designated		
Title or Position Telephone number Telephone		Mailing Address		
Title or Position Telephone number Telephone				
Title or Position Telephone number Telephone				
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. Capital One Bank Mailing Address AB25 Cordell Avenue Bethesda CITY A STATE A ZIP CODE A Name of Bank, Depository, etc. Chain Bridge Bank Mailing Address I145A Laughlin Avenue				ZIP CODE ▲
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. Capital One Bank Mailing Address Bethesda CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. Chain Bridge Bank Mailing Address Mailing Address		Title or Position	,	
Name of Bank, Depository, etc. Capital One Bank Mailing Address AB25 Cordell Avenue Bethesda CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. Chain Bridge Bank Mailing Address Mailing Address Mailing Address			Telephone number	
Capital One Bank Mailing Address 4825 Cordell Avenue	•	Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, haves or maintains funds.	olds accounts, rents
Mailing Address A825 Cordell Avenue		Name of Bank, D	epository, etc.	
Mailing Address Bethesda CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. Chain Bridge Bank Mailing Address Mailing Address Mailing Address			Capital One Bank	
Name of Bank, Depository, etc. Chain Bridge Bank Mailing Address McLean MN 22101 MN 22101		Mailing Address	4825 Cordell Avenue	
Name of Bank, Depository, etc. Chain Bridge Bank Mailing Address McLean MN 22101 MN 22101				
Name of Bank, Depository, etc. Chain Bridge Bank Mailing Address McLean MN 22101			Bethesda MA 2081	4
Chain Bridge Bank Mailing Address MCLean MN 22101			CITY ▲ STATE ▲	ZIP CODE ▲
Mailing Address 1145A Laughlin Avenue		Name of Bank, D	epository, etc.	
McLean MN 22101			Chain Bridge Bank	
		Mailing Address	1145A Laughlin Avenue	
CITY ▲ STATE ▲ ZIP CODE ▲			McLean 2210	1
			CITY ▲ STATE ▲	ZIP CODE ▲

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

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(h). Joint Fundraisi	ing raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	I Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	PO Box 183		
	Hudson	WI	54016
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Spo
		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional)	sint Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which an intains funds.	STATE A Telephone Number	ZIP CODE A

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3		FEC ID number	С
4		FEC ID number	С
Name of Any Connected	I Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Viagnor Violory Con			
Mailing Address	PO Box 183		
	Hudson	WI	54016
5 1 11 11	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	ative Leadership PAC Spo
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Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Joint Joi		
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Joint J	nt Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Joint J		
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A
Connected Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE ZIP CODE ss funds, holds accounts, rents

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

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Page	of °	

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	e. or Leadership PAC Spons
Wagner-McHenry Vi			
Mailing Address	6269 Leesburg Pike		
	B7		
	Falls Church	VA	22044
Dalatianahia	CITY	STATE ▲	ZIP CODE ▲
	CITY ▲ ed Organization	nt Fundraising Representa	Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Join		ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Join		Leadership PAC Sp
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esignated Agent: Identi	ed Organization Affiliated Committee X Join		Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds. Fargo Bank	STATE A	ZIP CODE A

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

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(h). Joint Fundraisi	ng Participant:				
1.			FEC ID n	umber	C
2.			FEC ID n	umber	C
3			FEC ID no	umber	C
4.			FEC ID n	umber	C
lame of Any Connected	Organization, Affiliate	d Committee, Joint F	undraising Repres	sentative,	or Leadership PAC Spons
Mailing Address					
Relationship:		CITY A		TATE A	ZIP CODE A
riciationomp.			3	IAIL A	ZIF CODE A
Connecte Pesignated Agent: Identi			Joint Fundraising Ro	epresentati	ve Leadership PAC Sp
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Pesignated Agent: Identi	y by name, address (ph		l)	epresentati	Ve Leadership PAC Sports ZIP CODE ▲
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	y by name, address (ph	none number – optiona	STA	ATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or market	y by name, address (ph	cither depositories in wi	STA	ATE A	
Pesignated Agent: Identic Full Name	y by name, address (ph	cither depositories in wi	STA	ATE A	ZIP CODE A