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STATEMENT OF ORGANIZATION

			(Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
CHURCHILL FOR	CONGRESS			
ADDRESS (number and street)	910 BASS BLVD			
(Check if address is changed)				
lo onangou)	EDINBURG			3542
			STATE ▲	
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address		AM.COM		
is changed)				
	Optional Second E-Mail Add	dress		
2. DATE 12 / 08	www.ChurchillforCongress.co	m 		
3. FEC IDENTIFICATION NU		00859702		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	DATWYLER, THOMAS, , ,			
Signature of Treasurer DAT	WYLER, THOMAS, , ,		Date 12	/ D D / Y Y Y Y 08 2023
NOTE: Submission of false, errone		may subject the person signing TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §3010
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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5.	TYPE OF COMMITTEE:											
	Candidate Committee:											
	(a) 🗙 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 candidate information below.)											
	Name of CHURCHILL, VANGELA, , , Candidate											
	Candidate Office	State TX										
	Party Affiliation REP Sought: X House Senate President	District 15										
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.											
	Name of											
	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	tive										
	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 committee. (i.e., nonconnected committee)	d fund or party										
	In addition, this committee is a Lobbyist/Registrant PAC.											

(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 PAC).

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

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
2.

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	FEC Form 1 (Revised 0	2/2(009)																											Pag	ge S	3		
۷	Vrite or Type Committee Name																																		
	CHURCHILL FC	R	С	Ö	N	GI	R	ES	SS	3																									
6.	Name of Any Connected O	rgaı	niza	atio	n, /	Affi	liat	ed	Co	mn	nitl	tee	, J	oin	t F	un	dra	isi	ng	Re	pre	sei	nta	ive	, o	r Lo	ead	ler	ship) Р	AC	Sp	ons	sor	
																									1							1			
	Mailing Address					1							1																					1	
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	Relationship: Connected	Org	janiz	zatio	on		Af	filiat	ed	Or	gar	niza	atio	n	Γ	J	loin	t Fu	ind	rais	ing	Re	pre	sen	tativ	/e			Lea	de	rshij	p P/	AC	Spo	nso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

DATWYLE	R, THOMAS, , ,																						
Full Name																							
Mailing Address	502 6TH ST																						
												W	/		5	401	6			- [
		(CITY								5	STA	ΤE					ZIP	СС	DDE			
Title or Position ▼																							
							Т	elepl	hone	e nu	ımb	er		202	2] –	L ⁸	866		- [82	229	

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	1502 6TH ST	
	HUDSON WI 54016	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position	,	
	Telephone number 202 - 866 - 82	29

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Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE
Title or Position ▼		
	Telephone number	

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.

Mailing Address			
		VA 22101	
	CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, I	Depository, etc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE ▲