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. Andy Ogles for Congress 29 Public Square ADDRESS (number and street) (Check if address is changed) Columbia 38401 ΤN 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.andyogles.com (Check if address is changed) DATE 2024 C00811844 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, , Date 06 02 2025 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 (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

E	EC 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.)	candidate
	Name of Candidate Ogles, Andy, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State TN District 05
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	1 1 1 1 1
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican,	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	l organization is a:
	Corporation Corporation w/o Capital Stock Labor Ore	ganization
	Membership Organization Trade Association Cooperation	ive
	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)	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 PAC	O).
	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 or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	
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	FEC Form 1 (Revised 0	2/2009)	Page 3
V	/rite or Type Committee Name		
	Andy Ogles for C	Congress	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
	MAGASEVEN JFC		
	Mailing Address	2200 WILSON BLVD	
		STE 102 NUM 214	
		ARLINGTON VA 22201	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in possess	sion of committee
	Datwyler, T	'homas	
	Full Name		
	Mailing Address	PO Box 183	
		Hudson	[-] [
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	5 <u>-</u>	
	Treasurer		338 - 8544
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
	Full Name Datwyler, T	homas, , ,	ı
	of Treasurer	,PO Box 183	
	Mailing Address		
		Hudson WI 54016	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		338 8544

Full Name of Designated	
Agent	1
Mailing Address	
	CODE A
Title or Position ▼	
. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds according to safety deposit boxes or maintains funds.	counts, rents
Name of Bank, Depository, etc.	
First Horizon 1404 S. James Campbell Blvd 1404 S. James Campbell Blvd	
Columbia TN 38401	
CITY ▲ STATE ▲ ZIP	CODE A
Name of Bank, Depository, etc.	
Servisfirst Bank	
Mailing Address 300 Galleria Parkway SE	
Suite 100	
Atlanta GA 30339	
CITY ▲ STATE ▲ ZIP	CODE A

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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	С
3.		FEC ID number	С
4.		FEC ID number	C
7.			
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Spons
CRUZ 25 FOR 22 VI	CTORY FUND		
Mailing Address	P.O. BOX 341027		
	AUSTIN	, TX ,	, 78734
	CITY A	STATE A	ZIP CODE ▲
Relationshin:		SIAIE	ZIF CODE A
		Fundraising Represent	ative Leadership PAC Spo
Connecte	d Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	Affiliated Committee X Joint by by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identif	Affiliated Committee X Joint by by name, address (phone number – optional) CITY		

FEC Form 1S (Revised 02/2017)

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

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FEC ID number 2.	(h). Joint Fundraisi	ng Farticipant.		
3.	1.		FEC ID number	С
As ame of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Spons OGLES FOR TN-05 Mailing Address	2.		FEC ID number	С
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spons OGLES FOR TN-05 Mailing Address PO BOX 30844 BETHESDA Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title OR POSITION ▼ CITY ▲ STATE ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title OR POSITION ▼ CITY ▲ STATE ▲ STATE A ZIP CODE ▲ Telephone Number Agains or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents aftery deposit boxes or maintains funds. Name of Bank, Prost Pository, etc. West Memphis West Memphis AR 72301	3.		FEC ID number	С
Mailing Address PO BOX 30844 BETHESDA BETHESDA Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Agains or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afterly deposit boxes or maintains funds. Name of Bank, Position, etc. West Memphis AR T2301	4.		FEC ID number	С
Mailing Address PO BOX 30844 BETHESDA BETHESDA Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Agains or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afterly deposit boxes or maintains funds. Name of Bank, Position, etc. West Memphis AR T2301	lame of Any Connected	l Organization. Affiliated Committee. Joint Fun	draising Representative	e. or Leadership PAC Spons
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization ★ Affiliated Committee Joint Fundraising Representative Leadership PAC Spotesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number ZIP CODE ▲ Telephone Number Agents funds, holds accounts, rents afety deposit boxes or maintains funds. Name of Bank, Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address Agents	-			, , , , , , , , , , , , , , , , , , ,
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization ★ Affiliated Committee Joint Fundraising Representative Leadership PAC Spotesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number ZIP CODE ▲ Telephone Number Agents funds, holds accounts, rents afety deposit boxes or maintains funds. Name of Bank, Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address Agents				
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization × Affiliated Committee Joint Fundraising Representative Leadership PAC Spote Sesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — Telephone Number — Telephone Number — Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds.	Mailing Address	PO BOX 30844		
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization × Affiliated Committee Joint Fundraising Representative Leadership PAC Spote Sesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — Telephone Number — Telephone Number — Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds.				
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotesignated Agent: Identify by name, address (phone number – optional) Full Name		BETHESDA	MD MD	20824
Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number				
Telephone Number Telephone Nu	Pesignated Agent: Identi			
Telephone Number Telephone Nu	Pesignated Agent: Identi			
Telephone Number Telephone Nu	Pesignated Agent: Identi			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address 301 Shoppingway Boulevard West Memphis AR 72301	Pesignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Mame of Bank, Depository, etc. Mailing Address West Memphis West Memphis AR T2301 AR T2301	Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY	STATE A	
	Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY	STATE A	
	Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or make the property of the position of Bank, depository, etc.	fy by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
CITY ▲ STATE ▲ ZIP CODE ▲	Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or make the property of the position of Bank, depository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. Bank & Trust 301 Shoppingway Boulevard	STATE A Telephone Number	ZIP CODE s funds, holds accounts, rents

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

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(h). Joint Fundraisi			
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	С
Name of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Spons
Mailing Address	PO BOX 183		
Relationship:	HUDSON CITY A	WI STATE ▲	54016 ZIP CODE ▲
	ed Organization Affiliated Committee X Joint fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi Full Name L Mailing Address	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional) CITY		
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition afety deposit boxes or management of the control of the c	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A