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. Nicole for New York PO Box 60487 ADDRESS (number and street) (Check if address is changed) Staten Island 10306 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) nicolemalliotakis.com (Check if address is changed) DATE 2025 C00694778 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 01 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

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. (Compinformation below.)	olete the candidate
Name of Candidate Malliotakis, Nicole, , ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State NY t District 11
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (Den	nocratic, ublican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
Corporation Corporation w/o Capital Stock	abor 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 seg committee. (i.e., nonconnected committee)	gregated 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 (Hy	rbrid PAC).
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 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 committees/organizations, none of which is an authorized committee of a federal candidate.	r two or more political
Committees Participating in Joint Fundraiser	
1. C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name	'a al-	
	Name of Any Connected O	Ork ganization, Affiliated Committee, Joint Fundraising Representative, or	r Leadarchin BAC Spansor
).	Malliotakis Victory Co		Leadership PAC Sponsor
	Wallotakis Victory Oc		
	Mailing Address	PO Box 68	
		South Salem NY	10590
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	e Leadership PAC Sponso
7.	Custodian of Records: Identi	fy by name, address (phone number optional) and position of the person in	n possession of committee
	Datwyler, T	homas	
	Full Name		
	Mailing Address	PO Box 183	
		Hudson	54016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	SIAIL	ZII CODE =
	Treasurer	Telephone number	5
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; an assistant treasurer).	nd the name and address of
	Full Name Datwyler, T	homas, , ,	ı
	of Treasurer	PO P 400	
	Mailing Address	PO Box 183	
		Hudson	54016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	715 Telephone number	5 - 338 - 8544

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Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
Banks or Other Depositoric safety deposit boxes or main	es: List all banks or other depositories in which the committee deposits funds, ntains funds.	holds accounts, rents
Name of Bank, Depository, 6	etc.	
Wells Fa	argo Bank	
Mailing Address	8302 Woodmont Ave	
	Bethesda MD 208	314
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	etc.	
Truist		
Mailing Address	1909 K Street NW	
	Washington DC 200	006
	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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
-	SHIP TRUST PARTNERSHIP		
Mailing Address	PO BOX 341027		
	AUSTIN	TX L	78734
	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Jo	int Fundraising Representa	ative Leadership PAC Spo
Connecte Connecte Connecte Connecte Connecte	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Jo	int Fundraising Representation	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Jo fy by name, address (phone number – optional) CITY		
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite tafety deposit boxes or many and the content of the content o	Affiliated Committee	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Committee	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 Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fund USE NEW YORK 2024	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joinfy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Spo
		nt Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Representa	Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Representa	Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Pesignated Agent: Identic Full Name Mailing Address TITLE OR POSITION Mailing Address Banks or Other Deposition fafety deposit boxes or mailing and	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the sa	fy by name, address (phone number – optional) CITY CITY CITY Cries: List all banks or other depositories in which aintains funds. C City Bank	STATE A	ZIP CODE A

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

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FEC ID number C SEC ID number C AL FEC ID number C FEC ID number TIL Duble ID number FILL Num	h). Joint Fundraisi	ng Participant:		
3	1.		FEC ID number	С
A	2.		FEC ID number	С
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spon LEXINGTON VICTORY COMMITTEE Mailing Address SZ4 S. MILLEDGE AVE	3.		FEC ID number	С
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spon LEXINGTON VICTORY COMMITTEE Mailing Address STE 101 ATHENS GA 30605 STE 101 ATHENS GITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sg esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Tele	4.		FEC ID number	С
Mailing Address B24 S. MILLEDGE AVE			,	
Mailing Address STE 101	-		ndraising Representative	e, or Leadership PAC Spon
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization				
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization				
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization	Mailing Address	824 S. MILLEDGE AVE		
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization		STE 101		
Connected Organization Affiliated Committee		ATHENS	GA	30605
esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY STATE ZIP CODE Telephone Number Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rentafety deposit boxes or maintains funds. ame of Bank, epository, etc. Mailing Address	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number - - anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rentafety deposit boxes or maintains funds. ame of Bank, epository, etc. Mailing Address		fy by name, address (phone number – optional))	
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afety deposit boxes or maintains funds. ame of Bank, epository, etc. Mailing Address Mailing Address	esignated Agent: Identi Full Name Mailing Address	CITY A		ZIP CODE A
epository, etc. Mailing Address Line Indian Address	esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	CITY A	STATE A	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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	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Iomo of Any Connected	Organization, Affiliated Committee, Joint Fun	draining Penrocentative	or Londorphin DAC Span
GROW THE MAJOR		uraising nepresentative	. Of Leadership FAC Spons
Mailing Address	228 S WASHINGTON ST STE 115		
Relationship:	ALEXANDRIA	VA VA	22314 - -
neialionsnip.	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Jo y by name, address (phone number – optional)	int Fundraising Representa	Leadership 1710 op
esignated Agent: Identify		III runuraising nepresente	Leadership 1760 op
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esignated Agent: Identify	by name, address (phone number – optional)		
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resignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Full Name Mailing Address	ries: List all banks or other depositories in which intains funds.	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION And a green and a g	ries: List all banks or other depositories in which intains funds.	STATE A Telephone Number	ZIP CODE A