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. Nehls for Congress 15500 VOSS RD ADDRESS (number and street) **STE 518** (Check if address is changed) SUGAR LAND 77498 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.nehlsforcongress.com (Check if address is changed) DATE 2023 C00730150 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 12 28 2023 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. (Complete the information below.)	ne candidate
Name of Candidate NEHLS, TROY, , ,	
Candidate Office Sought: X House Senate President	State TX District 22
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State (Democration or subordinate) committee of the Republican	c, , etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Coopera	ative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 Pa	AC).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1C	

	FEC Form 1 (Revised 0	02/2009)	Page 3
V	/rite or Type Committee Name		
	Nehls for Congre	ess	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
	TAKE BACK THE HO	DUSE 2022	
	Mailing Address	PO BOX 30844	
		1	
		BETHESDA MD 2082	24-0844
		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 posse	ession of committee
	Datwyler, 1	Γhomas, , ,	
	Full Name		
	Mailing Address	PO Box 183	
		Hudson WI 5401	6
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number 715 -	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 assistant treasurer).	name and address of
	Full Name Datwyler, 7	r̃homas, , ,	
		₁ PO Box 183	
	Mailing Address		
		Hudon	10
		Hudson WI 5401	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	338 - 8544

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, haves or maintains funds.	olds accounts, rents
Name of Bank, D	Depository, etc.	
	Chain Bridge Bank	
Mailing Address	1445A Laughlin Avenue	
	McLean VA 2210	01
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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	С
4.		FEC ID number	С
ama of Amy Commonton	l Organization, Affiliated Committee, Joint F		a an Landauahin DAC Coon
NEHLS VICTORY	Organization, Anniated Committee, Joint F	undraising nepresentativ	e, or Leadership PAC Spon
Mailing Address	PO BOX 16968		
	SUGAR LAND	TX	77496
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee X fy by name, address (phone number – optional	Joint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optiona		Ative Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optiona		
esignated Agent: Identic	fy by name, address (phone number – optional content of the conten	STATE Telephone Number	ZIP CODE A ts funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional content of the conten	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional content of the conten	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional content of the conten	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent

FEC Form 1S (Revised 02/2017)

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

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	rganization, Affilia		FEC II	number number number	C C C or Leadership PAC Spor
			FEC II	number number	C
			FEC II) number	C
				-	
			Fundraising Rep	presentative,	, or Leadership PAC Spor
			Fundraising Rep	oresentative,	or Leadership PAC Spor
THE HOU	SE TEXAS 202	2			
dress	PO BOX 30844				
	BETHESDA			MD	20824
p:		CITY A		STATE ▲	ZIP CODE ▲
ess					
	<u> </u>			1 1 1 1	
				1 , 1	
OOJTION -		CITY A		STATE A	ZIP CODE ▲
POSITION V					
			Telephone N		
	p: Connected (nt: Identify bess	p: Connected Organization nt: Identify by name, address	p: CITY A Connected Organization Affiliated Committee Int: Identify by name, address (phone number – option CITY A	p: CITY A Connected Organization Affiliated Committee X Joint Fundraising Int: Identify by name, address (phone number – optional)	p: CITY A STATE A Connected Organization Affiliated Committee X Joint Fundraising Representat nt: Identify by name, address (phone number – optional)

FEC Form 1S (Revised 02/2017)

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
TRANSPORTATION	N TRUST FUND		
Mailing Address	502 6TH STREET	1 1 1 1 1 1 1	
	HUDSON	wi j	54016
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Jo	int Fundraising Representa	
			Leadership PAC Spo
esignated Agent: Ident			
esignated Agent: Ident			
esignated Agent: Ident			
resignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Ident	ify by name, address (phone number – optional)		
resignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)	STATE A	
resignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Lanks or Other Deposit	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
resignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Lanks or Other Deposit	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which an aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Fanks or Other Deposite afety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which an aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Fanks or Other Deposite afety deposit boxes or name of Bank, depository, etc.	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which an aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Fanks or Other Deposite afety deposit boxes or name of Bank, depository, etc.	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which an aintains funds.	STATE A Telephone Number	ZIP CODE A