

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER 2022 JUN 17 AM 11:28

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

CLARMONT FOR CONGRESS

ADDRESS (number and street)

2662 PACKERLAND DRIVE

(Check if address is changed)

GREEN BAY

CITY ▲

WI

STATE ▲

54313

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

clarmont2022@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

06 / 15 / 2022

3. FEC IDENTIFICATION NUMBER

C

4. 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 SHAUN M. CLARMONT

Signature of Treasurer

[Handwritten Signature]

Date

06 / 15 / 2022

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 03/2022)

NONPROFIT CORPORATION

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 Candidate CLARMONT, FOR CONGRESS

Candidate Party Affiliation REPUBL Office Sought:  House  Senate  President State WI District 8TH

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor 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 segregated fund or party committee. (i.e., nonconnected committee)
  - 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).
  - 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 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

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

C \_\_\_\_\_  
C \_\_\_\_\_

NONDISCLOSURE

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor

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

Full Name

SHAUN M CLARMONT

Mailing Address

2662 PACKERLAND DRIVE

[Empty grid lines for address]

GREEN BAY WI 54313

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

SECRETARY

Telephone number 920 - 676 - 7344

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

SHAUN M CLARMONT

Mailing Address

2662 PACKERLAND DRIVE

[Empty grid lines for address]

GREEN BAY WI 54313

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number 920 - 676 - 7344

20250917 17:00:00

Full Name of Designated Agent

ELLERY SKENANDORE

Mailing Address

2662 PACKERLAND DRIVE

GREEN BAY

CITY ▲

WI

STATE ▲

54313

ZIP CODE ▲

Title or Position ▼

CHAIRMAN

Telephone number

920

405

9788

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.

BAY BANK

Mailing Address

2555 PACKERLAND DRIVE

GREEN BAY

CITY ▲

WI

STATE ▲

54313

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲


ZIP CODE ▲

NONDISCRIMINATION NOTICE





Federal Election Commission  
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 PREPARER	<i>06/17/22</i> DATE PREPARED

(3/2015)

2022 JUN 17 PM 00:08:25