Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Clark Bossert For Congress 9035 Edgeworth PI ADDRESS (number and street) (Check if address is changed) Las Vegas 89123 NV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tcdatwyler@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.clarkbossert.com (Check if address is changed) DATE 08 2022 C00788182 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. Datwyler, Thomas, , , Type or Print Name of Treasurer Datwyler, Thomas, , , [Electronically Filed] 02 08 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

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		OMMITTEE • 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. (Cor information below.)	nplete the candidate
Name Cand	e of lidate	Bossert, Clark, , ,	
	lidate ⁄ Affiliati	on REP Office Sought: X House Senate President	State NV District 03
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee N	ame	
Clark Bossert	For Congress	
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	cted Organization Affiliated Committee Joint Fundraising Representative  Identify by name, address (phone number optional) and position of the person	
books and records.		
Datwy Full Name	er, Thomas, , ,	
Mailing Address	PO Box 183	
	Hudson	54016 
Title or Position	CITY STATE	ZIP CODE
Treasurer	715 Telephone number	338 8544
. <b>Treasurer:</b> List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name Datwyl of Treasurer	er, Thomas, , ,	
Mailing Address	PO Box 183	
		54016 -   -   -   -
Title or Position Treasurer	CITY STATE 715  Telephone number	ZIP CODE

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1 1
	Telephone number	
Banks or Other safety deposit be Name of Bank,	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds.  Depository, etc.  Nevada State Bank	accounts, rents
safety deposit be	Depository, etc.  Nevada State Bank  PO Box 990	accounts, rents
safety deposit be Name of Bank,	Depository, etc.  Nevada State Bank  PO Box 990  Las Vegas  NV 89125	
safety deposit be Name of Bank,	Depository, etc.  Nevada State Bank  PO Box 990  Las Vegas  NV 89125  CITY STATE	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Nevada State Bank  PO Box 990  Las Vegas  NV 89125  CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Nevada State Bank  PO Box 990  Las Vegas  NV 89125  CITY STATE	
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Nevada State Bank  PO Box 990  Las Vegas  NV 89125  CITY STATE	
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Nevada State Bank  PO Box 990  Las Vegas  NV 89125  CITY STATE	