FEC

Only

STATEMENT OF

PAGE 1 / 7 •

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. MCCLINTOCK FOR CONGRESS 9458 TREELAKE RD. ADDRESS (number and street) (Check if address is changed) **GRANITE BAY** CA 95746 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address DAVIDBAUER60@HOTMAIL.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.TOMMCCLINTOCK.COM (Check if address is changed) DATE 2024 C00446815 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 BAUER, DAVID, , Date 05 14 2024 Signature of Treasurer BAUER, DAVID, , , 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

FEC	C Form 1 (Revised 03/2022)	Page 2
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 information below.)	candidate
	Name of Candidate MCCLINTOCK, THOMAS, , ,	
	Candidate Office Party Affiliation REP Sought: X House Senate President	State CA
	Tarty Alimation Cought. 7.4 House Condition Proceeding	District 05
	(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 Republican, e	tc.) 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 Org	anization
	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 committee. (i.e., nonconnected committee)	und 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).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	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.	nore political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or recommittees/organizations, none of which is an authorized committee of a federal candidate.	nore political
	Committees Participating in Joint Fundraiser	
	1. MCCLINTOCK JFC C00817098	
	2. MCCLINTOCK SCHWEIKERT JFC II	

1	FEC Form 1 (Revised 0	02/2009)		Page 3
٧	Vrite or Type Committee Name			
	MCCLINTOCK F	FOR CONGRESS		
6.	-	rganization, Affiliated Committee, Joint	Fundraising Representative	e, or Leadership PAC Sponsor
	MCCLINTOCK JFC			
	Mailing Address	9458 TREELAKE RD.		
		GRANITE BAY	CA	95746
		CITY ▲	STATE 4	ZIP CODE A
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Represe	ntative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	tify by name, address (phone number opt	ional) and position of the pers	on in possession of committee
	BAUER, D	AVID		
	Full Name			
	Mailing Address	9458 TREELAKE RD.		
	maining / tour ood			
		GRANITE BAY	L CA	95746
		CITY ▲	STATE 4	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records		Telephone number	916 - 847 - 4783
			relephene namber	
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the committe	ee; and the name and address of
	Full Name BAUER, D	AVID, , ,		
	of Treasurer			
	Mailing Address	9458 TREELAKE RD.		
		1		
		GRANITE BAY	CA	95746
		CITY ▲	STATE 4	ZIP CODE A
	Title or Position ▼	JII =	OIAL =	2.11 0001 -
	Treasurer		Telephone number	916 - 847 - 4783

F	EC Form 1	I (Revised 02	2/2009)				Page 4
	lame of	None, , , ,					
	ng Address		1				
Wallin	ig Addiess						
Title o	or Position •	▼		CITY A	5	STATE A	ZIP CODE ▲
					Telephone numb	er 🔲	
		Depositories exes or maint		or other depositories in	which the committee	deposits fun	ds, holds accounts, rents
Name	of Bank, D	Depository, et	c.				
		JPMORG	SAN CHASE				
Mailin	g Address		801 K ST. #110				
			SACRAMENTO			CA [95814
				CITY A	S	STATE A	ZIP CODE ▲
Name	of Bank, D	Depository, et	c.				
Mailin	g Address						
				CITY ▲	S	STATE A	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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Page	Oī	

(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
Name of Any Connected	l Organization, Affiliated Committee, Joint Fundi	raising Representativ	e, or Leadership PAC Spons
MCCLINTOCK SCH	WEIKERT JFC II		
Mailing Address	9458 TREELAKE RD.		
	GRANITE BAY	CA	95746
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	Leadership PAC Spo
Connecte Pesignated Agent: Identi		t Fundraising Represent	Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Joint	t Fundraising Represent	Leadership PAC Spo
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Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Joint fly by name, address (phone number – optional) CITY		
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Joint fly by name, address (phone number – optional) CITY	STATE A	
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joint fly by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee	STATE A	ZIP CODE A
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite	Affiliated Committee	STATE A elephone Number the committee deposit	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposity afety deposit boxes or make the sank, and the sank, and the sank of Bank, and the sank of Ba	Affiliated Committee	STATE A elephone Number the committee deposit	ZIP CODE A ts funds, holds accounts, rents
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee	STATE A elephone Number the committee deposit	ZIP CODE A ts funds, holds accounts, rents
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee	STATE A elephone Number the committee deposit	ZIP CODE A ts funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

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

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Page	of '	

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		CITY ▲ Organization Affiliated Committee oy name, address (phone number – optic	Organization Affiliated Committee X Joint Fundrai		

FEC Form 1S (Revised 02/2017)

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

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Page	of '	

rganization, Affiliat	ted Committee, Join	FEC FEC	C ID number	C C C C C c, or Leade	ership PAC Spons
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		onar)			
		onar)			
	CITY A	onar)	STATE A		ZIP CODE A
		CITY ▲ Organization Affiliated Committee oy name, address (phone number – optic	Organization Affiliated Committee X Joint Fundrai		