Image# 202104149443351050				04/14/2021 23 : 16
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 5 —
			С	ffice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Make America F				
ADDRESS (number and street)	2 Civic Center Drive			
(Check if address is changed)	#4338 			
	San Rafael └────────────────────────────────────		CA 949 STATE ▲	903 [ZIP CODE▲
COMMITTEE'S E-MAIL ADDF	ESS			
(Check if address is changed)	tom@politicalcommuni	cationsinc.com		
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
	14 ⁷ 2021			
3. FEC IDENTIFICATION I	NUMBER ► C C	00765313		
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 i	t is true, correct and	d complete.
Type or Print Name of Treasu	er Montgomery, Thomas, , ,			
Signature of Treasurer	ntgomery, Thomas, , ,	[Electronically Filed]	Date 04	/ D D / Y Y Y Y 14 2021
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED \		penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC	C Form 1 (Revised 02/2009)	Page 2
TYPE O	OF COMMITTEE	
Candio	idate 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 information below.)	the candidate
Name of Candidat		
Candidat Party Aff	ffiliation Sought: House Senate President	State 00
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party (Committee:	
(d)		nocratic, ublican, etc.) Party
Politica	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is
	Corporation Corporation w/o Capital Stock	bor Organization
	Membership Organization Trade Association Co	operative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	Fundraising Representative:	
(g)	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.	more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
C	Committees Participating in Joint Fundraiser	
1	1 FEC ID number	
2	2 FEC ID number	
3	3 FEC ID number	
4	4	

FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

Make America First PAC

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

Cargile, Mike, , ,				
Mailing Address	2 Civic Center Drive			
	#4338			
	San Rafael		CA 94903	
	CITY		STATE	
Relationship: Connected	Organization Affiliated Comm	ittee Joint Fundraisin	g Representative	_eadership PAC Sponsc
 Custodian of Records: Ident books and records. 	tify by name, address (phone nun	nber optional) and pos	ition of the person in p	oossession of committee
Full Name				
Mailing Address				
Title or Position	CITY		STATE	ZIP CODE
		Telephone nu	mber	
 Treasurer: List the name and any designated agent (e.g., as 	l address (phone number optior ssistant treasurer).	nal) of the treasurer of th	e committee; and the	name and address of
	y, Thomas, , ,			
Mailing Address	4340 Redwood Highway			
	F119			
Title or Position	San Rafael		CA 94903 STATE	ZIP CODE

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																	1							
Mailing Address		l																						
		l																						
		l																					1	
							CI	ΓY								STA	λΤΕ			ZI	ΡC	DE		
Title or Position																								
											Tele	eph	one	e ni	umt	ber								

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.

U.S. Ba	ank		
Mailing Address	305 San Anselmo Avenue		
	San Anselmo		94960
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	tc.		
Mailing Address			
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Bank change

Form/Schedule: Transaction ID: