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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. California Freedom & Prosperity PAC (Fed) 2 Civic Center Drive ADDRESS (number and street) #4338 (Check if address is changed) San Rafael 94913-5703 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tom@calfreedom.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2019 C00629147 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. Montgomery, Thomas, E,, III Type or Print Name of Treasurer Montgomery, Thomas, E,, III [Electronically Filed] 07 30 2019 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 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	olete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joir	nt Fund	raising Representative:	
(g)		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.	o or more political
(h)		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.	o 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 Name	i ago o
California Freedom & Prosperity PAC (Fed)	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
NONE	
<u> </u>	<u> </u>
Mailing Address	
CITY STATE ZI	P CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses books and records.	ession of committee
Full Name	
Mailing Address	
Title or Position CITY STATE ZI	P CODE
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	e and address of
Full Name Montgomery, Thomas, E, , III of Treasurer	.
Mailing Address 4340 Redwood Highway	
F119	
San Rafael CA 94903	
CITY STATE ZII Title or Position	P CODE
Treasurer	0 4036

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other Do safety deposit boxe	Depositories: List all banks or other depositories in which the committee deposits funds, hold es or maintains funds.	ls accounts, rents
Banks or Other Do safety deposit boxe Name of Bank, Dep	es or maintains funds.	ls accounts, rents
safety deposit boxe Name of Bank, Dep	es or maintains funds.	ls accounts, rents
safety deposit boxe Name of Bank, Dep	es or maintains funds. epository, etc.	is accounts, rents
safety deposit boxe Name of Bank, Dep	es or maintains funds. epository, etc. Chase Bank	is accounts, rents
safety deposit boxe Name of Bank, Dep	es or maintains funds. epository, etc. Chase Bank	is accounts, rents
safety deposit boxe Name of Bank, Dep	chase Bank 437 Corte Madera Town Center	is accounts, rents
safety deposit boxe Name of Bank, Dep	chase Bank 437 Corte Madera Town Center	zip code
safety deposit boxe Name of Bank, Dep	Chase Bank 437 Corte Madera Town Center Corte Madera CITY STATE	
safety deposit boxe Name of Bank, Dep Mailing Address	Chase Bank 437 Corte Madera Town Center Corte Madera CITY STATE	
Safety deposit boxe Name of Bank, Dep Mailing Address Name of Bank, Dep	Chase Bank 437 Corte Madera Town Center Corte Madera CITY STATE	
safety deposit boxe Name of Bank, Dep Mailing Address	Chase Bank 437 Corte Madera Town Center Corte Madera CITY STATE	
Safety deposit boxe Name of Bank, Dep Mailing Address Name of Bank, Dep	Chase Bank 437 Corte Madera Town Center Corte Madera CITY STATE	
Safety deposit boxe Name of Bank, Dep Mailing Address Name of Bank, Dep	Chase Bank 437 Corte Madera Town Center Corte Madera CITY STATE	

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Update for banking requirement and address change for treasurer.

Form/Schedule: Transaction ID: