Only

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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) over the lines. is changed) Siskiyou County Republican Central Committee (Federal) 501 Hillcrest Drive ADDRESS (number and street) (Check if address is changed) Yreka 96097 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS hoverlover@nctv.com (Check if address is changed) Optional Second E-Mail Address tom@politicalcommunicationsinc.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2021 C00544171 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. Terwilliger, Jackie, , , Type or Print Name of Treasurer Terwilliger, Jackie, , , [Electronically Filed] 03 2021 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

	EEC E 0	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE	raye Z			
Can	didate	Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	1			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Cand						
Cand Party	lidate Affiliati	Office Sought: House Senate President	State 00			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Part	y Con	nmittee:				
(d)	×	This committee is a SUB (National, State or subordinate) committee of the REP	(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 cor	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 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.)				
Join	t Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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			
	Committees 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		
Siskiyou County	Republican Central Committee (Federal)	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
California Republican I	Party (Fed)	
Mailing Address	1001 K Street	
	4th Floor	
	Sacramento CA 95814	
	CITY STATE ZI	P CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in posse	ssion of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE ZII	P CODE
	Telephone number	
t. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
Full Name Terwilliger, of Treasurer	Jackie, , ,	
Mailing Address	501 Hillcrest Drive	
	Yreka CITY STATE ZIF	P CODE
Title or Position Treasurer	Telephone number 530 - 340	

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		iber	
Banks or Other safety deposit be Name of Bank, I	Depositories: List all banks or other depositories in which the committed bases or maintains funds. Depository, etc. Tri Counties Bank 165 S Broadway Street	ee aeposits tui	ius, noius accounts, rents
	Yreka	CA	96097-2901
	Yreka CITY	CA STATE	96097-2901 -
Name of Bank, I	CITY		
Name of Bank, I	CITY	STATE	ZIP CODE
Name of Bank, I	CITY Depository, etc.	STATE	ZIP CODE
	CITY Depository, etc.	STATE	ZIP CODE
	CITY Depository, etc.	STATE	ZIP CODE