| FEC FORM 1 | | STATEMEN ORGANIZ | _ | Offic | PAGE 1 / 5 |
|--|-------------|------------------------------|--|------------------------|--|
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| | ica Fii | st PAC | | | <u> </u> |
| | | | | | |
| ADDRESS (number and | d street) | 4340 Redwood Highway | | | |
| (Check if a | ddress | F119 | | | |
| is changed) | | San Rafael CITY ▲ | | CA 9490 STATE ▲ | 3 [ZIP CODE ▲ |
| COMMITTEE'S E-MAI | L ADDRE | SS | | | |
| (Check if an is changed) | | tom@politicalcommunic | cationsinc.com | | |
| | | Optional Second E-Mail Add | dress | | |
| COMMITTEE'S WEB | ddress | DRESS (URL) | | | |
| 2. DATE 04 | / D 14 | D / Y Y Y Y 2021 | | | |
| 3. FEC IDENTIFIC | ation nu | MBER ► C co | 00765313 | | |
| 4. IS THIS STATEM | ENT | NEW (N) OR | × AMENDED (A) | | |
| I certify that I have ex | amined th | is Statement and to the best | of my knowledge and belief it | is true, correct and o | complete. |
| Type or Print Name o | f Treasurer | Montgomery, Thomas, , , | | | |
| Signature of Treasurer | Montg | omery, Thomas, , , | [Electronically Filed] | Date 06 | D D / Y Y Y Y 30 2021 2021 1 1 |
| NOTE: Submission of fa | | | may subject the person signing ON SHOULD BE REPORTED V | | penalties of 2 U.S.C. §437g. |
| Office Use Only | | | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

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|-----------------------------|---|--|
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| | COMMITTEE | |
| Candidat | e 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. (Compinformation below.) | plete the candidate |
| Name of Candidate | | |
| Candidate Party Affiliat | ion Office Sought: House Senate President | State 00 |
| (C) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Cor | nmittee: | |
| (d) | | Democratic, Republican, etc.) Party |
| Political A | Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con | nected organization is |
| | Corporation Corporation w/o Capital Stock | Labor Organization |
| | Membership Organization Trade Association | Cooperative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) x | This committee supports/opposes more than one Federal candidate, and is NOT a separate sea committee. (i.e., nonconnected committee) | gregated 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 Fund | draising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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 |
| Corr | 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

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 | | | |
| | CIT | Υ | | STATE | ZIP CODE | | | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor | | | | | | | | |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Montgome | ery, Thomas, , , |
|-------------------|---|
| Full Name | |
| Mailing Address | 4340 Redwood Highway |
| | F119 |
| | San Rafael CA 94903 |
| Title or Position | CITY STATE ZIP CODE |
| Record Keeper | 415 250 4036 Telephone number 1 1 |

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name of Treasurer | Montgomery, Thomas, , , |
|--------------------------------|---|
| Mailing Address | 4340 Redwood Highway |
| | F119 |
| | San Rafael CA 94903 – |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Image: |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|------|--|--|---|---|--|--|--|--|--|--|--|----------------|--|-----|-----|-----|-----|----|-----|--|--|--|---|--|-----|--|--|---|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 1 | | | | | | | | | | | | | | | | | | | L | | | | | · | | |
| | CITY | | | | | | | | | | | | STATE ZIP CODE | | | | | | | | | | | | | | | | | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | Tel | epł | ion | e n | um | 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 | etc. | | |
| | | | |
| 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 :

Address change and added record keeper

Form/Schedule: Transaction ID: