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) CAL Freedom PAC (Multi-Candidate Cmte) 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 ▲ COMMITTEE'S E-MAIL ADDRESS tom@calfreedom.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.calfreedom.org (Check if address is changed) DATE 2022 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] Date 08 2022 Signature of Treasurer 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 Form 1 (Revised 03/2022)	Page 2					
. TYPE OF COMMITTEE:						
Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candida	te information below.)					
This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate						
Candidate Office Party Affiliation Sought: House Senat	te President District 00					
(c) This committee supports/opposes only one candidate, and is NOT an auth	norized committee.					
Name of Candidate						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organiz	ation on line 6.) Its connected organization is a:					
Corporation Corporation w/o Capital St	tock 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 i committee. (i.e., nonconnected committee)	s NOT a separate segregated fund or party					
In addition, this committee is a Lobbyist/Registrant PAC.						
In addition, this committee is a Leadership PAC. (Identify sponsor	or 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:						
(i) This committee collects contributions, pays fundraising expenses and disbocommittees/organizations, at least one of which is an authorized committee	·					
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
Committees Participating in Joint Fundraiser						
1.	C					
	C					

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٧	Vrite or Type Committee	e Name						
	CAL Freed	lom PAC (Multi-Candidate Cmte)						
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
	NONE							
	Mailing Address							
		CITY ▲ STATE ▲	ZIP CODE ▲					
	Relationship: Co	onnected Organization Affiliated Organization Joint Fundraising Representati	ive Leadership PAC Sponso					
	Custodian of Record	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee						
	books and records.	optionally by name, address (prioris names) optionally and position of the poison	in possession of committee					
	Mo	ontgomery, Thomas, E, , III						
	Full Name	 <u> </u>						
	Mailing Address	4340 Redwood Highway						
	ag / laa.eee	₁ F119						
		Car Defeat	04000					
		San Rafael CA	94903					
		CITY ▲ STATE ▲	ZIP CODE ▲					
	Title or Position ▼							
	Record Keeper	Telephone number	15 - 250 - 4036					
		·						
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of							
	any designated agen	t (e.g., assistant treasurer).						
	Full Name Mo	ontgomery, Thomas, E, , III						
	of Treasurer							
	Mailing Address	4340 Redwood Highway						
		F119						
		San Rafael CA	194903					
		CITY ▲ STATE ▲	ZIP CODE ▲					
	Title or Position ▼							
	Treasurer	Telephone number	15 - 250 - 4036					

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Full Name	of	02.2000,				. 330 .			
Agent									
Mailing Ad	ldress								
Title or Po	osition ▼		CITY ▲	S	TATE ▲	ZIP CODE ▲			
				Telephone numbe	er 🔲	-			
Banks or safety dep	Other Depositori osit boxes or mail	ies: List all banks or oth ntains funds.	er depositories in w	hich the committee	deposits funds,	holds accounts, rents			
Name of E	Name of Bank, Depository, etc.								
	Chase Bank								
Mailing Ad	dress	437 Corte Madera Towr	n Center						
		Corte Madera			CA 94	925			
			CITY A	Sī	TATE A	ZIP CODE ▲			
Name of Bank, Depository, etc.									
Mailing Ad	dress								
			CITY A	ST	TATE ▲	ZIP CODE ▲			