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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. California Freedom and Prosperity Fund PAC 2 Civic Center Drive ADDRESS (number and street) Unit 4338 (Check if address is changed) San Rafael 94913-5703 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cfp@politicalvisions.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2016 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, , , Type or Print Name of Treasurer Montgomery, Thomas, , , [Electronically Filed] 25 2016 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. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		(National, State	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 cont	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.	
<b>(f)</b>			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of 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	raye <b>J</b>
California Freedom and Prosperity Fund F	PAC
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundrais	
NONE	
Mailing Address	
CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fur	undraising Representative Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) a books and records.	and position of the person in possession of committee
Montgomery, Thomas, , ,  Full Name	
Mailing Address 1912 Grand Ave	
l	
San Rafael	CA 94901
Title or Position CITY	STATE ZIP CODE
Treasurer Teleph	ohone number 415 - 250 - 4036
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasure any designated agent (e.g., assistant treasurer).	rer of the committee; and the name and address of
Full Name Montgomery, Thomas, , , of Treasurer	
Mailing Address 1912 Grand Ave	
waining Addicess	
San Rafael	CA    94901    _
CITY	STATE ZIP CODE
Title or Position Treasurer Treasurer Teleph	hone number 415 - 250 - 4036

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Full Name of Designated Agent		
Mailing Address		
·		
	CITY STATE Z	IP CODE
Title or Position		
	oxes or maintains funds.  Depository, etc.	
Name of Bank, [		
	Depository, etc.  Chase Bank	
Name of Bank, [	Depository, etc.  Chase Bank	
Name of Bank, [	Depository, etc.  Chase Bank	
Name of Bank, [	Chase Bank  835 Fourth St  Santa Rosa  CA 95404	IP CODE
Name of Bank, [	Chase Bank  835 Fourth St  Santa Rosa  CITY  STATE  Z	
Name of Bank, I	Chase Bank  835 Fourth St  Santa Rosa  CITY  STATE  Z	IP CODE
Name of Bank, I	Chase Bank  835 Fourth St  Santa Rosa  CITY  STATE  Z  Depository, etc.	IP CODE
Name of Bank, [Mailing Address  Name of Bank, [	Chase Bank  835 Fourth St  Santa Rosa  CITY  STATE  Z  Depository, etc.	IP CODE
Name of Bank, [Mailing Address  Name of Bank, [	Chase Bank  835 Fourth St  Santa Rosa  CITY  STATE  Z  Depository, etc.	IP CODE

## : 97 'A = G7 9 @ G5 B9 CI G'H9 LHF 9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1N Transaction ID:

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raisedin unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Form/Schedule: Transaction ID: