Only

## STATEMENT OF

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**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. Make America First PAC 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@politicalcommunicationsinc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.cargileforcongress.com (Check if address is changed) DATE 2020 C00765313 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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] 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

EEA	Form 1 (Revised 02/2009)	Page <b>2</b>
	F COMMITTEE	1 aye <b>2</b>
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (	Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	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)	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.)	
Joint F	undraising 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.	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	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

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Write or Type Committee Name		
Make America	First PAC	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
Cargile, Mike, , ,		
Mailing Address	2 CIVIC CENTER DR.	
Walling Address	#4338	
	SAN RAFAEL CA 94913	
	CITY STATE	ZIP CODE
_		<del>-</del>
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in po	ossession of committee
	ery, Thomas, E, , III	
Full Name	,2 Civic Center Drive	
Mailing Address	ı#4338	
	San Rafael CA 94913-	5705
Title or Position	CITY STATE	ZIP CODE
Treasurer		250 4036
Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
Full Name Montgome of Treasurer	ry, Thomas, E, , III	
Mailing Address	2 Civic Center Drive	
	<b> #4338</b>	
	San Rafael	5703
	CITY STATE	ZIP CODE
Title or Position Treasurer		250   4036

FEC <b>Forr</b>	n 1 (Revised 02/2009)	Page 4
Full Name of Designated	I	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
safety deposit be Name of Bank,		y decounts, rents
safety deposit be	oxes or maintains funds.	
safety deposit be Name of Bank,	Depository, etc.  California Bank & Trust  1451 Solano Ave  Albany  CA 94706	ZIP CODE
safety deposit be Name of Bank,	California Bank & Trust  Albany  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	California Bank & Trust  Albany  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	California Bank & Trust  Albany  CITY  STATE	
Name of Bank,  Mailing Address  Name of Bank,	California Bank & Trust  Albany  CITY  STATE	
Name of Bank,  Name of Bank,  Name of Bank,	California Bank & Trust  Albany  CITY  STATE	